



Healthy Start

Indian River County
Healthy Start Coalition, Inc.

Healthy Start Needs Assessment 2025

Indian River County Healthy Start Coalition, Inc.

Healthy Start Needs Assessment 2025

For

INDIAN RIVER COUNTY, FLORIDA

2026-2031

Megan McFall, B.Ed., RN, Chief Executive Officer

NEEDS ASSESSMENT AUTHORS:

Autumn Schneider, Director of Operations

Grace Simonson, Director of Development

DATA AND ADMINISTRATIVE SUPPORT:

Renee Rennick, Administrative Data Specialist

Ashley Watson, Administrative Manager

Victoria Lopez, Community Liaison

LAYOUT AND DESIGN:

Autumn Schneider, Director of Operations

Grace Simonson, Director of Development

BOARD OF DIRECTORS: 2023-2025

Officers

President: Karen Campbell, *Retired Attorney*

Vice President: Allen Jones, *Trustee, Indian River County Hospital District*

Secretary: Frida Randolfi, *Registered Clinical Social Worker*

Treasurer: Kyle Thurn, *Vero Chemical Distributors*

Past President: P. Glenn Tremml, *M.D.*

Directors

Charlene Kaplan, *Audit Manager*

Alan Temple, *Business Owner, Investor*

Karan Morein, *Philanthropist*

Angie Raddock, *Director of Human Resources*

Susan Pierce, *Retired Registered Nurse*

Audrey Richards, MD, *Former Board of Directors Member*

PLAN DEVELOPMENT COMMITTEE: 2023-2025

Megan McFall, B.Ed. RN, *Chief Executive Officer, Indian River County Healthy Start Coalition*

Autumn Schneider, *Director of Operations, Indian River County Healthy Start Coalition*

Sarah Cleek, *Director of Finance, Indian River County Healthy Start Coalition*

Bridgette Jerger, *Director of Babies & Beyond/Doula, Indian River County Healthy Start Coalition*

Stacey Washburn, *Director of Programs, Indian River County Healthy Start Coalition*

Grace Simonson, MBA. *Director of Development, Indian River County Healthy Start Coalition*

Ashley Watson, *Administrative Manager, Indian River County Healthy Start Coalition*

Adrienne Ward, *Development Manager, Indian River County Healthy Start Coalition*

Victoria Lopez, *Community Liaison, Indian River County Healthy Start Coalition*

Stacy King, *Healthy Families Manager, Indian River County Healthy Start Coalition*

Kimberly Wright, *Babies & Beyond/Doula Supervisor, Cleveland Clinic Indian River Hospital*

Michael Felton, *Fatherhood/T.E.A.M. Dad Coordinator Indian River County Healthy Start Coalition*

Renee Rennick, *Administrative Data Specialist, Indian River County Healthy Start Coalition*

Nicali Eisenbarth, *G.R.O.W. Community Doula*

Nicole Alden, *Indian River County Parent*

Felicia Ward, *Indian River County Parent*

Mildred Garcia, *Parents as Teachers Educator, Cleveland Clinic Indian River Hospital*

Frances Rodriguez, *Health Education Educator, Cleveland Clinic Indian River Hospital*

Tiffany McPhail, *Healthy Families Supervisor, Indian River County Healthy Start Coalition*

Jennifer Frederick, *Director of Programs, Indian River County Hospital District*

Jamie Aguilar, *The Super Sitters*

Susan Pierce, *Community Member*

Toni Ritto, *Doula and Bereavement Support, Indian River County Healthy Start Coalition*

William Burke, *Fatherhood Navigator, Indian River County Healthy Start Coalition*

FETAL INFANT MORTALITY REVIEW COMMITTEE: 2023-2025

Adrienne Ward, Development Manager, Indian River County Healthy Start Coalition

Alicia Rene, LMHC, Southeast Florida Behavioral Network

Amanda DeAngelis, RN, Case Manager Supervisor, Cleveland Clinic Indian River Hospital

Angela Jones, MSA, Indian River County Sheriff's Office

Anne Posey, LMHC, NCC Tykes and Teens

Ashley Singletary, BSN, RN-BC Nurse Manager, Cleveland Clinic Indian River Hospital

Autumn Schneider, Director of Operations, Indian River County Healthy Start Coalition

Brooke Hall, Tykes and Teens

Cathy Brunicardi, Parents as Teachers, Indian River County Healthy Start Coalition

Cheryl Martinez, Nurse Program Specialist, Nurse Family Partnership of Treasure Coast

Dawn Carboni, Internal Audit/Data Specialist, Indian River County Hospital District

Diana Espinoza, Healthy Families, Indian River County Healthy Start Coalition

Diana Pena, Family Support Specialist

Demetria Williams, LMHC, Take Flight Counseling and Consulting

Dominique Patterson, MPA, Southeast Florida Behavioral Network

Grace Simonson, MBA, Director of Fund Development, Indian River County Healthy Start Coalition

Heather Wertz, RN, Cleveland Clinic Indian River Hospital

Janay Brown, Treasure Coast Girls Coalition

Jamie Aguilar, The Super Sitters

Jane McNulty, Director of Development

Jane Unsicker, RN, Care Net

Jennifer Fredrick, Program Liaison, Indian River County Hospital District

Jennifer Moore, MD Treasure Coast Community Health

Jessica Staudt, BSHS, PMH-C, Indian River County Healthy Start Coalition

Karina Vargas, Safespace

Kathy Lindsey, Mental Health Collaborative

Kerrie Brandes, RN

Kerry Johnson, RDMS, Care Net

Kimberly Wright, Babies & Beyond/Doula Supervisor, Cleveland Clinic Indian River Hospital

Kristen Schultz, *Care Net*

Lynda McMurtray, *Care Net*

Maria Rangel, *Healthy Families Indian River County Healthy Start Coalition*

Marty Mercado, *Executive Director, Hope for Families*

Megan McFall, B.Ed., RN, *Chief Executive Officer, Indian River County Healthy Start Coalition*

Michael Felton, *Fatherhood/T.E.A.M. Dad Coordinator, Indian River County Healthy Start Coalition*

Milo Thornton, *Indian River County Sheriff*

Noraida Rivera, *Healthy Families Indian River County Healthy Start Coalition*

Sandra Harris, RD, LD/N, *Public Health Nutrition Program Director Indian River County*

Susan Pierce, RN, PhD, *Indian River County Healthy Start Coalition Board Member*

Victoria Lopez, *Community Liaison Indian River County Healthy Start Coalition*

Virginia Hustead, MD, *Retired Neonatal Medicine Specialist*

ACKNOWLEDGEMENTS

The staff of the Indian River County Healthy Start Coalition, Inc. wishes to express our appreciation to the Coalition membership who donated their time to Coalition meetings, committee meetings, and the development of committee recommendations for this Healthy Start Needs Assessment.

We would like to acknowledge the contribution of the Board of Directors, Plan Development Committee and Fetal Infant Mortality Review Committee for their attendance at committee meetings and valuable input into the insights and conclusions developed for this needs assessment.

The results of the 2025 Community Health Assessment were made possible by WellFlorida. Results were provided for female residents of Indian River County who were between the ages of 18-44 years old. The development of this needs assessment was funded through contract #COSGH from the Florida Department of Health.

Table of Contents

Table of Figures	12
SECTION I: Executive Summary	14
Overview of the Needs Assessment Process	14
Quantitative Data Summary	14
Qualitative Data Summary	14
Priority Areas of Focus – Executive Summary	15
SECTION II: Introduction and Overview	16
Introduction:	16
1. Development and Implementation of the Fatherhood Initiative – T.E.A.M. Dad	16
2. Creation of the Healthy Communities Program	17
3. Expansion of Bereavement and Grief Support Services	18
4. Expansion of the Babies & Beyond Program Services and Launch of Healthy Connections	18
Summary	21
Overview:	21
Methodology	26
Quantitative Data Analysis by County	28
General Population	28
Race	28
Ethnicity	29
Age Demographics	30
Language	31
Social Drivers of Health	32
Education	32
Income Measures	33
Employment	36
Health Insurance	37
Housing	39
Transportation	39
Maternal Health	40
Prenatal Care	40
First Trimester Prenatal Care	40
Second Trimester Prenatal Care	42
Third Trimester Prenatal Care	43
No Prenatal Care	46
Adequate Prenatal Care	48

<i>Prenatal Risk Factors</i>	51
Weight Prior to Pregnancy	51
Pregnancy Interval.....	53
Tobacco Use	54
Alcohol Use.....	55
Education Less than High School	56
Depression	56
Hypertension	57
Diabetes.....	58
Sexually Transmitted Diseases	58
Healthy Start Screening of Women	61
Severe Maternal Morbidity	62
Maternal Deaths	63
Infant Health.....	65
<i>Access to Care and Services</i>	65
Health Insurance	65
Rates of Pediatricians	65
<i>Infant Screening</i>	65
<i>Births</i>	67
Preterm.....	67
Low Birth Weight	69
Birth By Payor Source	72
Teen Births	73
Mothers Over 35 Years of Age	79
Substance-exposed Newborns	81
C-Section Births	81
Unwed Mothers	82
Fathers Acknowledged on the Birth Certificate.....	82
Birth to Mothers Born in Other Countries	82
<i>Infant Deaths</i>	83
Fetal Mortality	83
Infant Mortality (0-364 days old).....	84
Neonatal Mortality (0-27 days old).....	86
Postneonatal Mortality (28-364 days old).....	88
Causes of Death	90
<i>Breastfeeding</i>	91
Initiation of Breastfeeding:	91

Breastfeeding for 4 or More Weeks:	91
Breastfeeding for 12 or More Weeks:	92
Grandparents raising Children:	92
<i>Healthy People 2030 Objectives</i>	92
<i>DOH Block Grant MCH Goals</i>	94
Access to Home Visiting Services	97
<i>Coordinated Intake and Referral</i>	97
<i>Aggregate Summary</i>	97
<i>Evaluation of Findings</i>	97
<i>Key Observations and Trends (2019–2023)</i>	98
<i>Summary Statement</i>	98
Primary Data	98
Paternal Health Surveys.....	98
<i>Overview</i>	98
<i>Narrative Summary</i>	99
<i>Key Community Needs</i>	99
<i>Barriers and Service Gaps</i>	99
<i>Demographics and Employment</i>	100
<i>Key Themes and Recommendations</i>	100
<i>Summary Statement</i>	100
<i>Paternal Survey Highlights</i>	101
Community Partner Surveys.....	101
<i>Overview</i>	101
<i>Narrative Summary</i>	101
<i>Key Community Needs</i>	102
<i>Barriers to Access</i>	102
<i>Awareness and Collaboration</i>	102
<i>Key Themes and Recommendations</i>	103
<i>Community Partner Survey Highlights</i>	104
Consumer Surveys	104
<i>Overview</i>	104
<i>Narrative Summary</i>	104
<i>Barriers and Access Challenges</i>	105
<i>Utilization of Support Programs</i>	105
<i>Social and Health Service Needs</i>	105
<i>Clinic and Hospital Experiences</i>	106
<i>Most Important Unmet Needs</i>	106

<i>Key Themes and Recommendations</i>	<i>106</i>
<i>Summary Statement</i>	<i>107</i>
<i>Consumer Survey Highlights</i>	<i>107</i>
Priority Areas of Focus	107
1. <i>Affordable and Accessible Health Care</i>	<i>108</i>
2. <i>Safe and Affordable Housing.....</i>	<i>108</i>
3. <i>Reliable Transportation Access.....</i>	<i>108</i>
4. <i>Childcare Availability and Workforce Stability.....</i>	<i>108</i>
5. <i>Awareness of Available Services and Language Accessibility</i>	<i>109</i>
<i>Summary of Actionable Priorities</i>	<i>109</i>
<i>Conclusion</i>	<i>110</i>
Appendix A - Maps	111

Table of Figures

Figure 1: Percent of Population by Race, 2019-2023.....	29
Figure 2: Percent of Population by Ethnicity, 2019-2023	30
Figure 3: Percent of Population by Age Groups, 2019-2023	31
Figure 4: Percent of Population by Languages Spoken, 2019-2023	32
Figure 5: Percent of Population by Education Level Completed, 2019-2023	33
Figure 6: Median Household Income, 2015-2019 - 2019-2023	34
Figure 7: Percent of Individuals in Poverty, 2015-2019 - 2019-2023	35
Figure 8: Percent of Female Headed Families with Related Children 0-4 Years of Age in Poverty, 2015-2019 - 2019-2023.....	36
Figure 9: Percent of Population 16 and Over in the Labor Force, Employed or Unemployed, 2019-2023	37
Figure 10: Percent Insured, 2015-2019 - 2019-2023.....	38
Figure 11: Percent Uninsured, 2015-2019 - 2019-2023	38
Figure 12: Percent of Live Births to Mothers Initiating Prenatal Care in the First Trimester, by Race, 2021-2023.....	41
Figure 13: Percent of Live Births to Mothers Initiating Prenatal Care in the First Trimester, by Ethnicity, 2021-2023.....	42
Figure 14: Percent of Live Births to Mothers Initiating Prenatal Care in the Third Trimester, by Race, 2021-2023.....	45
Figure 15: Percent of Live Births to Mothers Initiating Prenatal Care in the Third Trimester, by Ethnicity, 2021-2023.....	46
Figure 16: Percent of Live Births to Mothers with No Prenatal Care, by Race, 2021-2023	47
Figure 17: Percent of Live Births to Mothers with No Prenatal Care, by Ethnicity, 2021-2023.....	48
Figure 18: Percent of Live Births with Adequate Prenatal Care, Based on Kotelchuck Index, by Race, 2021-2023.....	50
Figure 19: Percent of Live Births with Adequate Prenatal Care, Based on Kotelchuck Index, by Ethnicity, 2021-2023.....	51
Figure 20: Percent of Total Births to Mothers who were Overweight at Time Pregnancy Occurred, 2017-2019 - 2021-2023	52
Figure 21: Percent of Total Births to Mothers who were Obese at Time Pregnancy Occurred, 2017-2019 - 2021-2023.....	53
Figure 22: Percent of Births with Known Pregnancy Interval to Mothers with Inter-Pregnancy Interval <18 Months, 2017-2019 - 2021-2023	54
Figure 23: Percent of Births to Mothers who Smoked During Pregnancy, 2017-2019 - 2021-2023	55
Figure 24: Congenital Syphilis Rates per 100,000 Resident Births (Live and Stillbirths), 2017-2019 - 2021-2023.....	61
Figure 25: Percent of Prenatal Forms From Women who Consented to Healthy Start Screening, Calendar Years (CY) 2020-2024.....	62
Figure 26: Maternal Death Rates per 100,000 Live Births, All Races, 2017-2019 - 2021-2023	64

Figure 27: Percent of Infants with Consent to Be Screened for Healthy Start, Calendar Years (CY) 2020-2024.....	67
Figure 28: Percent of Total Births that were Preterm Births, by Race and Ethnicity, 2021-2023.....	69
Figure 29: Percent of Total Births, by Race and Ethnicity, 2021-2023 Graph.....	69
Figure 30: Percent of Total Births that were to Low Birth Weight Babies, by Race and Ethnicity 2021-2023	71
Figure 31: Teen Births (Age 10-14) and Rates per 1,000 Female Population 10-14 Years of Age, All Races, 2017-2019 - 2021-2023	75
Figure 32: Teen Births (Age 15-17) and Rates per 1,000 Female Population 15-17 Years of Age, All Races, 2017-2019 - 2021-2023.....	77
Figure 33: Teen Births (Age 18-19) and Rates per 1,000 Female Population 18-19 Years of Age, All Races, 2017-2019 - 2021-2023	79
Figure 34: Births to Mothers Over 35 and Rates per 1,000 Female Population Over 35 Years of Age, All Races, 2017-2019 - 2021-2023	81
Figure 35: Fetal Deaths per 1,000 Live Births Plus Fetal Deaths, All Races, 2017-2019 - 2021-2023	84
Figure 36: Rate of Infant Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023.....	86
Figure 37: Rate of Neonatal Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023.....	88
Figure 38: Rate of Postneonatal Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023	90
Figure 39: Map of Prenatal Offices, Indian River County Healthy Start Coalition Service Area, 2025	112
Figure 40: Map of Pediatric Offices, Indian River County Healthy Start Coalition Service Area, 2025	113
Figure 41: Map of Delivery Hospitals, Indian River County Healthy Start Coalition Service Area, 2025	114
Figure 42: Map of Prenatal Offices, Pediatric Offices, and Delivery Hospitals, Indian River County Healthy Start Service Area, 2025	115

SECTION I: Executive Summary

Overview of the Needs Assessment Process

The Indian River County Healthy Start Coalition, Inc. (IRCHSC) conducts a comprehensive Maternal and Child Health Needs Assessment to identify community strengths, service gaps, and emerging trends that impact women, infants, and families across the county. The assessment process is designed to ensure that program planning, funding priorities, and community interventions are based on accurate, current, and locally relevant data.

This process follows the guidelines established by the Florida Association of Healthy Start Coalitions (FAHSC) and incorporates both quantitative and qualitative data sources to provide a complete picture of maternal and infant health needs within Indian River County.

Quantitative Data Summary

Quantitative data are collected through multiple sources and analyzed collaboratively by the Coalition and WellFlorida Council, the regional Healthy Start data provider. Key data elements include:

- **Vital statistics:** Birth and death certificates, fetal and infant mortality data, and linked birth-fetal death records.
- **Maternal and child health indicators:** Prenatal care initiation, low birth weight, preterm birth, and Severe Maternal Morbidity (SMM).
- **Programmatic data:** Aggregated information from Healthy Start care coordination, screening, and home visitation services.
- **FIMR data aggregation:** Review and analysis of contributing factors from fetal and infant death cases, as identified through the Fetal and Infant Mortality Review (FIMR) process.
- **Community health data:** Secondary sources including the Florida Department of Health (FLHealthCHARTS), U.S. Census Bureau, and local hospital discharge data.

These quantitative data sets provide measurable indicators of maternal and infant health status, disparities, and system performance over time.

Qualitative Data Summary

Qualitative methods complement statistical findings by providing community context and insight into lived experiences. The Coalition collects qualitative data through several approaches:

- **Consumer Surveys:** Distributed in three languages—English, Spanish, and Haitian Creole—to ensure accessibility and inclusivity. Surveys capture the perspectives of pregnant women, new parents, and caregivers regarding service availability, satisfaction, and barriers to care.
- **Paternal Surveys:** Targeted outreach to fathers and father figures through the T.E.A.M. Dad program gathers input on engagement needs, resource access, and parenting support.
- **Community Partner Surveys:** Administered to healthcare providers, social service agencies, and early childhood organizations to identify service capacity, coordination challenges, and system gaps.
- **Focus Groups:** Facilitated discussions with consumers, community partners, and specific subpopulations (e.g., high-risk mothers, rural residents) to explore key themes emerging from survey data.

- **Community Events and Outreach Feedback:** Informal input collected during outreach activities, health fairs, and educational events to gauge community awareness, needs, and priorities.

Priority Areas of Focus

As we look toward the next five years, the Indian River County Healthy Start Coalition stands at a pivotal moment in shaping the future of maternal and child health in our community. This Needs Assessment is more than a report, it is a call to action. It reflects the voices of families, fathers, and partners across Indian River County and underscores both our progress and the challenges that remain.

Our vision is clear: every mother, every baby, every family deserves the opportunity to thrive. Yet, the data and stories shared in this assessment remind us that barriers persist, barriers that impact health, stability, and equity. Housing insecurity, limited access to healthcare, transportation challenges, and childcare shortages are not just statistics; they are daily realities for families we serve. These realities demand bold, collaborative solutions.

Over the past several years, we have proven what is possible when innovation meets commitment. From launching Healthy Connections RN Case Management to expanding Babies & Beyond lactation support, from pioneering the G.R.O.W. Doula Model now replicated statewide to deepening father engagement through T.E.A.M. Dad, our Coalition has led with vision and impact. These initiatives demonstrate that when we listen, adapt, and act, we change lives.

But we cannot stop here. The next chapter requires us to strengthen partnerships, advocate for systemic change, and expand culturally responsive, multilingual outreach. It calls for integrating behavioral health into maternal care, addressing social determinants head-on, and ensuring that every family, regardless of zip code, language, or income, has access to the resources they need.

This plan aligns with Healthy People 2030 goals and Florida's Title V priorities, but more importantly, it reflects the heart of our mission: to create a community where healthy pregnancies and healthy babies are the norm, not the exception.

Together, with our partners, stakeholders, and community, we will transform these priorities into measurable outcomes. We will lead with compassion, innovate with purpose, and advocate with strength. The future of Indian River County's mothers and babies depends on it, and we are ready.

Megan McFall, B.Ed., RN
Chief Executive Officer
Indian River County Healthy Start Coalition

SECTION II: Introduction and Overview

Introduction:

A. Background on Healthy Start Coalition

The Indian River County Healthy Start Coalition (IRCHSC) was established in 1992 by local community members and maternal child health providers in response to Florida's Healthy Start Initiative (1991). Recognizing the need for a coordinated approach to improving maternal and infant health, community leaders sought funding to create a coalition tailored specifically to the needs of Indian River County. From its inception, the Coalition has empowered maternal and child health advocates and stakeholders to make informed, locally driven decisions aimed at improving maternal health, birth outcomes, and early infant development.

Today, IRCHSC serves approximately 1,200 births annually, leading efforts in community education, data assessment including infant mortality and other key maternal-child health indicators—and continuous quality improvement of intervention services. The Coalition's mission is to plan, develop, fund, and evaluate a continuous system of care coordination that ensures access to both medical and social services, promoting positive birth and child development outcomes while protecting the health and well-being of all mothers and children in Indian River County.

Authorized under Chapter 383.216, Florida Statutes, the Coalition is designated to implement the provisions of Florida's Healthy Start legislation within the county. Over time, IRCHSC has expanded its reach to include additional maternal and child health programs that address a broad spectrum of family needs. In addition to Coordinated Intake & Referral and Health Education, the Coalition implements or administers several community-based programs, including Babies & Beyond, G.R.O.W. Doula, Fatherhood/T.E.A.M. Dad, Healthy Communities, Nurse-Family Partnership, Parents as Teachers, Fetal and Infant Mortality Review, and serves as the lead agency for Healthy Families Indian River.

Through these programs, the Coalition continues to strengthen the local system of care, ensuring that every family in Indian River County has access to the resources, education, and support needed for healthy pregnancies, safe deliveries, and thriving children.

B. Key Accomplishments since last Needs Assessment

Since the previous Needs Assessment, the Indian River County Healthy Start Coalition (IRCHSC) has made significant strides in advancing maternal and child health through innovation, collaboration, and evidence-based program expansion. Guided by community data, FIMR findings, and the voices of families, the Coalition has strengthened its continuum of care and emerged as a recognized leader in Florida's Healthy Start network.

1. Development and Implementation of the Fatherhood Initiative – T.E.A.M. Dad

Recognizing the vital role fathers play in achieving healthy family outcomes, the Indian River County Healthy Start Coalition established a local Fatherhood Initiative to engage and support fathers as active partners in maternal and child health. Shortly thereafter, the State of Florida launched the statewide T.E.A.M. Dad (Teach, Empower, Advocate, Mentor) program, affirming the essential contribution of fathers to family well-being.

By merging these complementary efforts, the Coalition expanded its Fatherhood Initiative under the T.E.A.M. Dad framework, creating a unified model of father engagement. Through education, mentorship, and peer-led support, the program promotes responsible fatherhood, positive co-parenting, and stronger family relationships.

The T.E.A.M. Dad program now provides fathers with opportunities to participate in home visiting, childbirth education, and community-based activities that strengthen their connection to both their children and their partners. This initiative has significantly enhanced paternal engagement across all Coalition programs and now serves as a model of best practice for family-centered care and community partnership across the state.

2. Creation of the Healthy Communities Program

The Healthy Communities Program was developed in 2021 to address the limited community understanding of the challenges that pregnant women, their partners, and their families experience during pregnancy and the postpartum period—and to identify the most effective ways to respond to those needs. The program was designed to strengthen public education and awareness around key maternal and child health priorities identified through the Coalition’s Needs Assessment and Fetal and Infant Mortality Review (FIMR) process.

Since its inception, the program has delivered approximately 100 training opportunities, reaching more than 1,756 community members, including families, healthcare professionals, and community partners. These trainings and events have empowered participants with knowledge and practical skills to promote healthy pregnancies, safe births, and positive infant and family outcomes.

Through community outreach events, professional development workshops, organizational partnerships, and social media campaigns, the program has expanded public awareness and built local capacity to prevent poor birth outcomes and strengthen family well-being. Educational content covers a wide range of critical topics, including prenatal wellness, safe sleep, infant feeding, maternal and paternal mental health, preconception health, respectful maternal care, and substance use prevention for pregnant women.

The Healthy Communities Program has also introduced specialized training in Narcan administration for community members and providers and Motivational Interviewing (MI) for professionals and paraprofessionals, promoting effective, compassionate engagement with families.

To further strengthen community knowledge and streamline connections to care, the Healthy Communities Program launched the Healthy Start Ambassador Program, an initiative designed to train community stakeholders on the full continuum of Healthy Start programs and services. Ambassadors include frontline staff from community organizations, healthcare partners, early learning providers, faith-based leaders, and trusted community advocates who regularly interact with pregnant women and young families. Through structured training, Ambassadors gain a clear understanding of available programs and services and are equipped with user-friendly referral tools to identify families in need and connect them promptly to Healthy Start. This initiative expands the Coalition’s reach far beyond its direct service footprint, creating a knowledgeable network of community partners who serve as early touchpoints for families and ensure that no woman, infant, or family falls through the cracks.

By expanding awareness and knowledge across all sectors, the Healthy Communities Program has created a unified community platform to address the root causes of adverse maternal and infant health outcomes. This initiative has become a cornerstone of the Coalition’s mission advancing

education, prevention, and collaboration to build a healthier Indian River County for generations to come.

3. Expansion of Bereavement and Grief Support Services

Responding to needs identified through the Fetal and Infant Mortality Review (FIMR) process, the Coalition has significantly expanded its Bereavement Support Program to provide ongoing, compassionate care to families experiencing pregnancy or infant loss. Recognizing that grief after loss can be overwhelming and deeply personal, the program ensures that every family receives both emotional and practical support tailored to their unique circumstances.

The Coalition has assisted bereaved families by covering the cost of cremation urns or burial services when needed, following the loss of Madison's Miracles in Indian River County, removing financial burdens during a time of profound grief. We remain committed to seeking funding to ensure families continue to receive this compassionate support. In addition, the Coalition provides financial assistance for mental health counseling, ensuring access to licensed therapists specializing in perinatal and infant loss.

To further strengthen community support, the Coalition established a Bereavement Support Group offering a safe space for parents and families to share experiences, receive peer support, and find healing alongside others who have endured similar loss.

Education and professional development have also become a key focus of this initiative. The Coalition continues to expand training for hospital staff, provider practices, and direct service personnel, ensuring that all professionals who encounter families during or after loss are equipped with the skills, sensitivity, and compassion necessary to provide respectful and trauma-informed care.

Through these collective efforts, the Bereavement Support Program has evolved into a cornerstone of the Coalition's family-centered continuum of care, affirming that every loss is met with empathy, dignity, and ongoing community support.

4. Expansion of the Babies & Beyond Program Services and Launch of Healthy Connections

In FY 2023–2024, the Babies & Beyond program made a significant investment in strengthening lactation support across Indian River County by training 15 new Certified Lactation Counselors (CLCs). This strategic expansion directly responds to the needs identified through Healthy Start screening data, FIMR findings, and partner feedback indicating a countywide gap in early breastfeeding support particularly within the critical first 24–48 hours after birth.

Through this initiative, Healthy Start substantially increased lactation service capacity for families delivering at Cleveland Clinic Indian River Hospital, expanding lactation coverage on the postpartum floor from 8–10 hours per day to 18–20 hours per day. This nearly doubling of available lactation support ensures that more mothers receive timely, hands-on guidance with breastfeeding initiation, positioning, latch assistance, pumping techniques, and troubleshooting common early challenges.

The expanded CLC workforce strengthens Babies & Beyond's continuum of care by:

- Providing more consistent bedside lactation support for mothers immediately following birth
- Reducing avoidable hospital readmissions related to feeding complications, jaundice, and dehydration

- Improving breastfeeding initiation and duration rates, especially among families previously unable to access lactation care

Enhancing coordination between hospital-based staff and other available Healthy Start programs by investing in a skilled lactation workforce, Healthy Start is ensuring that every family regardless of language, payer source, or risk level has access to high-quality breastfeeding support during one of the most vulnerable moments in the perinatal period. This expansion reflects the Coalition's commitment to strengthening maternal and infant health outcomes and building a more responsive, family-centered system of care for Indian River County.

Following several years of strategic planning, data review, and stakeholder engagement, Indian River County Healthy Start Coalition launched Healthy Connections in October 2025, a specialized Registered Nurse Case Management component within the Coalition's flagship Babies & Beyond program. This expansion represents a significant advancement in maternal health coordination, developed using best practice guidelines and evidence-based models to ensure the highest return on investment for families, the community, and funders who support this critical work.

Healthy Connections was designed in direct response to findings from the Fetal and Infant Mortality Review (FIMR) process, which identified high rates of maternal comorbidities among women who experienced a fetal or infant loss between 2022 and 2024.

- Among fetal deaths, 78% of mothers had one or more comorbid conditions, including obesity (48%), mental health disorders (83%), substance use (48%), smoking (57%), Type 1 diabetes (22%), gestational diabetes (17%), chronic hypertension (26%), and sexually transmitted infections (26%).
- Among infant deaths, 95% of mothers had at least one comorbidity, with obesity (71%), mental health disorders (62%), substance use (33%), smoking (33%), Type 1 diabetes (14%), gestational diabetes (5%), chronic hypertension (19%), and STIs (10%) being the most prevalent.

These findings underscore the urgent need for a structured, clinical approach to help high-risk women navigate healthcare systems, manage chronic conditions, and prevent severe maternal morbidity (SMM).

The Healthy Connections RN Case Managers will provide individualized education, proactive risk monitoring, and coordinated referrals ensuring that women receive timely care, understand their conditions, and are supported in making health decisions that improve long-term outcomes. By integrating medical and social care navigation, this program aims to reduce preventable complications, improve maternal safety, and change the trajectory of family health and well-being for generations to come.

This initiative embodies the Coalition's commitment to data-driven, evidence-based innovation and translates local FIMR findings into real-world solutions that improve maternal health outcomes and create measurable, sustainable impact across Indian River County.

5. G.R.O.W. (Guidance, Resource, Openhearted, Wisdom) Doula Program – A Statewide Model for Maternal Health

The Coalition's G.R.O.W. (Guidance, Resource, Openhearted, Wisdom) Doula Program, developed and piloted in Indian River County, has emerged as one of the most influential and replicable models in

Florida's maternal health system. Following its successful implementation and measurable positive outcomes locally including reduced Cesarean section rates, increased healthy birth weights, and higher breastfeeding initiation and continuation rates the program was formally licensed by the Florida Association of Healthy Start Coalitions (FAHSC) from the Indian River County Healthy Start Coalition (IRCHSC).

Since its statewide expansion, the G.R.O.W. model has been implemented in more than 19 Healthy Start Coalitions and has trained over 700 doulas across Florida, creating a robust, sustainable maternal health workforce. This model provides evidence-based, compassionate, and culturally informed support to birthing women and families before, during, and after childbirth.

By addressing both the emotional and informational needs of expectant families, G.R.O.W. doulas help reduce healthy birth outcomes, improve maternal satisfaction, and strengthen family outcomes. The program has also contributed to workforce development, offering professional certification pathways for community members and expanding economic opportunities within the maternal health field.

The success of the G.R.O.W. Doula Program exemplifies the Indian River County Healthy Start Coalition's leadership, innovation, and statewide impact—advancing maternal health through education, workforce development, and community collaboration, and setting a new standard for comprehensive, family-centered maternity care in Florida.

6. Expanding Community Outreach

The Coalition significantly expanded its community outreach efforts to ensure that families and partners across Indian River County are aware of Healthy Start programs and services. In October 2025, Healthy Start hosted its inaugural FIMR Summit, bringing local and national experts together to discuss the barriers driving maternal morbidity, maternal mortality, and fetal and infant losses. The Summit served as a collaborative platform to identify meaningful strategies for reducing preventable deaths and improving local outcomes.

To meet families where they are, Healthy Start began offering Community Baby Showers in neighborhoods throughout the county. These events provided families with essential support while increasing awareness of the full range of maternal and child health services available through the Coalition. Healthy Start also held a Black Maternal Health Community Forum, giving Black women a dedicated space to speak openly about their experiences, voice concerns, and help shape solutions that directly reflect their needs and stories.

Partnerships expanded as well. The Coalition established new and strengthened Memoranda of Understanding (MOUs) with Tykes & Teens, Legacy Behavioral Health, Williams Daycare Center, and RCMA. These partnerships enhance access to mental health services, provide Safe Baby training, and ensure families have support for basic needs such as diapers and wipes. Through a collaboration with A Caring Center for Women, Healthy Start placed a Maternity Navigator onsite to conduct intakes and connect pregnant women to services more efficiently.

To improve infant safety, two staff members completed the National Child Passenger Safety Technician certification, enabling the Coalition to better support families with proper car seat installation and education. Fatherhood engagement also grew through a partnership with Dodgertown Elementary's All Pro Dad program, integrating Fatherhood/T.E.A.M. Dad services to equip fathers with knowledge, confidence, and resources to support their children.

Together, these expanded outreach efforts deepen Healthy Start's presence throughout the community and reinforce a countywide commitment to improving maternal and infant health outcomes.

7. Fetal Infant Mortality Review Lead Agency for the Treasure Coast

Indian River County Healthy Start Coalition (IRCHSC) serves as the Fetal and Infant Mortality Review (FIMR) Lead Agency for the Treasure Coast; a designation made in alignment with Florida Department of Health direction. This responsibility significantly expanded the scope of the Coalition's FIMR program, positioning IRCHSC to lead the multidisciplinary review of fetal and infant deaths occurring across Indian River, St. Lucie, Martin, and Okeechobee counties. As the coordinating hub for this regional review process, the Coalition ensures that each case is examined through a comprehensive, family-centered, and systems-focused lens to identify contributing factors and opportunities for prevention.

While charged with reviewing cases across the region, IRCHSC remains deeply committed to ensuring that every fetal and infant loss within Indian River County is thoroughly reviewed. This commitment helps guarantee the highest level of accuracy in local data collection, reporting, and analysis, ensuring that emerging trends and risk factors affecting families in Indian River County are clearly identified and appropriately addressed. By maintaining this level of local fidelity, the Coalition strengthens its ability to inform prevention strategies, guide community action, and advance targeted recommendations to reduce maternal morbidity, maternal mortality, and fetal and infant deaths. Through this expanded role, IRCHSC continues to foster a coordinated regional approach while upholding its responsibility to protect and improve the health of mothers and babies in its home community.

Summary

Collectively, these accomplishments reflect the Indian River County Healthy Start Coalition's commitment to continuous improvement, innovation, and community partnership. Through these initiatives, the Coalition has not only expanded its scope of services but also deepened its impact empowering families, reducing disparities, and building a stronger, healthier future for mothers, fathers, and children in Indian River County.

Overview:

A Comprehensive System of Care

Indian River County Healthy Start Coalition has grown into one of the most robust systems of care for mothers, babies, and families in Florida. Programs address every stage of pregnancy, birth, and early childhood:

Coordinated Intake & Referral

The Indian River County Healthy Start Coalition (IRCHSC) operates the Coordinated Intake & Referral (CI&R) Maternity Navigation service to ensure that every expectant mother and her family can easily access the support and resources available to them. This program serves as a central hub, informing

participants and their partners about the array of maternal and child health services for which they may be eligible and facilitating referrals to appropriate programs and providers.

Maternity Navigators engage with families during the prenatal period, at approximately 28 weeks gestation, and again postpartum to ensure continuity of care. Each referral is tracked to monitor service delivery and participant satisfaction. Navigators conduct follow-up contacts to confirm that families are connected with the services they need and to assess overall program effectiveness and client experience.

Through strong community collaboration, IRCHSC has streamlined the process of accessing care and navigating local programs, reducing barriers for families seeking maternal and infant health services. In addition, Maternity Navigators assist expectant mothers in obtaining temporary Medicaid coverage through the Presumptive Eligibility for Pregnant Women (PEPW) process. This coverage provides up to 45 days of benefits while families apply for long-term pregnancy coverage or make payment arrangements with their healthcare providers.

Healthy Start's Maternity Navigators are strategically embedded across key clinical partners including Cleveland Clinic Indian River Hospital's Postpartum Unit, Partners in Women's Health, and A Caring Center for Women to ensure that as many pregnant and postpartum women as possible are identified early and connected to services. By positioning Navigators directly within hospital and obstetric settings, the Coalition is able to conduct timely screenings, provide education, and initiate referrals at critical points of care, strengthening continuity of support for women throughout pregnancy and the postpartum period.

By simplifying access to care, CI&R ensures that families receive timely support, helping to improve maternal health outcomes and strengthen the county's continuum of care for pregnant women and infants.

Babies & Beyond

The Babies & Beyond program was established in 2018 in direct response to gaps in maternal and infant health care identified through the Indian River County Healthy Start Coalition's Needs Assessment. Created to provide lactation support, postpartum nurse home visits, and birthing classes including hypnobirthing, breastfeeding education, and labor preparation, the program has since expanded to include Nurse Case Management services.

Specially trained Registered Nurses now work directly with pregnant women experiencing high-risk conditions to address Severe Maternal Morbidity (SMM). By offering proactive care coordination, targeted health education, and close clinical monitoring, the program helps reduce preventable complications, enhance maternal safety, and promote healthier birth outcomes across Indian River County.

Program Components:

- **Childbirth Education Classes:** Interactive sessions equip expectant parents with essential knowledge about pregnancy, labor, delivery, and newborn care.
- **Hospital Lactation Support:** One-on-one assistance provided to help initiate breastfeeding and resolve early feeding challenges.
- **Post-Discharge Lactation Support:** Continued follow-up in the home setting, extended as needed to ensure sustained breastfeeding success.
- **Nurse Home Visits:** Conducted by Registered Nurses, each visit is designed to focus on family needs, education, newborn care, and completion of a home safety checklist. A head to toe

assessment of both mom and baby is performed and any abnormal findings receive immediate referrals to appropriate provider.

- **RN Case Management:** Offers extended, individualized support for clients through the pregnancy and postpartum period, depending on the level of need. Case Managers monitor progress, provide health education, and coordinate access to services that promote long-term maternal and infant well-being.
- **Village of Support:** A weekly peer-support group offered through Babies & Beyond that provides mothers with a safe, welcoming space to share experiences, build social connections, learn coping strategies, and receive guidance from trained facilitators helping reduce isolation and strengthen emotional well-being during pregnancy and postpartum.
- **Mental Health Referrals and Support:** Babies & Beyond provides streamlined referrals and financial assistance for counseling services to ensure that mothers and fathers have timely access to high-quality mental health care, helping families address stress, anxiety, depression, and other emotional challenges during pregnancy and the postpartum period.

Education remains at the heart of the Babies & Beyond model. Studies by the National Institutes of Health (NIH) show that increased maternal education directly correlates with improved health outcomes. By addressing critical gaps in education and proactive maternal health management, Babies & Beyond plays a vital role in reducing fetal and infant mortality, mitigating maternal morbidity, and building a healthier, more resilient community.

Parents as Teachers

The Parents as Teachers (PAT) program is an evidence-based home visiting model that strengthens families by promoting positive parenting practices, enhancing child development, and improving school readiness. Implemented by the Indian River County Healthy Start Coalition, PAT provides early, ongoing support to families with children from prenatal stages through the child's third birthday.

Certified Parent Educators visit families in their homes to deliver individualized lessons on child development, health, and safety. Visits typically include developmental screenings, parent-child interaction activities, and goal setting to encourage active engagement in the child's learning and growth. The program also connects families with community resources, ensuring that their social, medical, and educational needs are met comprehensively.

Research consistently demonstrates that families participating in PAT experience improved parenting confidence, stronger family relationships, and better developmental outcomes for children. By intervening early, the program helps prevent delays, reduce family stress, and build the foundation for lifelong success.

Through Parents as Teachers, the Coalition reinforces its mission of empowering parents as their child's first and most influential teachers laying the groundwork for healthy, nurturing, and school-ready children throughout Indian River County.

Health Education Services

The Health Education Program of the Indian River County Healthy Start Coalition provides structured, evidence-based education to improve maternal and infant health outcomes. The program utilizes the Partners for a Healthy Baby curriculum, developed by Florida State University's Center for Prevention and Early Intervention Policy. This curriculum delivers comprehensive, research-informed guidance on prenatal health, infant care, parenting skills, and family functioning.

Through individualized home and community visits, Health Educators provide lessons tailored to each family's needs. Core topics include prenatal care, nutrition, stress management, breastfeeding, safe sleep, infant growth and development, and positive parenting practices. Educators also assist participants in identifying needs and connecting with available medical, behavioral, and social services within Indian River County.

By combining health education with practical support, the program helps families gain the knowledge and confidence to make informed decisions during pregnancy and early parenthood. This program supports the Coalition's mission to reduce infant mortality, improve birth outcomes, and strengthen families through coordinated, evidence-based education and support services.

G.R.O.W. Doula Model

The G.R.O.W. (Guidance, Resource, Openhearted, and Wisdom) Doula Model was developed directly from the success of the Indian River Healthy Start Doula Program, which demonstrated strong improvements in birthing experiences, maternal confidence, and overall birth outcomes for local families. Building on this foundation, the Coalition formalized the approach into a structured, culturally responsive training model designed to equip community members with the skills needed to provide compassionate, evidence-based labor and postpartum support. The success of the model led to its adoption and licensure by the Florida Association of Healthy Start Coalitions (FAHSC), allowing it to be replicated statewide. Today, the G.R.O.W. Doula Model is actively implemented in 19 Healthy Start Coalitions across Florida, expanding access to high-quality doula care and strengthening the perinatal support network for families throughout the state.

Indian River County Healthy Start Doula Program

The Healthy Start Doula program was developed to expand access to compassionate, evidence-based labor and culturally responsive delivery support for families in Indian River County. Recognizing the significant impact that continuous labor support can have on birth outcomes, this program connects expectant mothers with trained community-based doulas who provide guidance throughout pregnancy, labor, delivery, and the postpartum period.

Doulas work in collaboration with healthcare providers to ensure all women especially those identified as high-risk or socially vulnerable receive personalized support, education, and advocacy during one of the most critical times in their lives. The program focuses on empowering women through evidence-based education, emotional support, and physical comfort measures to reduce stress and promote safer, more positive birth experiences.

Research demonstrates that doula care is associated with lower rates of cesarean delivery, shorter labor, reduced need for medical interventions, and higher satisfaction with birth experiences. The program prioritizes women who may face barriers to accessing consistent maternity care or who experience high-risk pregnancies. Doulas collaborate closely with healthcare providers to ensure that every mother receives individualized care, education, and supportive guidance that promote safe deliveries and positive birth experiences.

Through the Healthy Start Doula program, Indian River County Healthy Start Coalition ensures that every family regardless of socioeconomic status has the opportunity to experience a safe, supported, and empowered birth journey.

Healthy Families IRC

Healthy Families Indian River is an evidence-based home visiting program that works to prevent child abuse and neglect by supporting families who may be facing challenging life circumstances. As the lead agency and local administrator, the Indian River County Healthy Start Coalition ensures that services align with the standards and goals outlined by the Florida Department of Children and Families (DCF) and the Florida Department of Health Healthy Families Florida Network.

Participation in Healthy Families is voluntary and focuses on building strong, nurturing parent-child relationships, promoting healthy child development, and improving family self-sufficiency. Families are identified through prenatal screening and community referrals and receive long-term, intensive home visitation from trained Family Support Workers beginning prenatally or soon after birth.

Each visit provides education on child safety, health, and development, along with practical parenting skills and linkage to medical care, mental health services, and community support. The program's strength lies in its relationship-based approach to meeting families where they are, fostering trust, and helping them set and achieve personal goals for stability and success.

Healthy Families Indian River plays a critical role in improving outcomes for children and families by reducing child maltreatment, enhancing parental resilience, and supporting safe, stable, and nurturing home environments. Through this initiative, the Coalition continues its mission of ensuring that every family in Indian River County has the opportunity to thrive from the very start.

Healthy Communities Program

The Healthy Communities program is a collaborative initiative designed to strengthen the conditions that influence maternal and child well-being in Indian River County. The program focuses on addressing the factors that affect access to quality health care and family stability, including housing, nutrition, transportation, and availability of community support services, that directly impact pregnancy outcomes and early childhood development.

Through data-driven community partnerships, the program works to identify high-need areas and implement strategic interventions that connect families with essential resources and preventive services. Healthy Communities collaborates with healthcare providers, local agencies, and nonprofit partners to build a coordinated system of care that promotes better health outcomes for women, infants, and families.

Core activities include community outreach, health education events, resource navigation, and advocacy for improved access to services. By aligning local efforts and reducing barriers to care, the program helps prevent infant mortality, maternal morbidity, and chronic health disparities.

Ultimately, Healthy Communities reflects the Coalition's commitment to creating a supportive environment where every family in Indian River County has the opportunity to achieve optimal health and well-being before, during, and after pregnancy.

Fatherhood (T.E.A.M. Dad)

The Fatherhood/T.E.A.M. Dad (Teaching, Empowering, Affirming, Mentoring) program recognizes that fathers play an essential role in the health and development of their children. Established to strengthen father engagement and family stability, this program provides targeted education and mentorship to fathers and father figures in Indian River County.

T.E.A.M. Dad offers individual and group-based sessions that focus on parenting skills, healthy relationships, communication, co-parenting strategies, and the importance of paternal involvement during pregnancy, infancy, and early childhood. Participants receive practical tools to enhance emotional bonding, improve family dynamics, and increase confidence in their parenting roles.

By creating safe spaces for men to learn and share experiences, the program fosters a sense of community and accountability among fathers. Trained facilitators provide ongoing support, connecting participants with employment resources, social services, and community networks that promote long-term family well-being.

Engaged fatherhood has been shown to improve infant attachment, cognitive development, and maternal health outcomes. Through T.E.A.M. Dad, the Indian River County Healthy Start Coalition advances its mission of strengthening families by ensuring fathers are active, informed, and empowered partners in parenting.

Fetal Infant Mortality Review (FIMR)

The Fetal and Infant Mortality Review (FIMR) program is a community-based process that examines individual cases of fetal and infant deaths to identify factors that contribute to poor birth outcomes and to recommend system-level improvements. Operated under the direction of the Indian River County Healthy Start Coalition, FIMR serves as a key component of Florida's statewide maternal and infant health quality improvement system authorized under Chapter 383, Florida Statutes.

The FIMR process involves a multidisciplinary Case Review Team (CRT) composed of medical, social service, public health, and community professionals. Each reviewed case is abstracted using de-identified data from medical, vital records, and social service sources to assess medical, behavioral, environmental, and service-related factors that may have influenced the outcome.

Findings and recommendations from the CRT are presented to the Community Action Group (CAG), which develops and implements action plans to address identified service gaps and improve the local system of care. This collaborative approach allows community stakeholders to transform case findings into measurable prevention strategies that strengthen prenatal care, improve access to services, and promote healthier pregnancies and infant survival.

Through FIMR, the Indian River County Healthy Start Coalition works to reduce preventable fetal and infant deaths, enhance the quality of maternal and child health services, and ensure that every pregnancy and every infant have the best possible chance for a healthy outcome.

Together, these programs create a comprehensive, family-centered system of care that addresses the physical, emotional, and social needs of mothers, fathers, babies, and families. A key component of this work is the Fetal Infant Mortality Review (FIMR), which allows the Coalition to examine fetal and infant death cases, identify contributing factors, and implement community-driven solutions to prevent future losses. Through integrated services, continuous learning, and community partnerships, the Indian River County Healthy Start Coalition has contributed to reducing fetal, infant, and maternal mortality while improving health outcomes across the county.

Methodology

The qualitative data-collection methodology incorporates client surveys, community partner surveys, focus groups, and committee input. This methodology is aligned with the framework and priority areas identified in the Indian River Community Foundation's Indicators Study. Client and partner surveys use structured and open-ended questions to capture perspectives on needs, service gaps, and

outcomes that correspond with local indicators of community well-being. Focus groups provide deeper, dialogue-based insights that help contextualize these indicators, allowing participants to elaborate on lived experiences behind the data trends. Committees offer ongoing qualitative input through discussions and meeting documentation, helping interpret findings in relation to the IRCF indicator domains. All qualitative data is analyzed using thematic analysis, including coding responses, identifying patterns, and developing themes that reflect both stakeholder experiences and the community-level issues highlighted in the Indicators Study. Findings are triangulated across methods to strengthen validity and ensure that the results meaningfully connect individual- and community-level perspectives, with confidentiality and ethical data practices maintained throughout.

Quantitative data for the needs assessment are gathered from multiple sources and analyzed by the Coalition. This approach aligns with priority areas identified through community health indicators and system performance measures. Data sources include vital statistics such as birth and death records, maternal and child health indicators, programmatic data from Healthy Start, and aggregated findings from Fetal and Infant Mortality Review (FIMR) cases. Additional community health data are drawn from secondary sources such as FLHealthCHARTS, the U.S. Census Bureau, and local hospital discharge records. All quantitative data are analyzed to identify trends, disparities, and system-level outcomes over time, providing measurable indicators that complement qualitative findings and strengthen the overall assessment.

Primary data are any data collected from the original source by a researcher or organization for a specific purpose or project. Secondary data is information that has been previously collected for purposes other than research or assessment. Quantitative data can be measured and expressed numerically. Qualitative data is non-numerical and is used to understand or describe concepts, experiences, opinions, subjective insights, and related concepts. Qualitative data is described with words or images rather than numbers.

Secondary data used in this assessment was primarily collected from [FloridaHealthCHARTS](#). Limited secondary quantitative data from secure nationally recognized sources was retrieved from the U.S. Census Bureau, American Community Survey (ACS) and the Pregnancy Risk Assessment Monitoring System (PRAMS; state level data only). Unless otherwise noted, all data is available on [FloridaHealthCHARTS](#) and accessible to the public. Complete data references are included in the Excel data compendium file.

For this narrative, data sourced from [FloridaHealthCHARTS](#) will be referenced according to year or span of years (e.g., 2024, 2019-2023). Data sourced from the American Community Survey will be sourced as “ACS, year or span of years” and PRAMS as “PRAMS, year” or Unless otherwise noted, all data is sourced from [FloridaHealthCHARTS](#). Throughout the narrative, the many data elements, also called indicators, are bolded and followed by statements about the indicator’s data for Florida. The terminology for race in data sets varies by the data source. Please refer to the cited data source if clarification is needed.

All secondary data were summarized at the county and state level, with 5-year trends for historical monitoring. This data focuses on maternal, infant, and paternal health, as well as other social drivers (determinants) of health.

State data serves as the benchmark for each dataset, such that individual county rates can be compared to Florida rates. For the purposes of identifying notable differences between the state average or rate and individual county performance in each set of data, counties were separated into quartiles. Quartiles separate data into four equal parts. Quartiles help summarize large datasets quickly and are useful for comparing values and spotting highs and lows. For summary purposes, counties falling in the lowest and uppermost quartiles on a particular dataset will be noted.

- **Q1 (First Quartile):** The value that separates the **lowest 25%** of the data.
- **Q2 (Second Quartile or Median):** The **middle value** is the point where half the data is below it and half is above.
- **Q3 (Third Quartile):** The value that separates the **lowest 75%** of the data.
- **Q4 (Fourth Quartile):** The **top 25%** of the data, from Q3 to the highest value.

While the user of this assessment will not have to interpret quartiles, it is worth noting that quartiles are context dependent. That is, sometimes a lower percentile is favorable (e.g., percentage of women who smoked during pregnancy) while in other instances the higher percentile is desirable (e.g., percentage of women initiating prenatal care in the first trimester). The bullet notable difference statements will account for context. When a data point lands in the second or third quartile, there will be no bullet comments as no notable difference was found when compared to the state.

Quantitative Data Analysis by County

General Population

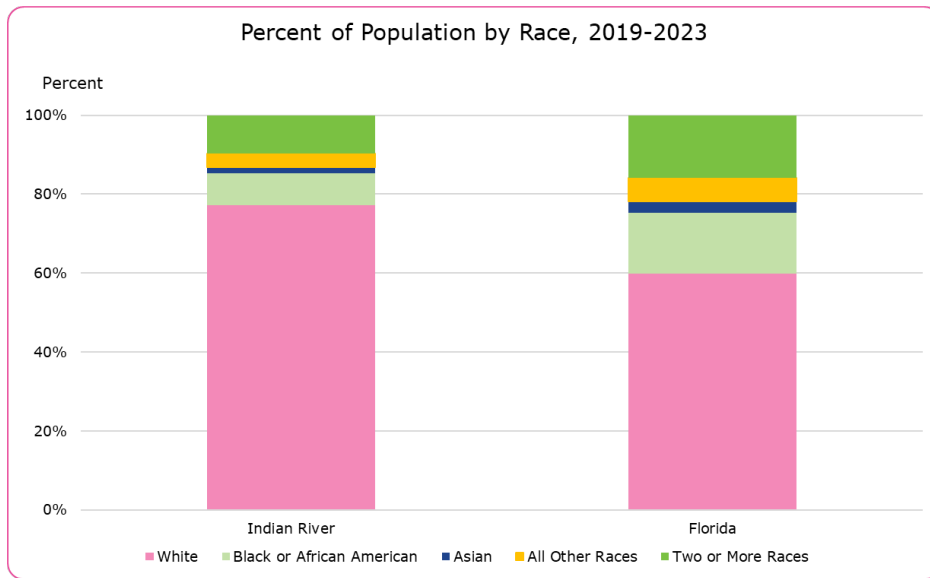
Data to describe Florida demographics and social drivers were sourced from the U.S. Census Bureau American Communities Survey (ACS) five-year estimates for 2019-2023. This includes race, ethnicity, age, language, education, household incomes, employment, travel, and vehicles.

Race

According to the ACS, five-year estimates from 2019-2023, Florida's population is predominantly White, comprising 59.9% of residents. Black or African American individuals make up the second-largest group at 15.3%. Other racial groups include Asian 2.9%, American Indian and Alaska Native 0.3%, Native Hawaiian and Other Pacific Islander 0.1%, and those identifying as Two or More Races 16%. About 5.6% of the population falls under the "Other" category.

According to the ACS, five-year estimates from 2019-2023, Indian River County's population is predominantly White, comprising 77.3% of residents. Those identifying as Two or More Races make up the second largest group at 9.7%. Other racial groups include Black or African American 8.1%, all "Other" category at 3.1% and Asian at 1.5%.

Figure 1: Percent of Population by Race, 2019-2023¹



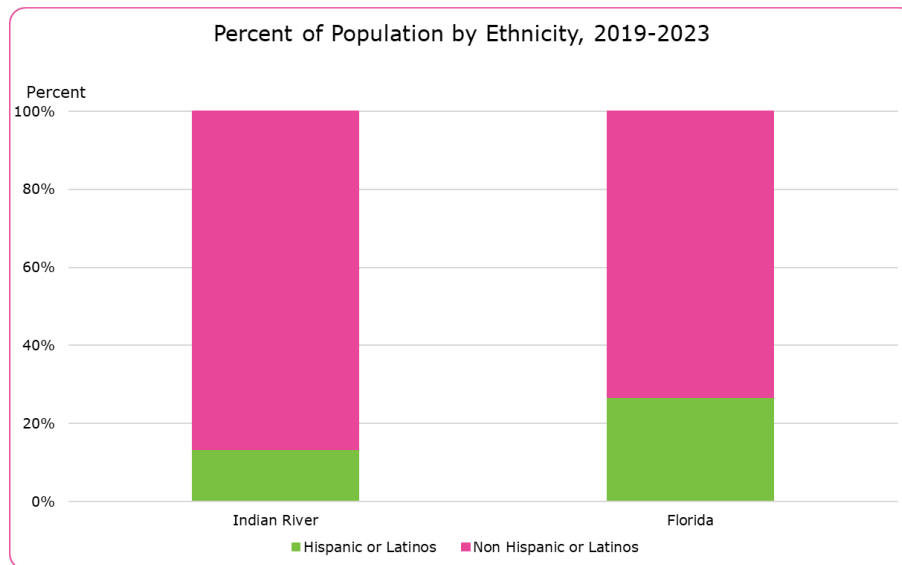
Ethnicity

According to 2019-2023 estimates, 73.3% of Florida’s population was not of Hispanic or Latino ethnicity (or 16,063,144 individuals). It follows that 26.7% of the population was Hispanic or Latino, by count numbering 5,865,737 individuals.

According to 2019-2023 estimates, 86.6% of Indian River County’s population was not of Hispanic or Latino ethnicity (or 141,847 individuals). It follows that 13.4% of the population was Hispanic or Latino (or 22,009 individuals).

¹ Source: US Census Bureau, American Community Survey - 5-Year Estimates, Table B02001, 2019-2023

Figure 2: Percent of Population by Ethnicity, 2019-2023²



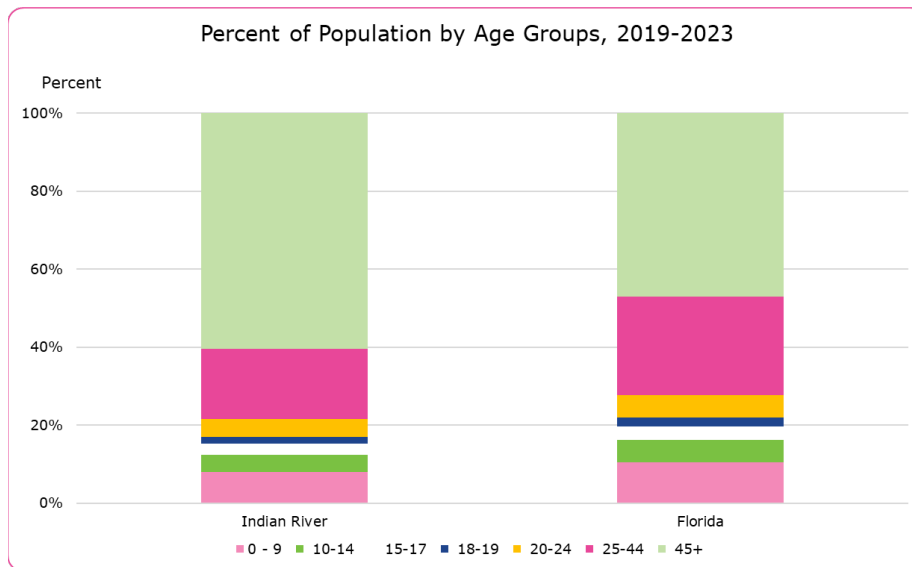
Age Demographics

In 2019-2023, Florida's population was approximately 21.9 million people. The largest age groups were adults aged 45–64 (26.0%) and 25–44 (12.7%). Children and young adults (ages 0–24) each made up smaller portions, ranging from 2.3% to 5.8% per age group. Older adults represented a large share of the population as 11.7% were ages 65–74, 6.8% were 75–84, and 2.6% were 85 years of age and older.

In 2019-2023, Indian River County's population was approximately 164 thousand people. The largest age groups were adults aged 45–64 (26.3%) and 65-74 (17.9%). Older Adults 75-84 made up 11.2% and Adults age 35-44 made up a large share of the population at 9.5% and 85+ at 5.0%. Children and young adults (ages 0–24) each made up smaller portions, ranging from 1.8% to 4.6% per age group.

² Source: US Census Bureau, American Community Survey 5-year Estimates, Table B03003, 2015-2019 - 2019-2023

Figure 3: Percent of Population by Age Groups, 2019-2023³



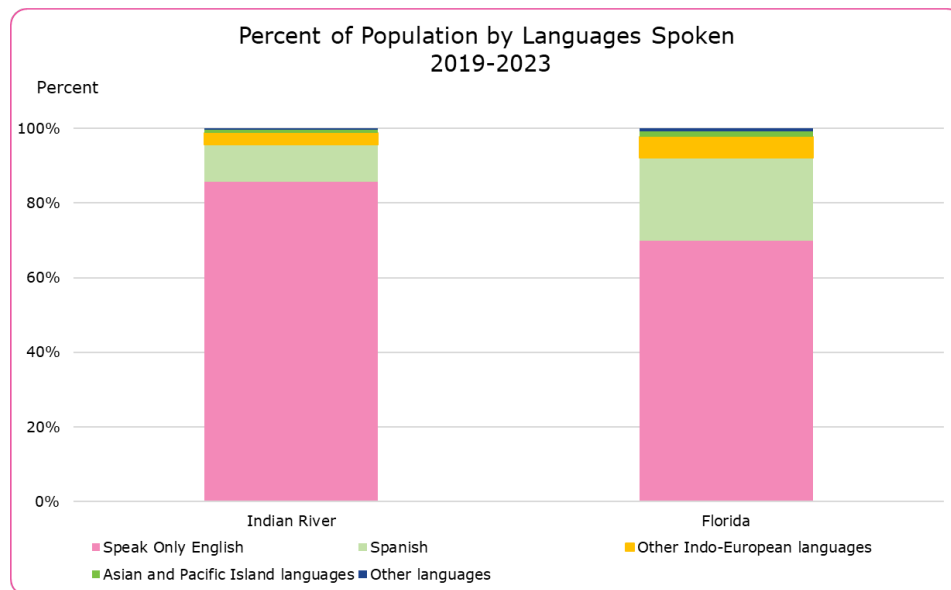
Language

In 2019-2023, the language spoken by the population aged 5 years and over across Florida revealed distinct language landscapes. Statewide, out of a total population of over 20.9 million, a substantial majority 69.9%, or 15 million individuals, reported speaking only English. Spanish was the second most prevalent language, accounting for 22.2% of the population. Other Indo-European languages made up 5.6% of the population, while Asian and Pacific Island languages spoken by 1.6%, and other languages by 0.8%.

During the same time period of 2019-2023, the language spoken by the population aged 5 years and over across Indian River County revealed distinct language landscapes. Countywide, out of a total population of over 158 thousand, a substantial majority, 85.7%, or 135 thousand individuals, reported speaking only English. Spanish was the second most prevalent language, accounting for 9.9% of the population. Other Indo-European languages made up 3.2% of the population, while Asian and Pacific Island languages spoken by 0.9%, and other languages by 0.4%.

³ Source: US Census Bureau, American Community Survey, 5-Year Estimates, Table B01001, 2019-2023

Figure 4: Percent of Population by Languages Spoken, 2019-2023⁴



Social Drivers of Health

Education

In 2019-2023, the educational landscape of Florida's population aged 25 and over revealed distinct patterns in attainment. Nearly half of the state's adult population, specifically 46.3%, completed high school as their highest level of education. Following closely, 43.3% achieved a college degree, while 10.4% of adults did not earn a high school diploma. When comparing these figures by gender across Florida, slightly more males did not earn a high school diploma versus their female counterparts, 11.2% and 9.6%, respectively, and a higher percentage of females earned a college degree, 44.8% than males, 41.7%.

In Indian River County during 2019-2023, the educational landscape of the population aged 25 and over revealed distinct patterns in attainment. Nearly half of the county's adult population, specifically 48.2%, completed high school as their highest level of education. Following closely, 43.8% achieved a college degree, while 8.0% of adults did not earn a high school diploma. When comparing these figures by gender across Indian River County, slightly more males did not earn a high school diploma versus their female counterparts, 9.0% and 7.1%, respectively, and a higher percentage of females earned a college degree, 45.3% than males, 42.1%.

Total Persons 25 Years and Older by Level of Education Completed by Gender and County, Average of Years 2019-2023

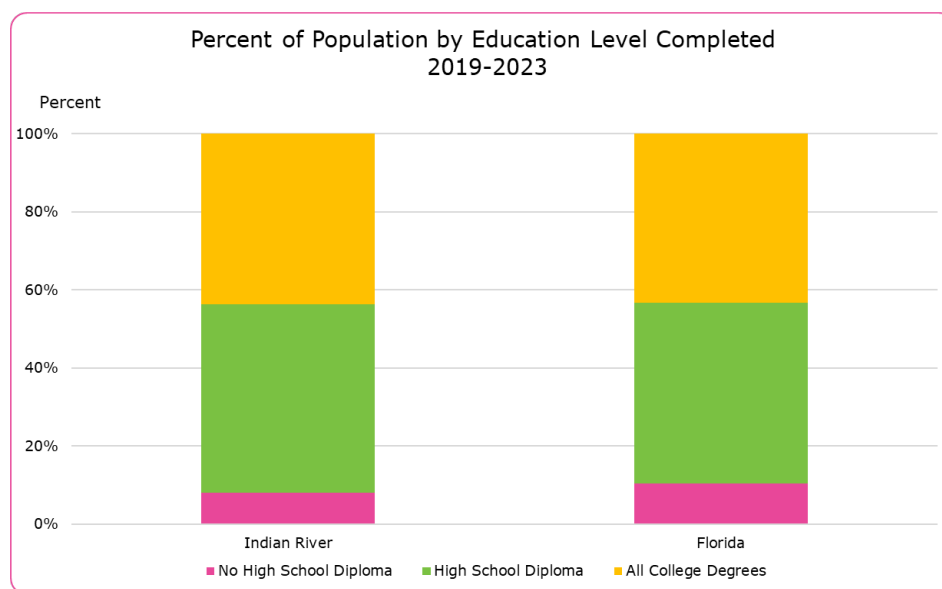
In Florida for 2019-2023, 10.4% of adults 25 years of age or older did not have a high school diploma.

In Indian River County, 8% of adults 25 years of age or older indicates that there are fewer adults without a high school diploma.

⁴ Source: US Census Bureau, American Community Survey, 5-Year Estimates, Table S1601, 2019-2023

For this measure, lower percentages are favorable because they indicate that there are fewer adults without a high school diploma.

Figure 5: Percent of Population by Education Level Completed, 2019-2023⁵



Income Measures

Household Income Levels by County, Average of Years 2019-2023

In Florida for 2019 - 2023, about 5.1% of households earned less than \$10,000 per year.

Indian River County, for 2019-2023, was at 5.3% of households that earned less than \$10,000 per year.

Again, for this measure, lower percentages are more favorable because they indicate there are fewer households with lower incomes.

Median Household Income, Average of Years 2019-2023

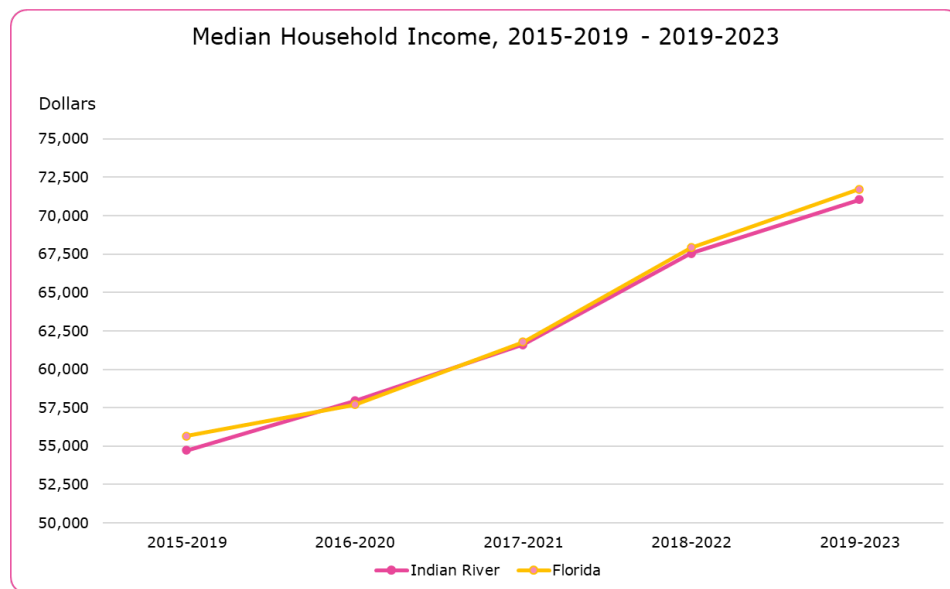
For Florida for 2019-2023, the average median household income was \$71,711. For this measure, a higher median household income is favorable.

For Indian River County for 2019-2023, the average median household income for 2023 was slightly below state average at \$71,049.

For this measure, a higher median household income is favorable.

⁵ Source: US Census Bureau, American Community Survey 5-Year Estimates, Table B15002, 2019-2023

Figure 6: Median Household Income, 2015-2019 - 2019-2023⁶



Percentage of Individuals in Poverty, Years 2015-2023

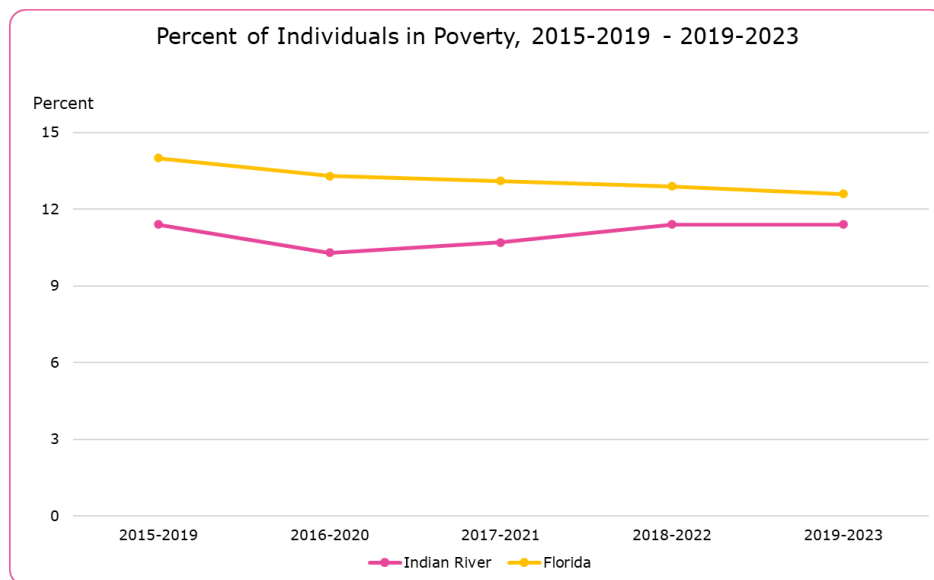
For Florida, the average percentage of individuals in poverty for the years 2019-2023 was 12.6%.

For Indian River County, the average percentage of individuals in poverty for the years 2019-2023 was 11.4% which is slightly below the state average.

Lower percentages are more favorable because they indicate fewer individuals living in poverty.

⁶ Source: www.flhealthcharts.gov; US Census Bureau, American Community Survey 5-Year Estimates, Table B19013; 2015-2019 - 2019-2023

Figure 7: Percent of Individuals in Poverty, 2015-2019 - 2019-2023⁷



Percentage of Families with Female Householder (No Spouse Present) Below Poverty Level with Related Children (Aged 0-4 years), 2019-2023

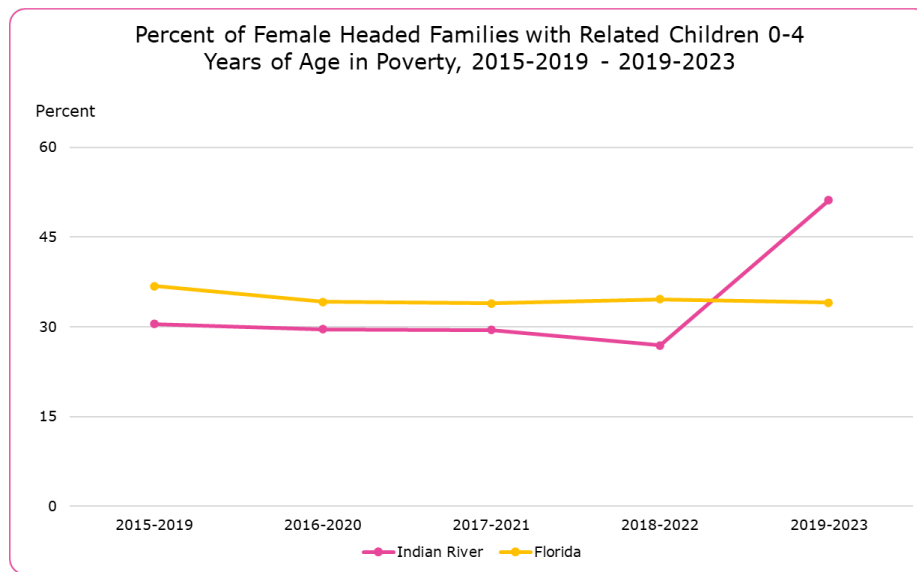
For Florida in 2019-2023, 34.0% of families had an unmarried female head of household living below the poverty line with related children from 0-4 years of age.

While in Indian River County in 2019-2023 51.2% of families had an unmarried female head of household living below the poverty line with related children from 0-4 years of age. This is a significant increase based on prior years of 2019-2020 at 26.9%.

For this measure, lower percentages are favorable as they indicate there are fewer single mothers with young children living below the poverty level.

⁷ Source: www.flhealthcharts.gov; US Census Bureau, American Community Survey 5-Year Estimates, Table B17001; 2015-2019 - 2019-2023

Figure 8: Percent of Female Headed Families with Related Children 0-4 Years of Age in Poverty, 2015-2019 - 2019-2023⁸



Employment

Percent of Population 16 and Over in the Labor Force, Employed or Unemployed, 2019-2023

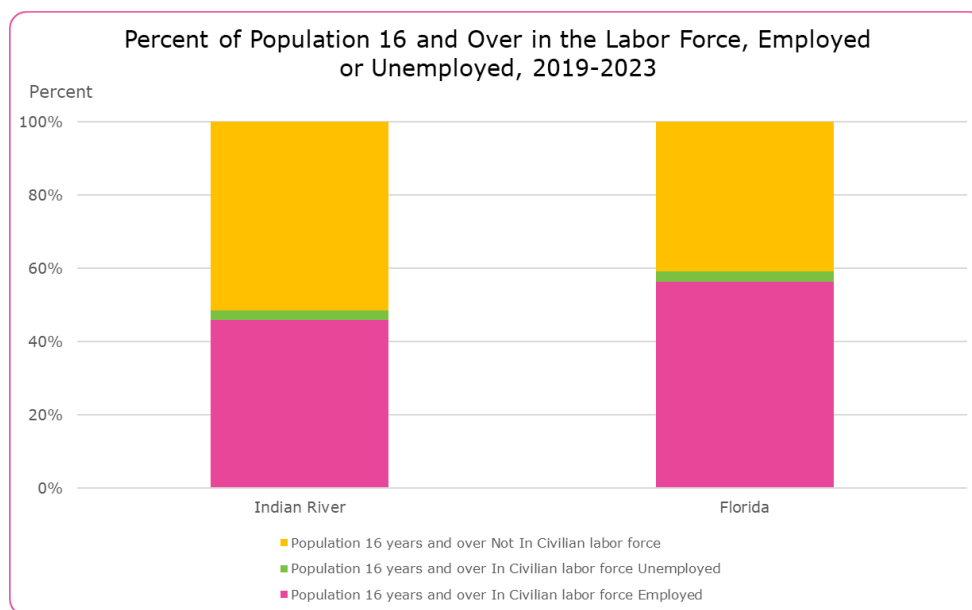
For Florida, about 56.3% of the population age 16 and over in the civilian labor force are employed while in Indian River County is 45.9%. Versus for the Florida population 16 years and over Not in Civilian Labor Force is 40.8% versus Indian River County at 51.6%.

For Florida, about 2.8% compared to 2.5% in Indian River County individuals 16 years and over are unemployed.

For this measure, lower percentages are favorable because they indicate that there are fewer unemployed individuals.

⁸ Source: www.flhealthcharts.gov; US Census Bureau American Community Survey 5-Year Estimates, Table B17010, 2015-2019 - 2019-2023

Figure 9: Percent of Population 16 and Over in the Labor Force, Employed or Unemployed, 2019-2023⁹



Health Insurance

Percentage of Population of Non-Institutionalized Civilians with and without Health Insurance, 2019-2023

In Florida in 2019-2023, 88.1% of non-institutionalized people had health insurance.

While in Indian River County for 2019-2023, 89.4% of non-institutionalized people had insurance.

For this measure, higher percentages are favorable because they indicate that more people have health insurance.

In Florida in 2019-2023, 11.9% of non-institutionalized people were without health insurance.

In Indian River County in 2019-2023, 10.6% of non-institutionalized people were without health insurance.

For this measure, lower percentages are favorable because they indicate that fewer people are without health insurance.

⁹ Source: US Census Bureau American Community Survey 5-Year Estimates, Table DP03, 2019-2023

Figure 10: Percent Insured, 2015-2019 - 2019-2023¹⁰

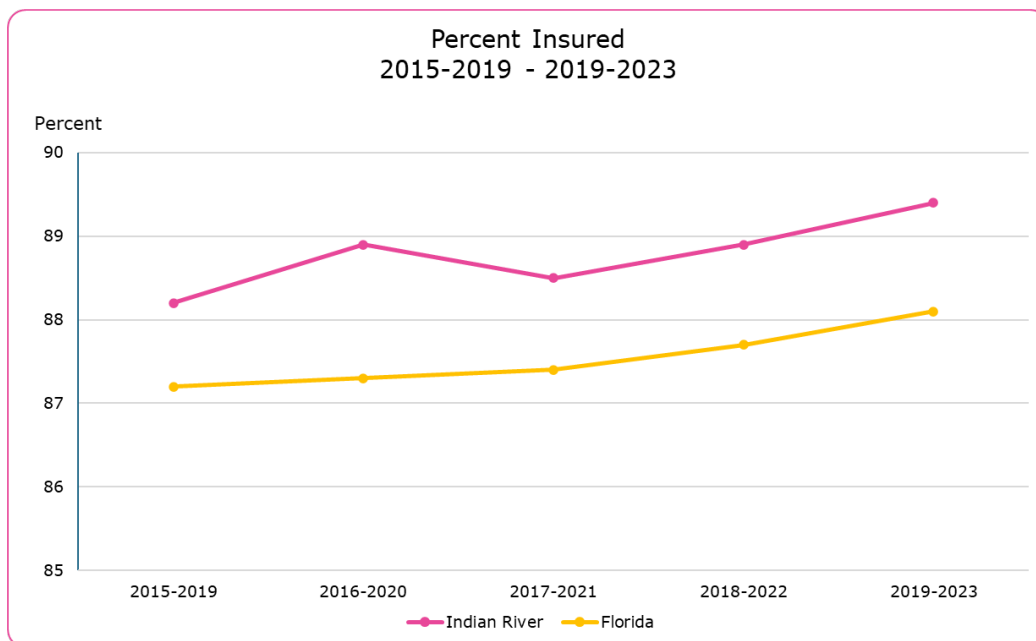
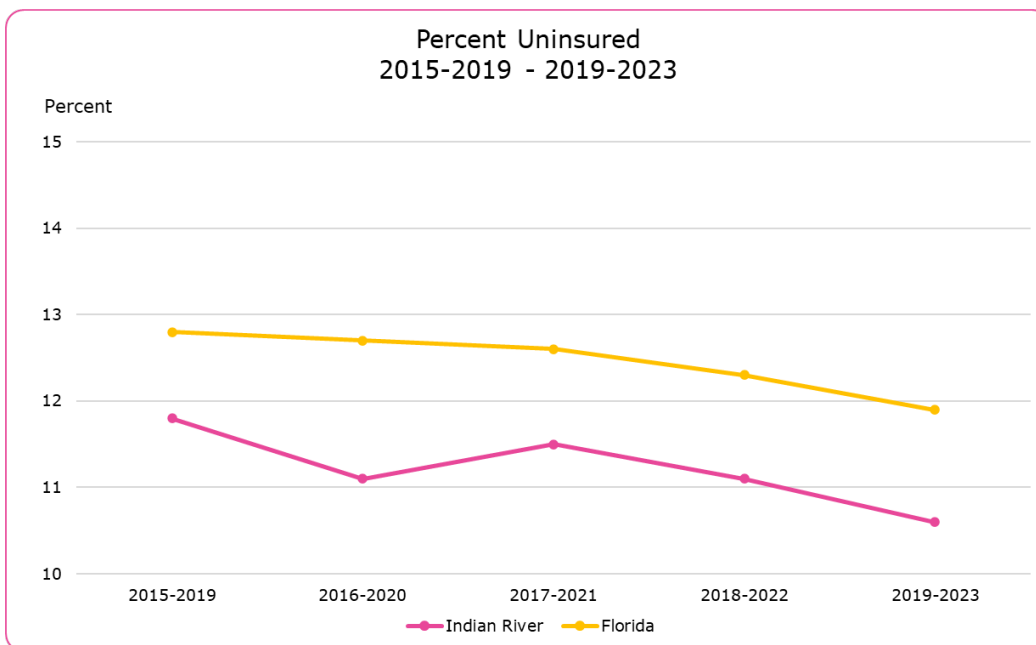


Figure 11: Percent Uninsured, 2015-2019 - 2019-2023¹¹



¹⁰ Source: www.flhealthcharts.gov; US Census Bureau American Community Survey 5-Year Estimates, Table S2701, 2015-2019 - 2019-2023

¹¹ Source: www.flhealthcharts.gov; US Census Bureau American Community Survey 5-Year Estimates, Table S2701, 2015-2019 - 2019-2023

Housing

Percentage of Households by Type with Monthly Housing Costs of 30 Percent or More of Household Income by County, 2019 – 2023

In 2023, in Florida, 35.7% versus Indian River County at 28.4% of all occupied households had housing costs that consumed 30% or more of the household income.

For this measure, lower percentages are favorable because they signify that fewer households are spending a larger portion of their income on housing.

In Florida in 2023, 26.1% versus Indian River County at 22.7% of all owner-occupied households reported monthly housing costs of 30% or more than their household income.

For this measure, lower percentages are favorable because this indicates that fewer homeowners are spending more of their income on housing costs.

In Florida in 2023, 58.7% versus Indian River County at 55.7% of renter-occupied households had housing costs that were 30% or more of their monthly household income.

For this measure, lower percentages are the favorable outcome because they indicate that fewer renters spend more of their monthly income on housing costs.

Population with Severe Housing Problems, Percentage of Occupied Housing Units by County, 2017-2021

Severe housing problems, as defined by the U.S. Department of Housing and Urban Development, mean having at least one or more of these problems: lack of kitchen facilities, lack of plumbing facilities, more than 1.5 persons per room, and severe cost burden of more than 50% of housing costs, including utilities, exceeding 50% or more of monthly income.

In 2021, in Florida, 14.3% of the state's population reported severe housing problems.

In Indian River County, 11.3% of the county's population reported severe housing problems.

For this measure, lower percentages are favorable because they show that fewer households experience severe housing problems. While

Homeless Estimated Population by County and Year, 2020-2024

The percentage of people experiencing homelessness in Florida increased by 13.7% from 2020 to 2024 from 27,679 to 31,462 homeless individuals.

While in Indian River County, the percentage of people experiencing homelessness decreased by 53.7% from 2020 to 2024, from 486 to 225 homeless individuals.

Transportation

Number and Percent of Workers 16 Years and Over by Travel Time to Work and by County, 2019-2023

In 2019-2023, in Florida, 8.6% of workers traveled 60 minutes while Indian River County workers only 6.6% or more to work.

For this measure, lower percentages are favorable because they signify that fewer people have a commute longer than 60 minutes.

Number and Percent of Workers 16 Years and Over with No Vehicle Available, 2019-2023

For Florida 2019-2023, 2.8% of workers 16 years or older had no available vehicle. Versus in Indian River County 1.2% of workers 16 years or older had no available vehicle.

Lower percentages are favorable because it that fewer workers were without transportation to work.

Maternal Health

Prenatal Care

See Appendix A for a map of prenatal offices in the Indian River Healthy Start Coalition service area.

FIRST TRIMESTER PRENATAL CARE

Births to Mothers Initiating Prenatal Care (PNC) in the First Trimester and Percentage of Births with Known PNC Status, All Races, 2017-2023

In 2021-2023 for Florida, 71.7% to mothers of all races with known PNC status had PNC in the first trimester.

In 2021-2023 for Indian River County, 73.8% of mothers of all races with known PNC status had PNC in the first trimester.

Higher percentages are preferable for this measure, as receiving PNC during the first trimester is the optimal standard.

Births to Mothers Initiating Prenatal Care (PNC) in the First Trimester and Percentage of Births with Known PNC Status, White Race Only, 2017-2023

In Florida, 74.3% of births to White mothers with known PNC status received PNC in the first trimester for 2021-2023.

Indian River County, 76.1% of births to White mothers with known PNC status received PNC in the first trimester for 2021-2023.

Higher percentages are preferable for this measure because receiving PNC during the first trimester are the optimal standard.

Births to Mothers Initiating Prenatal Care (PNC) in the First Trimester and Percentage of Births with Known PNC Status, Black Race Only, 2017-2023

In 2021-2023 for Florida, 63.7% of births to Black mothers with known PNC status received PNC in the first trimester.

In 2021-2023 for Indian River County, 66.9% of births to Black mothers with known PNC status received PNC in the first trimester.

Higher percentages are preferable for this measure, as having PNC during the first trimester is the optimal standard.

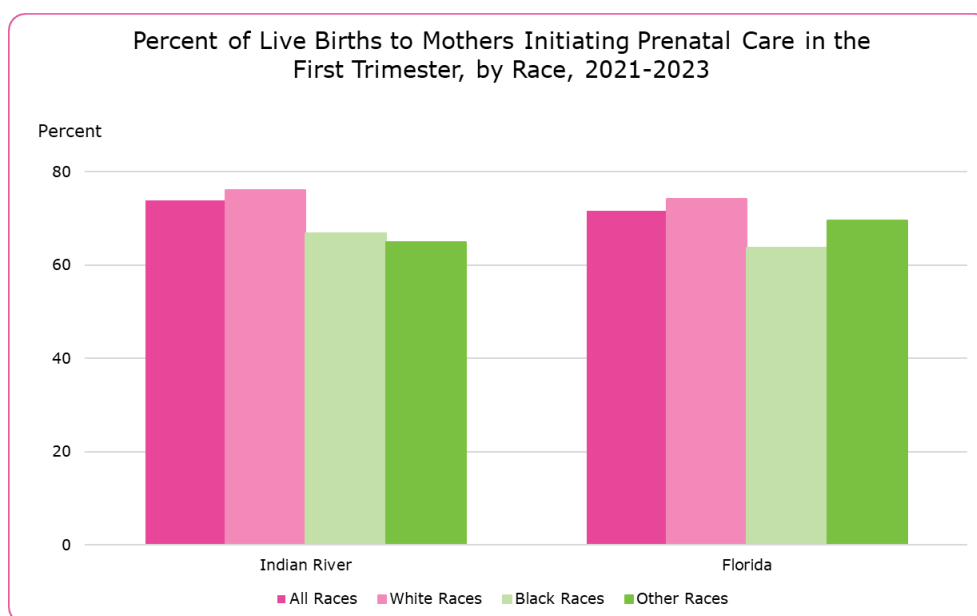
Births to Mothers Initiating Prenatal Care (PNC) in the First Trimester and Percentage of Births with Known PNC Status, Other Races, 2017-2023

In Florida, 69.6% of births to mothers of all other races with known PNC status received PNC in the first trimester for the years 2021-2023.

In Indian River County, 65.0% of births to mothers of all other races with known PNC status received PNC in the first trimester for the years 2021-2023.

Higher percentages are preferable for this measure, as receiving PNC during the first trimester is the optimal standard.

Figure 12: Percent of Live Births to Mothers Initiating Prenatal Care in the First Trimester, by Race, 2021-2023¹²



Births to Mothers Initiating Prenatal Care (PNC) in the First Trimester and Percentage of Births with Known PNC Status, Hispanic Ethnicity, 2017-2023

In Florida, 70.5% of births to Hispanic mothers with known PNC status received PNC in the first trimester during the years 2021-2023.

In Indian River County, 69.4% of births to Hispanic mothers with known PNC status received PNC in the first trimester during the years of 2021-2023.

Higher percentages are preferable for this measure, as receiving PNC during the first trimester is the optimal standard.

Births to Mothers Initiating Prenatal Care in the First Trimester and Percentage of Births with Known PNC Status, Non-Hispanic, 2017-2023

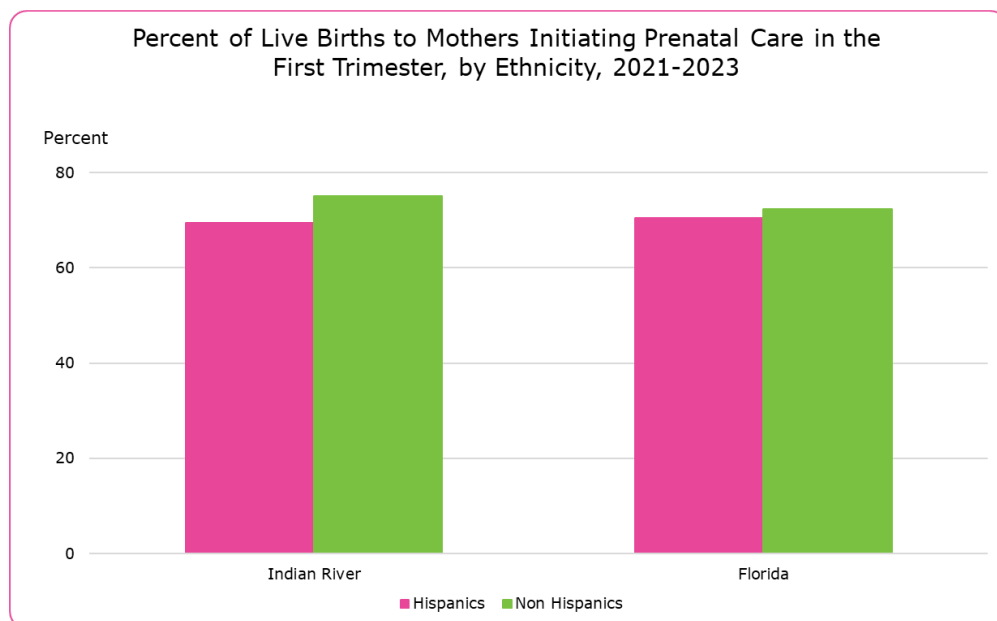
For 2021-2023 in Florida, 72.3% of births to non-Hispanic mothers with known PNC status received PNC in the first trimester.

For 2021-2023 in Indian River County, 75.1% of births to non-Hispanic mothers with known PNC status received PNC in the first trimester.

¹² Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

Higher percentages are preferable for this measure, as receiving PNC during the first trimester is the optimal standard.

Figure 13: Percent of Live Births to Mothers Initiating Prenatal Care in the First Trimester, by Ethnicity, 2021-2023¹³



SECOND TRIMESTER PRENATAL CARE

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, All Races, 2017-2023

In Florida for 2021-2023, 19.1% of births to mothers of all races with known PNC status began PNC in the second trimester.

In Indian River County for 2021-2023, 18.1% of births to mothers of all races with known PNC status began PNC in the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, White Races, 2017-2023

In Florida for 2021-2023, 17.6% of births to non-Hispanic White mothers began PNC care in the second trimester.

In Indian River County for 2021-2023, 16.4% of births to non-Hispanic White mothers of all races with known PNC status began PNC in the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

¹³ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, Black Race, 2017-2023

In Florida for 2021-2023, 23.7% of births to non-Hispanic Black mothers with known PNC status began PNC in the second trimester.

In Indian River County for 2021-2023, 23.2% of births to non-Hispanic Black mothers of all races with known PNC status began PNC in the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, Other Races, 2017-2023

For 2021-2023 in Florida, 20.5% of births to non-Hispanic mothers of other races with known PNC status began PNC in the second trimester.

For 2021-2023 in Indian River County, 24.5% of births to mothers of all other races with known PNC status received PNC in the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, Hispanics, 2017-2023

In Florida for 2021-2023, 20.1% of births to Hispanic mothers with known PNC status began PNC in the second trimester.

In Indian River County for 2021-2023, 21.5% of births to Hispanic mothers with known PNC status began PNC for the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

Births to Mothers Initiating Prenatal Care (PNC) in the 2nd Trimester, Percentage of Births with Known PNC Status, Non-Hispanics, 2017-2023

For 2021-2023 in Florida, 18.5% of births to non-Hispanic mothers with known PNC status began PNC in the second trimester.

For 2021-2023 in Indian River County, 17.0% of births to non-Hispanic mothers with known PNC status began PNC in the second trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes.

THIRD TRIMESTER PRENATAL CARE

Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, All Races, 2017-2023

In Florida for 2021-2023, 6.0% of births to mothers of all races with known PNC status began PNC in the third trimester.

In Indian River County for 2021-2023, 5.3% of birthday to mothers of all races with known PNC status began PNC in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, White Races, 2017-2023

In 2021-2023 in Florida, 5.5% of births to White mothers with known PNC status began PNC in the third trimester.

In 2021-2023 in Indian River County, 4.7% of births to White mothers with known PNC status began PNC in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, Black Races, 2017-2023

In Florida for 2021-2023, 7.4% of births to Black mothers with known PNC status began PNC care in the third trimester.

In Indian River County for 2021-2023, 7.2% of births to Black mothers with known PNC status began PNC care in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

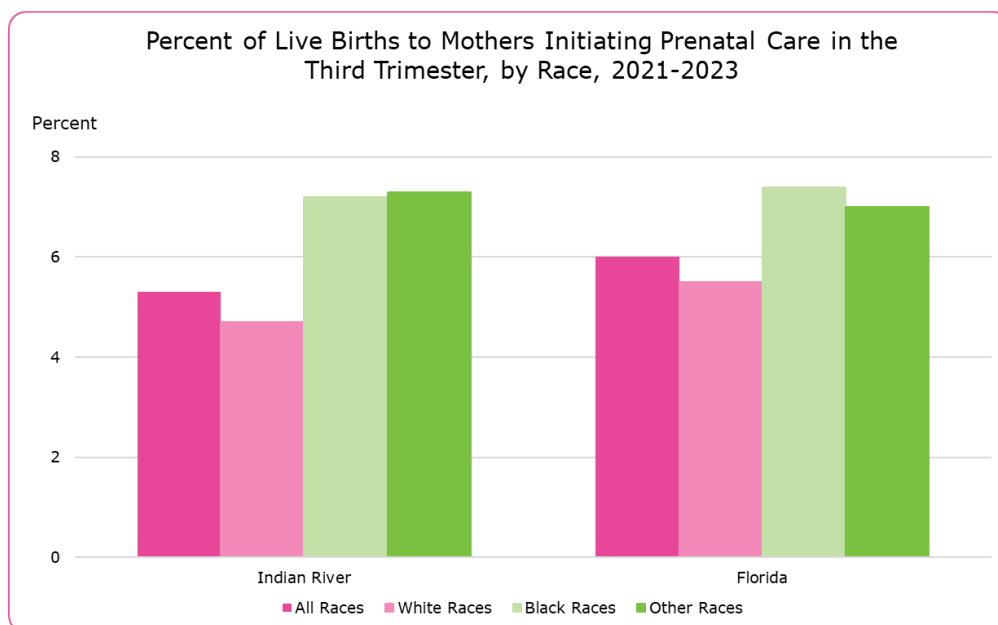
Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, Other Races, 2017-2023

In Florida for 2021-2023, 7.0% of births to mothers of other races with known PNC status began PNC in the third trimester.

In Indian River County for 2021-2023, 7.3% of births to mothers of other races with known PNC status began PNC in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

Figure 14: Percent of Live Births to Mothers Initiating Prenatal Care in the Third Trimester, by Race, 2021-2023¹⁴



Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, Hispanics, 2017-2023

For 2021-2023 in Florida, 6.5% of births to Hispanic mothers with known PNC status began PNC in the third trimester.

For 2021-2023 in Indian River County, 6.2% of births to Hispanic mothers with known PNC status began PNC in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

Births to Mothers Initiating Prenatal Care (PNC) in the 3rd Trimester, Percentage of Births with Known PNC Status, Non-Hispanics, 2021-2023

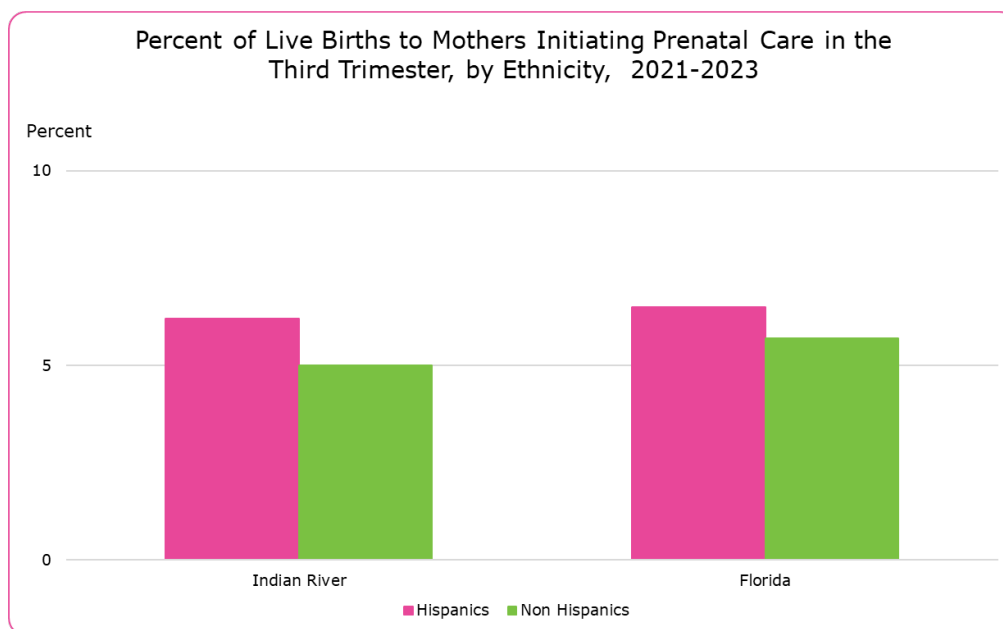
For 2021-2023 in Florida, 5.7% of births to non-Hispanic mothers with known PNC status began PNC in the third trimester.

For 2021-2023 in Indian River County, 5.0% of births to non-Hispanic mothers with known PNC status began PNC in the third trimester.

For this measure, lower percentages are favorable because early PNC improves birth outcomes and suggests the mother received PNC prior to the third trimester.

¹⁴ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

Figure 15: Percent of Live Births to Mothers Initiating Prenatal Care in the Third Trimester, by Ethnicity, 2021-2023¹⁵



NO PRENATAL CARE

Births to Mothers with No Prenatal Care (PNC), Percentage of Births with Known PNC Status, All Races by County, 2021-2023

In Florida for 2021-2023, 3.3% of births to mothers of all races with known PNC status received no PNC.

In Indian River County for 2021-2023, 2.8% of births to mothers of all races with known PNC status received no PNC.

For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

Births to Mothers with No Prenatal Care (PNC), Percentage of Births with Known PNC Status, White Races by County 2021-2023

In Florida for 2021-2023, 2.7% of births to White mothers with known PNC status received no PNC.

In Indian River County for 2021-2023, 2.8% of births to White mothers with known PNC status received no PNC. For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

Births to Mothers with No Prenatal Care (PNC), Percentage of Births with Known PNC Status, Black Races by County, 2021-2023

¹⁵ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

In Florida for 2021-2023, 5.2% of births to Black mothers with known PNC status received no PNC.

In Indian River County for 2021-2023, 2.7% of births to Black mothers with known PNC status received no PNC.

For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

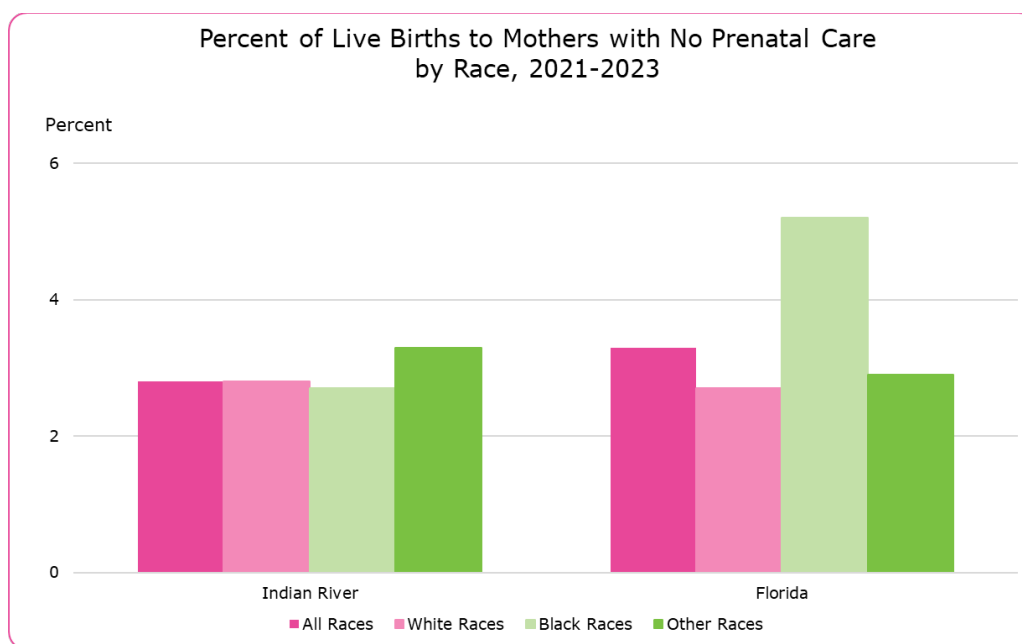
Births to Mothers with No Prenatal Care (PNC), Percentage of Births with Known PNC Status, Other Races by County, 2021-2023

In Florida for 2021-2023, 2.9% of births to mothers of other races with known PNC status received no PNC.

In Indian River County for 2021-2023, 3.3% of births to mothers of other races with known PNC status received no PNC.

For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

Figure 16: Percent of Live Births to Mothers with No Prenatal Care, by Race, 2021-2023¹⁶



Births to Mothers with No Prenatal Care (PNC), Percentage of Births with Known PNC Status, Hispanics by County, 2021-2023

For 2021-2023 in Florida, 2.9% of births to Hispanic mothers with known PNC status received no PNC.

For 2021-2023 in Indian River County, 2.8% of births to Hispanic mothers with known PNC status received no PNC.

For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

¹⁶ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

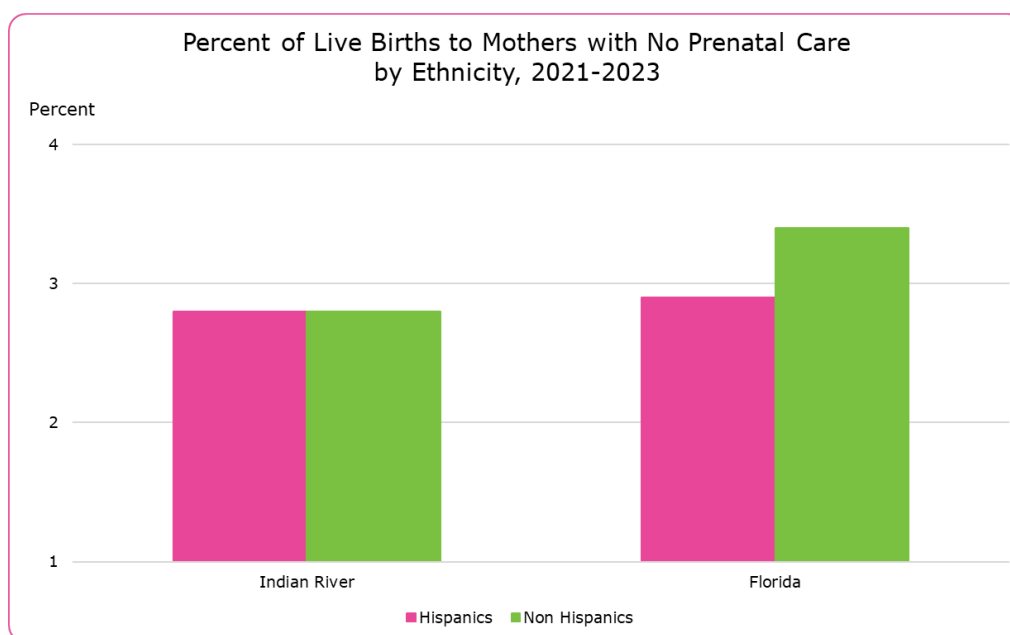
Births to Mothers with No Prenatal Care (PNC), Percent of Births with Known PNC Status, Non-Hispanics by County, 20-23

In 2021-2023 in Florida, 3.4% of births to non-Hispanic mothers received no PNC.

In 2021-2023 in Indian River County, 2.8% of births to non-Hispanic mothers received no PNC.

For this measure, lower percentages are favorable as no PNC can lead to poorer birth outcomes.

Figure 17: Percent of Live Births to Mothers with No Prenatal Care, by Ethnicity, 2021-2023¹⁷



ADEQUATE PRENATAL CARE

Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, All Races, 2017-2023

In Florida for 2021-2023, 63.3% of births to mothers of all races received adequate prenatal care based on the Kotelchuck Index.

In Indian River County for 2021-2023, 76.8% of births to mothers of all races received adequate prenatal care based on the Kotelchuck Index.

This index is based on the month that prenatal care began, and the number of prenatal visits adjusted for gestational age.

For this measure, higher percentages are favorable because it indicates that more mothers receive an adequate level of prenatal care.

¹⁷ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, White Races, 2017-2023

In Florida for 2021-2023, 65.5% of births to White mothers received adequate prenatal care based on the Kotelchuck Index.

In Indian River County, for 2021-2023 highest percentage in the state for births to White mothers with adequate prenatal care at 77.9%

This index is based on the month that prenatal care began and the number of prenatal visits adjusted for gestational age.

For this measure, higher percentages are favorable because it indicates that more mothers receive an adequate level of prenatal care.

Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, Black Races, 2017-2023

In 2021-2023 in Florida, 56.4% of births to Black mothers received adequate prenatal care based on the Kotelchuck Index.

In 2021-2023 in Indian River County, 72.5% of births to Black mothers received adequate prenatal care based on the Kotelchuck Index.

This index is based on the month that prenatal care began, and the number of prenatal visits adjusted for gestational age.

For this measure, higher percentages are favorable because they indicate that more mothers receive an adequate level of prenatal care.

Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, Other Races, 2017-2023

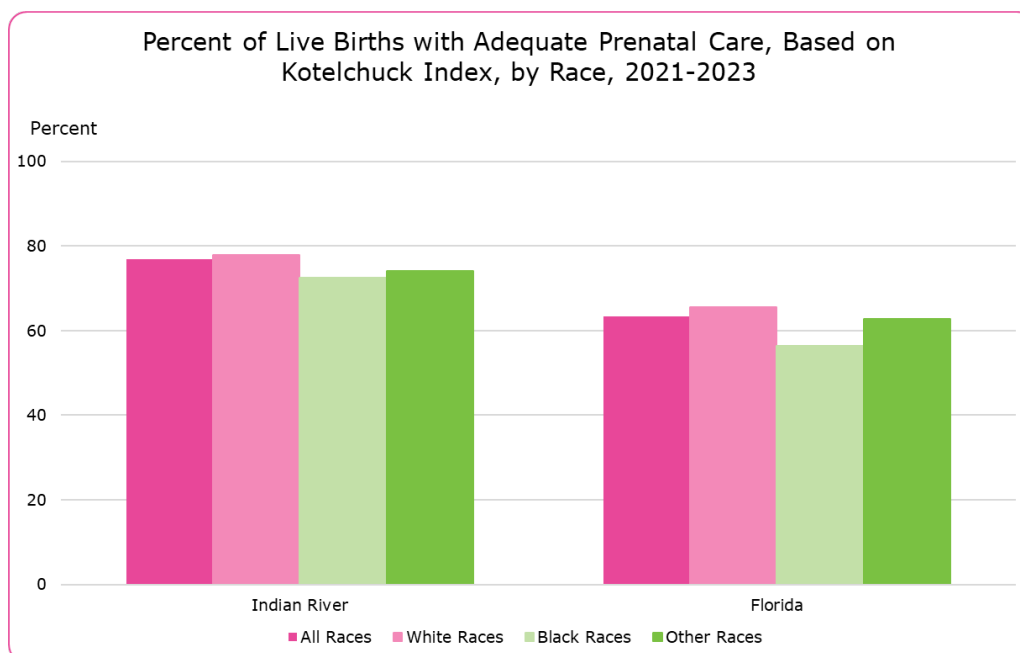
In 2021-2023 in Florida, 62.7% of births to mothers of other races received adequate prenatal care based on the Kotelchuck Index.

In 2021-2023 in Indian River County, 74.1% of births to mothers of other races received adequate prenatal care based on the Kotelchuck Index.

This index is based on the month that prenatal care began and the number of prenatal visits adjusted for gestational age.

For this measure, higher percentages are favorable because they indicate that more mothers receive an adequate level of prenatal care.

Figure 18: Percent of Live Births with Adequate Prenatal Care, Based on Kotelchuck Index, by Race, 2021-2023¹⁸



Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, Hispanics, 2017-2023

In 2021-2023 in Florida, 60.5% of births to Hispanic mothers received an adequate level of prenatal care based on the Kotelchuck Index.

In 2021-2023 in Indian River County, 76.3% of births to Hispanic mothers received an adequate level of prenatal care based on the Kotelchuck Index.

This index is based on the month that prenatal care began and the number of prenatal visits adjusted for gestational age.

For this measure, higher percentages are favorable because it means that more mothers receive an adequate level of prenatal care.

Births with Adequate Prenatal Care Based on Kotelchuck Index, Percentage of Adequate Prenatal Care, Non-Hispanics, 2017-2023

In Florida in 2021-2023, 66.4% of births to non-Hispanic mothers received adequate prenatal care based on the Kotelchuck Index.

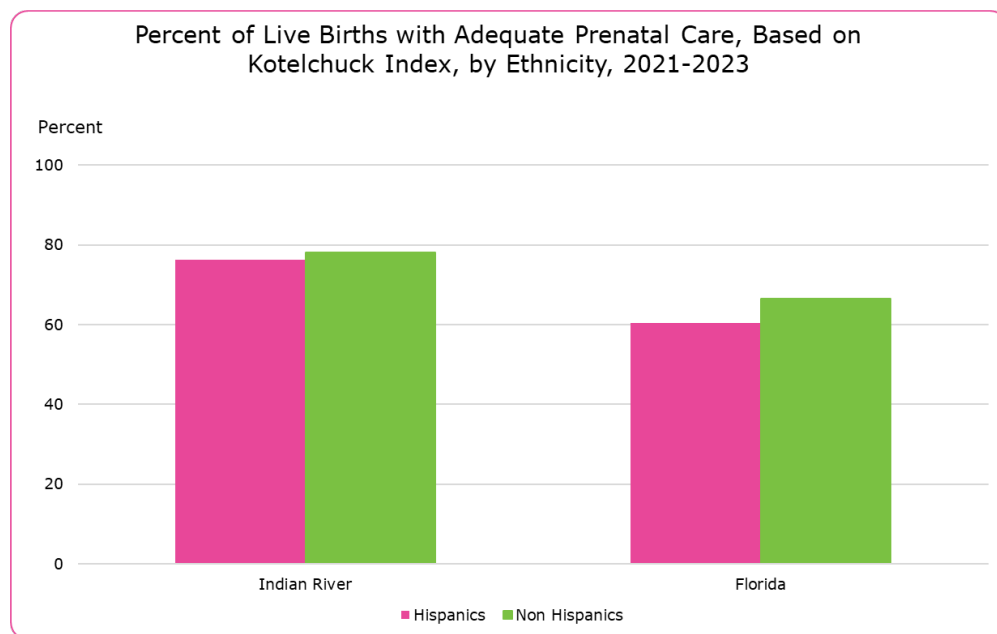
In Indian River County in 2021-2023, 78.1% of births to non-Hispanic mothers received adequate prenatal care based on the Kotelchuck Index.

This index is based on the month that prenatal care began and the number of prenatal visits adjusted for gestational age.

¹⁸ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

For this measure, higher percentages are favorable because it indicates that more mothers receive an adequate level of prenatal care.

Figure 19: Percent of Live Births with Adequate Prenatal Care, Based on Kotelchuck Index, by Ethnicity, 2021-2023¹⁹



Prenatal Risk Factors

WEIGHT PRIOR TO PREGNANCY

Births to Mothers who were Underweight at Time Pregnancy Occurred, Percentage of Births with Known Body Mass Index (BMI), All Races by County, 2017-2023

In Florida for 2021-2023, 3.1% of births to mothers of all races with known BMI were to women who were underweight at the time that pregnancy occurred.

In Indian River County for 2021-2023, 3.1% of births to mothers of all races with known BMI were to women who were underweight at the time that pregnancy occurred.

For this measure, lower percentages are favorable because it indicates that fewer mothers were underweight while pregnant.

Births to Mothers who were Overweight at Time Pregnancy Occurred, Percentage of Total Births with Known Body Mass Index (BMI), All Races by County, 2017-2023

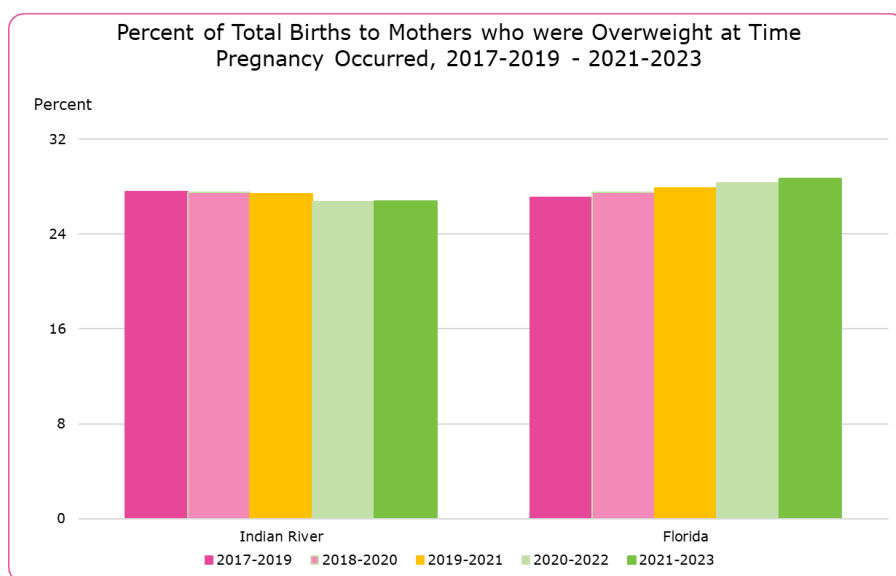
In Florida in 2021-2023, 28.7% of births to mothers of all races with known BMI were to women who were overweight at the time that pregnancy occurred.

¹⁹ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

In Indian River County in 2021-2023, 26.8% of births to mothers of all races with known BMI were to women who were overweight at the time that pregnancy occurred.

For this measure, lower percentages are favorable because it indicates that fewer mothers were overweight during pregnancy.

Figure 20: Percent of Total Births to Mothers who were Overweight at Time Pregnancy Occurred, 2017-2019 - 2021-2023²⁰



Births to Mothers who were Obese at Time Pregnancy Occurred, Percentage of Total Births with Known Body Mass Index (BMI), All Races by County, 2017-2023

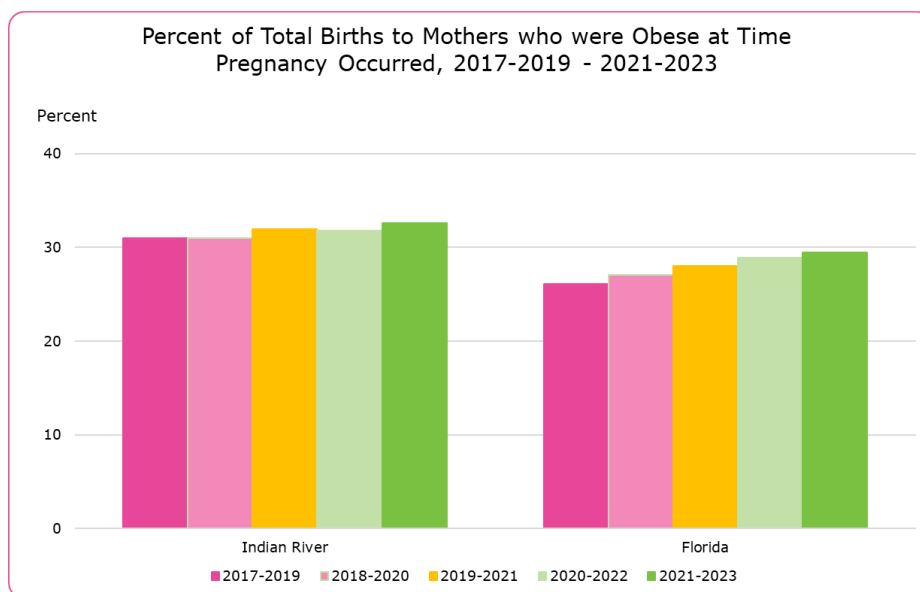
In Florida in 2021-2023, 29.5% of births mothers of all races with known BMI were to women who were obese at the time pregnancy occurred.

In Indian River County in 2021-2023, 32.6% of births mothers of all races with known BMI were to women who were obese at the time pregnancy occurred.

For this measure, lower percentages are favorable because it indicates that fewer women were obese during pregnancy.

²⁰ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

Figure 21: Percent of Total Births to Mothers who were Obese at Time Pregnancy Occurred, 2017-2019 - 2021-2023²¹



Births to Mothers with Healthy Weight, Percentage of Total Births with Known Body Mass Index (BMI), All Races by County, 2017-2023

In Florida in 2021-2023, 38.7% of births to mothers of all races with known BMI were to women at a healthy weight at the time that pregnancy occurred.

In Indian River County in 2021-2023, 37.5% of births to mothers of all races with known BMI were to women at a healthy weight at the time that pregnancy occurred.

For this measure, higher percentages are favorable because this means that more mothers were at a healthy weight during pregnancy.

PREGNANCY INTERVAL

Births with Inter-Pregnancy Interval <18 Months, Percentage of Births with Known Pregnancy Interval, All Races, By County, 2017-2023

In Florida in 2021-2023, 36.3% of births to the same mother with known pregnancy interval occurred less than 18 months apart.

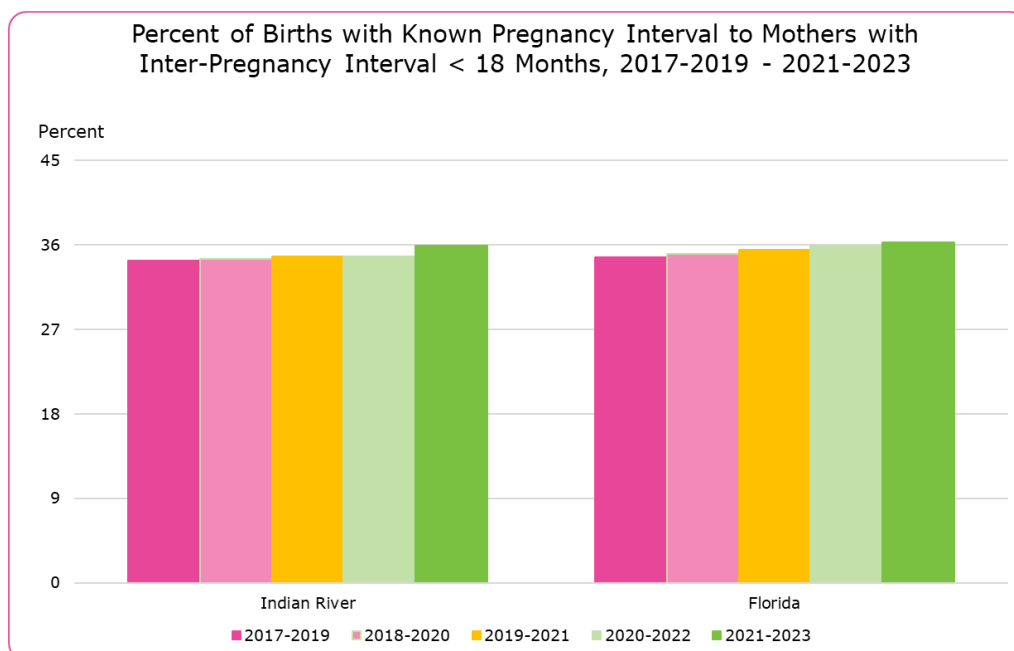
In Indian River County in 2021-2023, 35.9% of births to the same mother with known pregnancy interval occurred less than 18 months apart.

Inter-pregnancy interval is defined as the time a woman is not pregnant between one live birth or pregnancy loss and the next pregnancy.

For this measure lower percentages are favorable as shorter inter-pregnancy intervals are associated with increased risks of adverse health outcomes.

²¹ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

Figure 22: Percent of Births with Known Pregnancy Interval to Mothers with Inter-Pregnancy Interval <18 Months, 2017-2019 - 2021-2023²²



TOBACCO USE

Percentage of Women who Used Tobacco Products, Before Pregnancy, During Pregnancy or After Giving Birth by Race/Ethnicity, Florida Only, PRAMS 2018-2022

In Florida, traditional tobacco product use, like cigarettes, chewing tobacco, or cigars, among women, both before and during pregnancy, was on the decline for most racial/ethnic groups from 2018 to 2022. However, e-cigarette/electronic nicotine product use is increasing in popularity, particularly among non-Hispanic White women, both pre-pregnancy and during pregnancy.

- Cigarette Use:
 - The percentage of women who smoked any cigarettes in the past two years dropped notably from 17.7% in 2018 to 9.0% in 2022. A similar decline in smoking during the three months before pregnancy is also found.
 - Non-Hispanic White women consistently showed the highest rates of cigarette smoking, though their rates have also decreased.
 - Non-Hispanic Black women have lower rates, and Hispanic women have the lowest rates
- E-cigarette/Electronic Nicotine Product Use:
 - This is the most notable trend, with a substantial increase in use among all races in the past two years from 6.4% in 2018 to 9.1% in 2022.
 - Non-Hispanic White women show the highest and most rapidly increasing rates of e-cigarette use, both in the past two years and in the three months before pregnancy. In 2022, 15.7% of non-Hispanic White women reported e-cigarette use in the past two years, and 13.8% reported use in the three months before pregnancy.

²² Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

- While lower than pre-pregnancy rates, e-cigarette use during pregnancy showed an upward trend, particularly among Non-Hispanic White women, from 2.8% in 2018 to 3.4% in 2022.

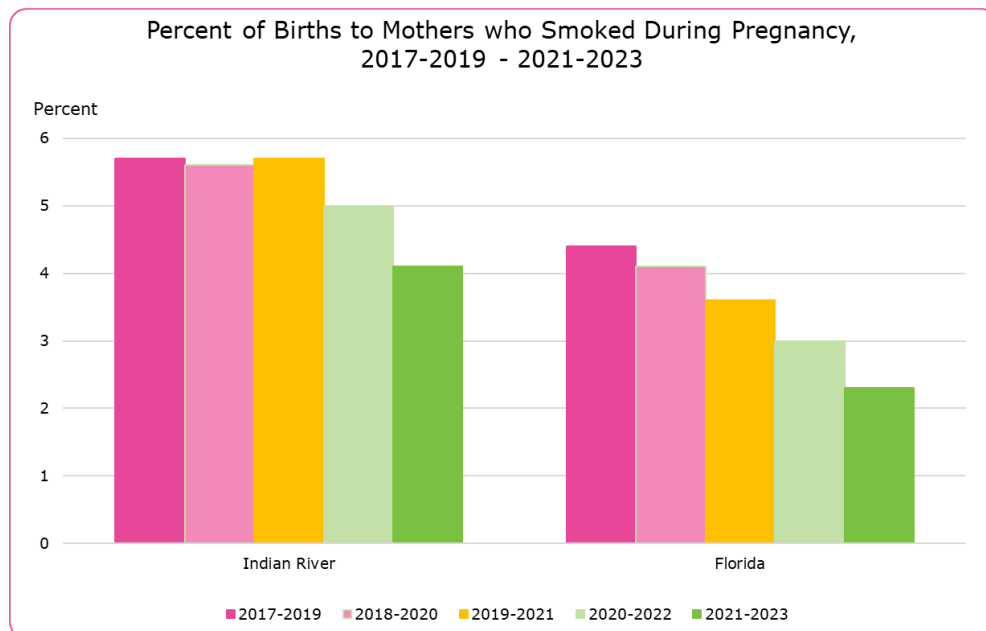
Resident Live Births to Mothers who Smoked During Pregnancy, Percentage of Total Births, 2017-2023

In Florida in 2021-2023, 2.3% of live births were to mothers who reported smoking during pregnancy.

In Indian River County in 2021-2023, 4.1% of live births were to mothers who reported smoking during pregnancy.

For this measure, lower percentages are favorable as it indicates that fewer mothers smoked while pregnant.

Figure 23: Percent of Births to Mothers who Smoked During Pregnancy, 2017-2019 - 2021-2023²³



ALCOHOL USE

Percentage of Women who had Any Alcoholic Drinks Before Pregnancy by Race/Ethnicity, Florida Only, PRAMS 2018-2022

Alcohol Use in the Past Two Years Before Pregnancy:

- Across all racial groups, over two-thirds 65.5% in 2018 to 69.1% in 2022 of women reported having alcoholic drinks in the past two years.

²³ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

- Non-Hispanic White women had the highest rates of alcohol consumption, with percentages often in the low to mid-eighty percentages. In 2022, 83.7% reported drinking in the past two years, which was an increase from 77.9% in 2018.
- Non-Hispanic Black Women had rates that fluctuated but remained substantial, in the low sixty percentages. In 2022, 62.9% reported alcohol consumption.
- Hispanic women consistently had the lowest rates of alcohol consumption, typically in the low to mid-fifty percent range. Their rate in 2022 was 57.3%.

Alcohol Use in the Three Months Before Pregnancy

- The percentages of alcohol use in the three months immediately prior to pregnancy were lower than for alcohol use the past two years but still indicate that a notable portion of women were consuming alcohol close to time of conception. Overall, the usage rates ranged from 57.2% in 2018 to 59.8% in 2022.
 - Non-Hispanic White women had the highest rates, with 74.5% reporting alcohol use in the three months before pregnancy in 2022, up from 68.1% in 2018.
 - Non-Hispanic Black women had rates lower than White women but still ranged from the high forties to mid-fifty percentages with 56.3% in 2022.
 - Hispanic women had the lowest rates of alcohol use during that period; rates were in the high forty percent 46.2% in 2022.

EDUCATION LESS THAN HIGH SCHOOL

Births to Mothers without High School Education (Aged 19 Years and Older), Age 19-126, Percentage of Births with Mother's Education Known, All Races, by County 2017-2023

In Florida for 2021-2023, 9.2% of births were to mothers, 19 years of age and older with known education, without a high school education.

In Indian River County for 2021-2023, 8.3% of births were to mothers, 19 years of age and older with known education, without a high school education.

Lower percentages are favorable for this measure because it indicates that fewer mothers lack a high school diploma.

DEPRESSION

Total Number with Depression and Percentage with Depression of Those Consenting to Screen and Percentage with Depression of Those Participating in Healthy Start by County, Calendar Years 2020–2024 (Provisional)

According to provisional data for 2024, in Florida 16.9% of mothers who participate in Healthy Start were reported with depression.

According to provisional data for 2024, in Indian River County 9.4% of mothers who participate in Healthy Start were reported with depression.

Lower percentages are favorable as this indicates that fewer Healthy Start mothers have depression.

According to provisional data for 2024, in Florida, 11.9% of mothers who consented to screening were reported as having depression.

According to provisional data for 2024, in Indian River County, 7.9% of mothers who consented to screening were reported as having depression.

Lower percentages are favorable as this indicates that fewer mothers have depression.

Percentage of Women who had Depression Before Pregnancy, During Pregnancy or After Giving Birth by Race/Ethnicity, Florida Only, PRAMS 2018-2022

A notable percentage of women reported having depression before getting pregnant. The overall rate for all races hovered around 12-14% during the period.

- Non-Hispanic Black women showed an increasing trend, from 11.1% in 2018 to 16.2% in 2022, becoming the group with the highest reported rates in 2022.
- Non-Hispanic White women consistently had high rates, ranging from 15.5% to 18.9%.
- Hispanic women had the lowest rates, around 7-10%.

Rates of depression during pregnancy for all races were as high as 16.7% in 2021.

- Non-Hispanic Black women experienced a sharp increase, becoming the highest group in 2022 at 22.1%, up from 13.6% in 2018.
- Non-Hispanic White women showed fluctuations but remained high (e.g., 19.5% in 2021 to 17.4% in 2022).
- Hispanic women maintained lower rates compared to other groups (9-14.7%).

A notable percentage of women experienced depressive symptoms after giving birth.

- Non-Hispanic Black women had the highest and increasing rates, peaking at 20.8% in 2022.
- Non-Hispanic White women had consistent rates of around 12-13%.
- Hispanic women had the lowest rates around 7-19%.

The percentage of women told by a healthcare provider they had depression after birth was lower than the percentage who experienced symptoms.

- Non-Hispanic Black women had higher rates compared to other groups, especially in 2021 11.5% and 2022 15.4%.

Women receiving counseling for depression after birth varied by race and ethnicity. For all races, counseling rates decreased from 57.2% in 2018 to 48.9% in 2020, then rose to 56.1% in 2022.

- Non-Hispanic White women consistently had the higher rates of receiving counseling for depression after giving birth (e.g., 66.4% in 2018, 46.7% in 2022).
- Non-Hispanic Black women showed fluctuations in the percentages at 45.8% in 2019, 55.0% in 2020 and 48.8% in 2021.

The percentage of women taking prescription medicine for depression after birth has increased for all races, from 49.0% in 2018 to 70.5% in 2022.

- Non-Hispanic White women had the highest rates and showed a strong upward trend, reaching 82.2% in 2022.
- Non-Hispanic Black women showed an increase from 48.0% in 2019 to 44.9% in 2020, then a drop to 35.0% in 2021.

HYPERTENSION

Percentage of Women who had High Blood Pressure Before Pregnancy or During Pregnancy by Race/Ethnicity, Florida Only, PRAMS 2018-2022

- For women of all races, the percentages of those who had high blood pressure before pregnancy ranged from 4% to 6%.
 - Black women had the highest rates of high blood pressure before pregnancy, frequently at about twice the rates of their White and Hispanic counterparts.
- For women of all races, between 14% and 17% developed high blood pressure or related conditions (such as pre-eclampsia), during pregnancy.
 - Black women had the highest rates during pregnancy. In 2022, about 22% of Black women experienced high blood pressure during pregnancy.
 - Around 13% to 19% of White women had high blood pressure issues during pregnancy.
 - While lower than other groups, the percentage of Hispanic women with these conditions during pregnancy rose from 10.9% in 2018 to 15.8% in 2022.

DIABETES

Percentage of Women who were Checked for Diabetes or had Diabetes Before Pregnancy, During Pregnancy or After Giving Birth by Race/Ethnicity, Florida Only, PRAMS 2018-2022

Screening for diabetes before pregnancy was seen at lower percentages for Non-Hispanic White women.

- Screening was higher for Black and Hispanic women. Across all years, screening for non-Hispanic Black and Hispanic women was higher than non-Hispanic White women.

The percentages of women who already had diabetes (Type 1 or Type 2) before getting pregnant were low across all groups, generally lower than 4%.

- Hispanic women showed a slight increase in 2022 to 3.2%, and non-Hispanic Black women had slightly higher rates across reporting years, compared to non-Hispanic White women.

The percentage of women who had gestational diabetes was higher than those for pre-existing diabetes.

- Hispanic women show the highest and increasing rates. This is a notable trend. The percentage of Hispanic women who developed gestational diabetes increased from 9.4% in 2018 to 17.9% in 2022.
- Overall rates are increasing. For women of all races, the rate of gestational diabetes rose from 9.8% in 2018 to 12.3% in 2022.

Black and Hispanic women receive postpartum screening for diabetes at higher percentages.

- Like pre-pregnancy screening, Black and Hispanic women are more likely to receive screening after giving birth compared to non-Hispanic White women. In 2022, about 35.4% of Hispanic women and 25.4% of Black women received screenings from their healthcare provider, compared with only 7.4% of White women.

SEXUALLY TRANSMITTED DISEASES

Percentage of Women who had a Health Care Worker Talk to Them about Sexually Transmitted Infections (STIs) Pre-Pregnancy or had a Sexually Transmitted Disease (STD) During Pregnancy by Race/Ethnicity, Florida Only, PRAMS 2018-2022

According to PRAMS data, Black and Hispanic women talked more often to their healthcare providers about STIs in any pre-pregnancy healthcare visit. In every year from 2018-2022, a higher percentage

of non-Hispanic Black and Hispanic women had these conversations compared to non-Hispanic White women.

- In 2022, around 33-35% of Black and Hispanic women discussed STIs with a health care worker at any pre-pregnancy visit, while only 17.9% of White women did.
- In 2022, for women of all races, the percentages fluctuate and are around 26-32%.

Chlamydia during Pregnancy:

- Rates were low but varied from 1.5% to 4.7% of women of all races who had chlamydia during pregnancy during the period.
- Non-Hispanic Black women consistently showed the highest rates. In 2022, 5.6% of Black women had chlamydia during pregnancy, while rates were much lower for White 1.6% and Hispanic 0.1% women.
- Hispanic women show a sharp decline. Their rate dropped from 4.1% in 2018 to 0.1% in 2022.

Gonorrhea during Pregnancy:

- For women of all races, rates of gonorrhea during pregnancy were low, hovering around 1.0%.
- Non-Hispanic Black women had slightly higher rates, though still low rates. In 2022, 3.0% of Black women had gonorrhea during pregnancy, compared to lower numbers for other groups.

Syphilis during Pregnancy:

- For women of all races, rates were low at less than 1.0% except for 2021 when rates rose to 1.7% but decreased in 2022 to 0.04%.
- Slight increases in rates were seen in 2021 for each race/ethnic group (e.g., 2.5% for White, 1.5% for Black, 0.1% for Hispanic).

Genital Warts (HPV) during Pregnancy:

- Caused by the human papillomavirus (HPV), genital warts were found at higher percentages than bacterial STIs such as chlamydia or gonorrhea. Rates for genital warts during pregnancy were higher than for STIs, ranging from 2.7% to 3.6% for women of all races.
- Hispanic women showed a notable increase in rates of genital warts during pregnancy. Their rates increased from 2.0% in 2018 to 3.6% in 2022, and they had the highest rate in 2020 5.0%.

Herpes during Pregnancy:

- Herpes during pregnancy was seen in between 2.8% to 5.2% of women of all races.
- Non-Hispanic Black women consistently showed the highest rates. In 2022, 5.5% of Black women had herpes during pregnancy.
- Hispanic women showed an increase. Rates rose from 1.5% in 2019 to 4.6% in 2021 and decreased to 3.2% in 2022.

Trichomoniasis during Pregnancy:

- Low rates of trichomoniasis during pregnancy were seen with rates below 2% for women of all races.
- Non-Hispanic Black women had the highest rates. In 2022, 2.6% of Black women had trichomoniasis during pregnancy.

Percentage of Women who were Tested for HIV Before Pregnancy, During Pregnancy or After Giving Birth by Race/Ethnicity, Florida Only, PRAMS 2018-2022

Women Tested for HIV Before Pregnancy (During a Pre-Pregnancy Health Visit):

- Black women had the highest percentage of testing for HIV pre-pregnancy. A notably higher percentage of non-Hispanic Black women were tested for HIV during a health visit before pregnancy compared to other groups.
 - In 2022, 50.4% of Black women were tested for HIV, while only 18.7% of White women and 43.5% of Hispanic women were tested pre-pregnancy.
 - For women of all races, rates varied for 2018-2022, peaking in 2021 41.4% and dropping in 2022 32.2%.

Women Asked About HIV Testing During Pregnancy (During Any Prenatal Care Visit):

- From 2018-2022, the majority of women were asked by a health care worker during a prenatal care visit if they wanted to be tested for HIV.
 - Slightly higher percentages of Black and Hispanic women were asked about HIV testing percentages in the mid to high seventies compared to rates for non-Hispanic White women percentages in the low sixties to low seventies.
 - For women of all races for this time period, rates fluctuated with a high of 76.4% in 2019 to a low of 66.5% most recently in 2022.

Women Offered Two HIV Tests During Most Recent Pregnancy or Delivery:

- According to 2018-2022 PRAMS data, percentages of women who were offered two HIV tests during their most recently pregnancy or delivery has decreased.
 - For women of all races, rates dropped from 39.4% in 2018 to 29.7% in 2022.
 - Rates were similar across groups with slight variations. In 2022, Hispanic women had the highest rate 31.9%, followed by Black women 30.1%, and White women 26.8%.

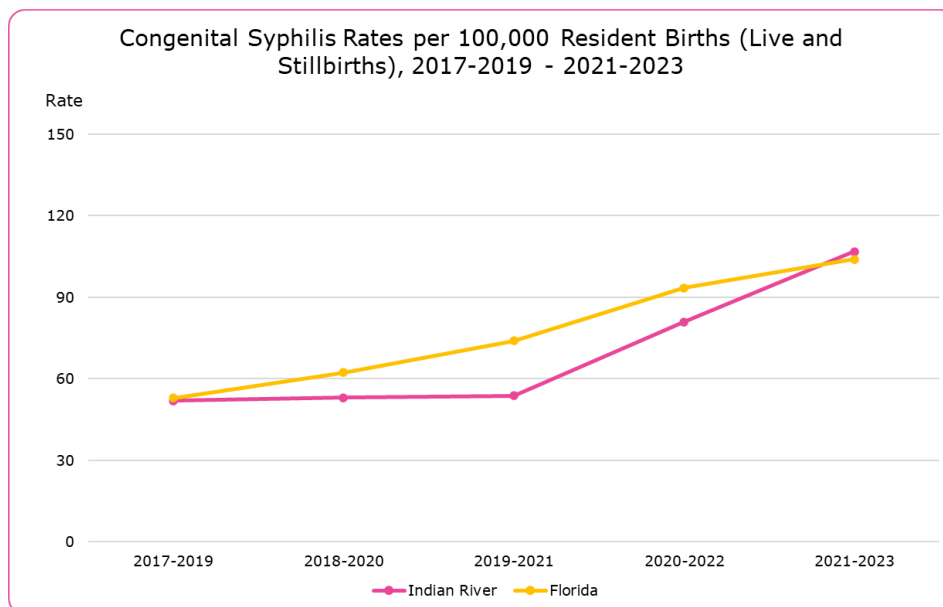
Syphilis, Congenital, Rate Per 100,000 Resident Births (Live and Stillbirths), All Races by County, 2017-2023

In Florida for 2021-2023, 104 out of every 100,000 births, including live births and stillbirths, were positive for congenital syphilis.

In Indian River County for 2021-2023, 106.8 out of every 100,000 births, including live births and stillbirths, were positive for congenital syphilis.

For this measure, lower percentages are the favorable because this indicates fewer cases of congenital syphilis.

Figure 24: Congenital Syphilis Rates per 100,000 Resident Births (Live and Stillbirths), 2017-2019 - 2021-2023²⁴



HEALTHY START SCREENING OF WOMEN

Total Prenatal Screens, Number Declined Screening, Number of Forms Processed, Number and Percentage Consenting to Screen, Percentage of Positive Screens, Number Referred to Healthy Start Based on Other Factors and Total Number Participating in Healthy Start, by County, Calendar Year 2023

In Florida for 2023, 89.7% of completed prenatal screening forms processed resulted consent to screening.

In Indian River County for 2023, 96.2% of completed prenatal screening forms processed resulted consent to screening.

For this measure, higher percentages are favorable because it indicates that more women can be screened and referred for Healthy Start services.

Total Prenatal Screens, Number Declined Screening, Number of Forms Processed, Number and Percent Consenting to Screen, Percent of Positive Screens, Number Referred to Healthy Start Based on Other Factors and Total Number Participating in Healthy Start, by County, Calendar Year 2024 (Provisional).

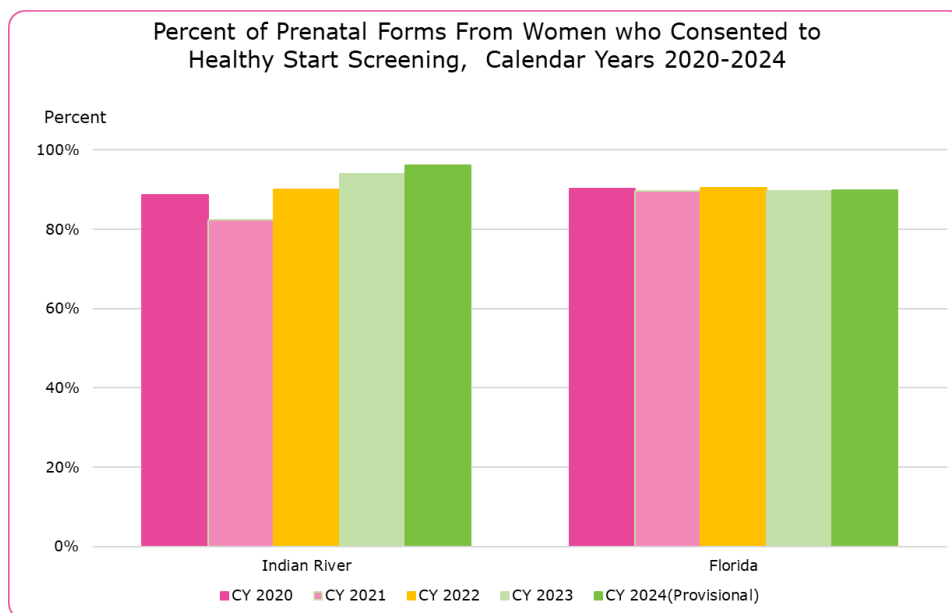
According to provisional 2024 data in Florida, 89.8% of completed prenatal screening forms processed resulted in consent to screening.

According to provisional 2024 data in Indian River County, 96.2% of completed prenatal screening forms processed resulted in consent to screening.

²⁴ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Communicable Diseases

For this measure, higher percentages are favorable because it indicates that more women can be screened and referred for Healthy Start services.

Figure 25: Percent of Prenatal Forms From Women who Consented to Healthy Start Screening, Calendar Years (CY) 2020-2024²⁵



SEVERE MATERNAL MORBIDITY

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, All Races, 2017-2023

In 2021-2023 in Florida, 10.7 out of 1,000 deliveries resulted in hospitalization of the mother.

In 2021-2023 in Indian River County, 9.5 out of 1,000 deliveries resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, White Races, 2017-2023

In 2021-2023 in Florida, 8.5 out of 1,000 deliveries for White mothers resulted in hospitalization of the mother.

In 2021-2023 in Indian River County, 6.5 out of 1,000 deliveries for White mothers resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

²⁵ Source: www.flpublichealth.com; Department of Health State of Florida, Bureau of Family Health Services, Prenatal Screening Report, CY 2023

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, Black Races, 2017-2023

In 2021-2023 in Florida, 16.6 out of 1,000 deliveries to Black mothers resulted in hospitalization of the mother.

In 2021-2023 in Indian River County, 20.0 out of 1,000 deliveries to Black mothers resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, Other Races, 2017-2023

In Florida in 2021-2023, 11.7 out of 1,000 deliveries to mothers of other races resulted in hospitalization of the mother.

In Indian River County in 2021-2023, 21.9 out of 1,000 deliveries to mothers of other races resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, Hispanics, 2017-2023

In Florida in 2021-2023, 9.7 out of 1,000 deliveries to Hispanic mothers resulted in hospitalization of the mother.

In Indian River County in 2021-2023, 11.9 out of 1,000 deliveries to Hispanic mothers resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, Non-Hispanics, 2017-2023

In Florida in 2021-2023, 11.2 out of 1,000 deliveries to non-Hispanic mothers resulted in hospitalization of the mother.

In Indian River County in 2021-2023, 9.0 out of 1,000 deliveries to non-Hispanic mothers resulted in hospitalization of the mother.

For this measure, lower rates are favorable as they indicate that fewer mothers required hospitalization for health concerns related to the delivery.

MATERNAL DEATHS

All Races Maternal Deaths and Rates Per 100,000 Live Births, by County 2017-2023

In Florida in 2021-2023, 24.2 out of every 100,000 live births resulted in a maternal death.

In Indian River County, during 2021-2023 was among the counties reporting 0 (zero) maternal deaths per 100,000 live births.

According to the World Health Organization, maternal death is the death of a woman while pregnant or within 43 days of termination of a pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

For this measure, lower rates are favorable as they indicate fewer maternal deaths occurred.

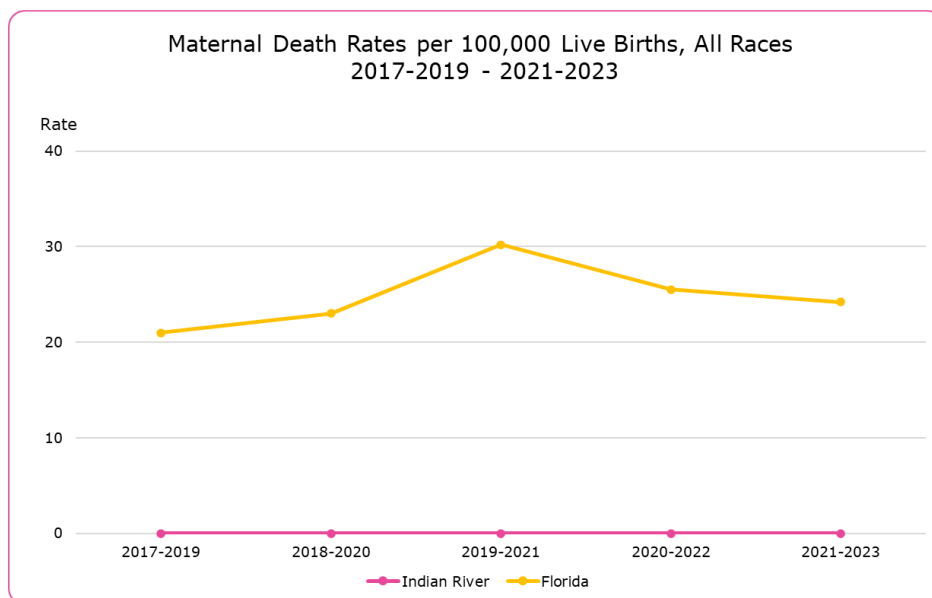
Total Number of All Races Maternal Deaths for Florida Residents by Type and Year, 2017-2023.

In Florida for each year from 2020 to 2023, the most numerous cause of maternal death among Florida residents was Indirect Obstetric Death. The top ten causes of maternal death are listed below with accompanying International Classification of Diseases (ICD-10) codes.

Top Ten Cause of Maternal Death in Florida (2017-2023):

- Indirect Obstetric Deaths (O98-O99)
- All Other Direct Obstetric Causes (O10, O12, O21-O43, O47-O66, O68-O71, O73-O75)
- Other Complications Related to the Puerperium (O85-O8, O89-O92)
- Eclampsia and Pre-Eclampsia (O11, O13-O16)
- Ectopic Pregnancy (O00)
- Hemorrhage of Pregnancy and Childbirth and Placenta Previa (O20, O44-O46, O67, O72)
- Obstetric Embolism (O88)
- Obstetric Death of Unspecified Cause (O95)
- Other and Unspecified Pregnancy With Abortive Outcome (O01-O02, O06-O07)
- Spontaneous Abortion (O03)

Figure 26: Maternal Death Rates per 100,000 Live Births, All Races, 2017-2019 - 2021-2023²⁶



²⁶ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

Infant Health

Access to Care and Services

HEALTH INSURANCE

Percentage of Children Without Health Insurance (Aged 0-18 Years) of the Population (Aged 0-18 Years), 2019-2023

In Florida in 2023, 7.4% of children aged 0-18 were without health insurance.

In Indian River County in 2023, 6.4% of children aged 0-18 were without health insurance.

For this measure, lower percentages are favorable because it signifies that fewer children were without health insurance coverage.

RATES OF PEDIATRICIANS

Total Number and Rate Per 100,000 Population of Pediatricians, Fiscal Year (FY) 2016-2017 - FY 2022-2023

For FYs 2020-2021 – 2022-2023 in Florida, there were about 19.8 pediatricians per 100,000 Florida residents.

For FYs 2020-2021 – 2022-2023 in Indian River County, there were about 13.9 pediatricians per 100,000 Florida residents.

This includes any pediatrician with an active license who lists a Florida address as their primary mailing address.

For this measure, higher rates are favorable because it indicates there are more pediatricians available to care for Florida residents.

See Appendix A for maps of pediatric offices, delivery hospitals, and prenatal offices, pediatric offices, and delivery hospitals on one map in the Indian River County Healthy Start Coalition service area.

Infant Screening

Total Number Infants and Toddlers Served by Early Steps (Aged 0-2 Years), and Percentage of Infants and Toddlers Referred to Early Steps (Aged 0-2 Years), FY 2017-2018 - FY2023-2024

For FY 2021-2022 – FY 2023-2024 in Florida, 46.7% of children referred to Early Steps received services.

For FY 2021-2022 – FY 2023-2024 in Florida, 38.3% of children referred to Early Steps received services.

Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers, age birth to 36 months, who have or are at-risk for developmental disabilities or delays.

Higher percentages are favorable because it indicates that more children who had referrals received needed services.

Infant Screening Results: Resident Births by Declined Screen by Consented to Screen by Percent Consenting to Screen by Infant Score 4 or More by Percentage Infant Score 4 or More by Referred Based on Other Factors by Participating in Healthy Start by Residence County, 2023

In Florida in 2023, 95.7% of resident births, consent was given for infant screening for Healthy Start services. Of those who consented to screening, 15.4% of infants scored four or more.

In Indian River County in 2023, 96.4% of resident births, consent was given for infant screening for Healthy Start services. Of those who consented to screening, 13.4% of infants scored four or more.

An infant score of four or higher indicates that the infant is at a higher risk of post-neonatal death, or death between one month and one year.

For the consent measure, higher percentages are favorable as they indicate more infants can be screened for Healthy Start services.

Infant Screening Results: Resident Births by Declined Screen by Consented to Screen by Percent Consenting to Screen by Infant Score 4 or More by Percent Infant Score 4 or More by Referred Based on Other Factors by Participating in Healthy Start by Residence County, 2024 (provisional).

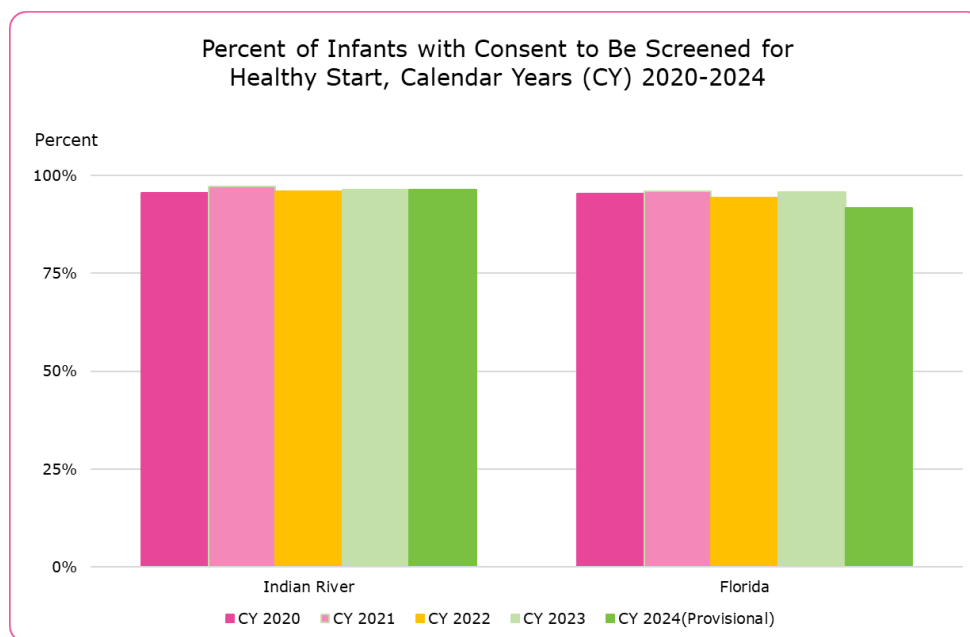
Provisional data for 2024 in Florida showed that for 91.7% of resident births consent was given for infant screening for Healthy Start services and 15.2% of infants screened scored four or more.

Provisional data for 2024 in Indian River County showed that for 96.3% of resident births consent was given for infant screening for Healthy Start services and 14.1% of infants screened scored four or more.

An infant score of four or higher indicates that the infant is at a higher risk of post-neonatal death, or death between one month and one year.

For the consent measure, higher percentages are favorable as they indicate more infants can be screened for Healthy Start services.

Figure 27: Percent of Infants with Consent to Be Screened for Healthy Start, Calendar Years (CY) 2020-2024²⁷



Births

PRETERM

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, All Races, 2017-2019 - 2021-2023

In Florida, during 2021-2023, 10.7% of births to mothers of all races occurred at less than 37 weeks gestation.

In Indian River County, during 2021-2023, 9.8% of births to mothers of all races occurred at less than 37 weeks of gestation.

For this measure, lower percentages are favorable because it shows that there were fewer premature births.

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, White Races, 2017-2019 - 2021-2023

In Florida, during 2021-2023, 9.6% of births to White mothers occurred at less than 37 weeks gestation.

In Indian River County, during 2021-2023, 8.6% of births to White mothers occurred at less than 37 weeks gestation

²⁷ Source: https://www.flpublichealth.com/hsScreen_new/InfantScreen, Calendar Year 2023

For this measure, lower percentages are favorable because it indicates that there were fewer premature births.

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, Black Races, 2017-2019 - 2021-2023

In Florida, during 2021-2023, 14.7% of births to Black mothers occurred at less than 37 weeks gestation.

In Indian River County, during 2021-2023, 16.0% of births to Black mothers occurred at less than 37 weeks of gestation.

Compared to the state percentage and the percentage of White premature births, a higher percentage of births to Black mothers occurred at less than 37 weeks gestation.

For this measure, lower percentages are favorable because it indicates that there were fewer premature births.

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, Other Races, 2017-2019 - 2021-2023

In Florida, during 2021-2023, 9.6% of births to mothers of other races occurred at less than 37 weeks of gestation.

In Indian River County, during 2021-2023, 8.5% births to mothers of other races occurred at less than 37 weeks gestation.

For this measure, lower percentages are favorable because it means that there were fewer premature births.

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, Hispanics, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 9.6% of births to Hispanic mothers occurred at less than 37 weeks gestation.

For 2021-2023 in Indian River County, 9.3% of births to Hispanic mothers occurred at less than 37 weeks gestation.

For this measure, lower percentages are favorable because it indicates that there were fewer premature births.

Number of Preterm Births (< 37 Weeks Gestation) and Percentage of Total Births, Non-Hispanics, 2017-2019 - 2021-2023

In Florida for 2021-2023, 11.2% of births to non-Hispanic mothers occurred at less than 37 weeks gestation.

In Indian River County for 2021-2023, 10.0% of births to non-Hispanic mothers occurred at less than 37 weeks gestation.

For this measure, lower percentages are favorable because it indicates that there were fewer premature births.

Figure 28: Percent of Total Births that were Preterm Births, by Race and Ethnicity, 2021-2023²⁸

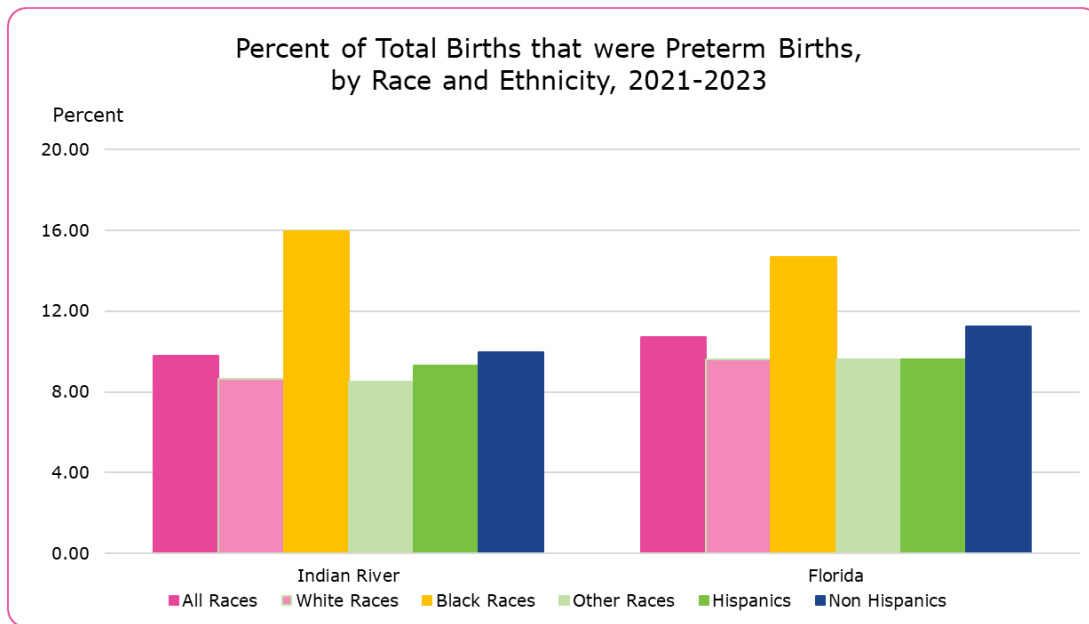
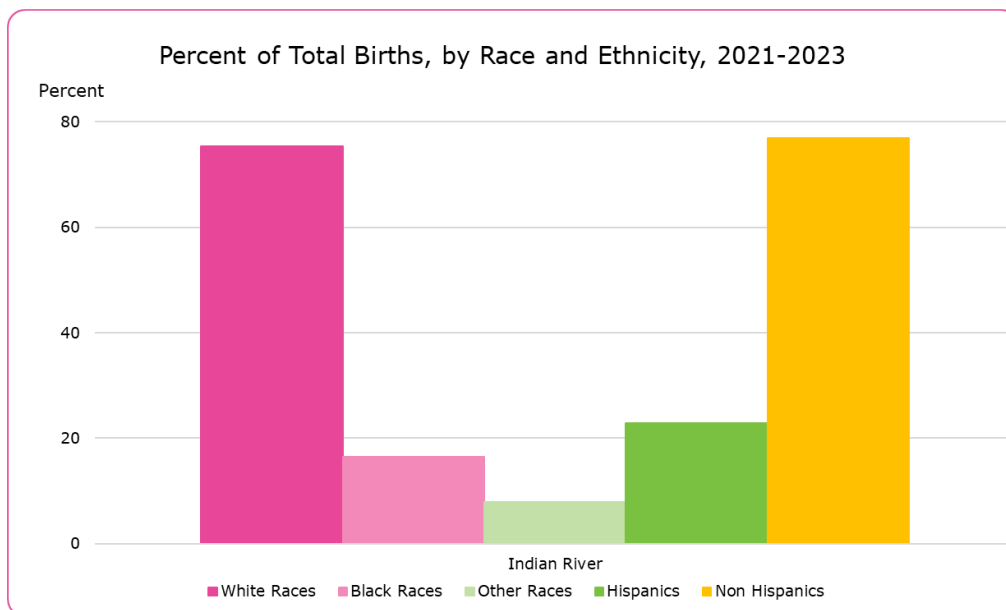


Figure 29: Percent of Total Births, by Race and Ethnicity, 2021-2023²⁹ Graph



LOW BIRTH WEIGHT

²⁸ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017-2023

²⁹ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2021-2023

Total Number of Low-Birth-Weight Babies and Percentage of Total Births, All Races, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 9.1% of births to mothers of all races were to low birth weight babies.

For 2021-2023 in Indian River County, 8.4% of births to mothers of all races were to low-birth-weight babies.

A low-birth-weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born a low birth weight, a condition that can be associated with health risks and complications.

Total Number of Low-Birth-Weight Babies and Percentage of Total Births, White Races, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 7.4% of births to White mothers were to low-birth-weight babies.

For 2021-2023 in Indian River County, 6.8% of births to White mothers were to low-birth-weight babies.

A low-birth-weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born a low birth weight, a condition that can be associated with health risks and complications.

Total Number of Low-Birth-Weight Babies and Percentage of Total Births, Black Races, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 14.6% of births to Black mothers were to low-birth-weight babies.

For 2021-2023 in Indian River County, 16.3% of births to Black mothers were to low-birth-weight babies.

A low birth weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born a low birth weight, a condition that can be associated with health risks and complications.

Total Number of Low-Birth-Weight Babies and Percentage of Total Births, Other Races, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 9.2% of births to mothers of other races were to low birth weight babies.

For 2021-2023 in Indian River County, 7.5% of births to mothers of other races were to low-birth-weight babies

A low birth weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born a low birth weight, a condition that can be associated with health risks and complications.

Total Number of Low Birth Weight Babies and Percentage of Total Births, Hispanics, 2017-2019 - 2021-2023

For 2021-2023 in Florida, 7.6% of births to Hispanic mothers were to low-birth-weight babies.

For 2021-2023 in Indian River County, 7.4% of births to Hispanic mothers were to low-birth-weight babies.

A low birth weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born a low birth weight, a condition that can be associated with health risks and complications.

Total Number of Low Birth Weight Babies and Percentage of Total Births, Non-Hispanics, 2017-2019 - 2021-2023

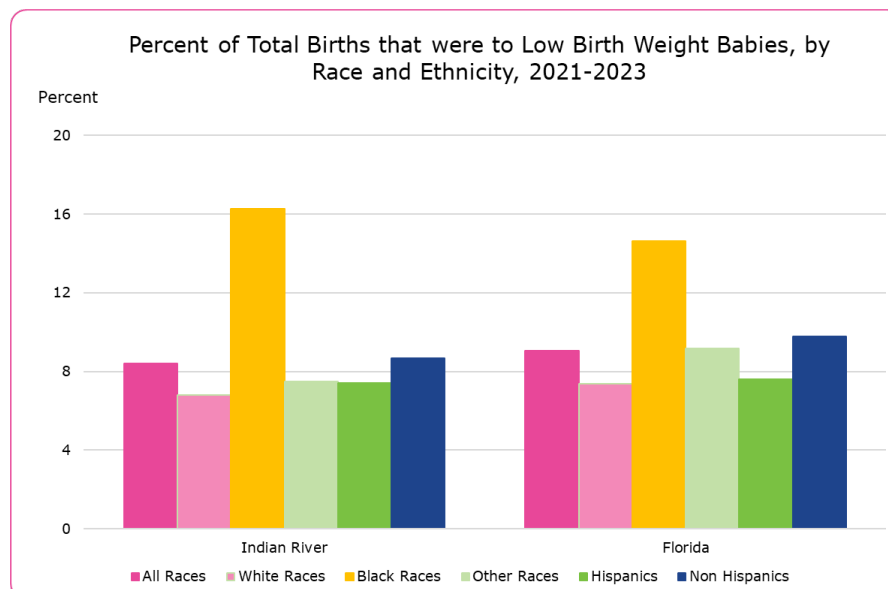
In Florida for 2021-2023, 9.8% of births to non-Hispanic mothers were to low-birth-weight babies.

In Indian River County for 2021-2023, 8.7% of births to non-Hispanic mothers were to low-birth-weight babies.

A low-birth-weight infant is one born weighing less than 5 pounds 8 ounces (2,500 grams).

For this measure, lower percentages are favorable because this means that fewer babies were born with low birth weight, a condition that can be associated with health risks and complications.

Figure 30: Percent of Total Births that were to Low Birth Weight Babies, by Race and Ethnicity 2021-2023³⁰



³⁰ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

BIRTH BY PAYOR SOURCE

Number of Births Covered By Emergency Medicaid and Percentage of Total Births, All Races, 2016-2022

For 2020-2022 in Florida, 2.9% of births were covered by Emergency Medicaid.

For 2020-2022 in Indian River County, 1.5% of births were covered by Emergency Medicaid.

Emergency Medicaid is a program for uninsured individuals who need immediate medical assistance for serious medical emergencies.

Designed to address urgent medical needs, this coverage terminates as soon as the condition is stable.

Total Births with Self-Pay as the Delivery Payment Source and Percentage of Total Births, All Races, 2017-2023

In Florida for 2021-2023, 5.6% of births to mothers of all races had self-pay as their payment method.

In Indian River County for 2021-2023, 2.7% of births to mothers of all races had self-pay as their payment method.

This generally means no insurance or other health care coverage such as Medicaid was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

Total Births with Self-Pay as the Delivery Payment Source and Percentage of Total Births, White Races, 2017-2023

In Florida for 2021-2023, 6.1% of births to White mothers had self-pay as their payment method.

In Indian River County for 2021-2023, 2.9% of births to White mothers had self-pay as their payment method.

This generally means no insurance or other health care coverage such as Medicaid was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

Total Births with Self-Pay as the Delivery Payment Source and Percentage of Total Births, Black Races, 2017-2023

For 2021-2023 in Florida, 3.9% of births to Black mothers had self-pay as their payment method.

For 2021-2023 in Indian River County, 1.3% of births to Black mothers had self-pay as their payment method.

This generally means no insurance or other health care coverage such as Medicaid was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

Total Births with Self-Pay as the Delivery Payment Source and Percentage of Total Births, Other Races, 2017-2023

For 2021-2023 in Florida, 6.1% of births to mothers of other races had self-pay as their payment method.

For 2021-2023 in Indian River County, 3.1% of births to mothers of other races had self-pay as their payment method.

This generally means no insurance or other health care coverage, such as Medicaid, was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

Total Births with Self-Pay as the Delivery Payment Source and Percentage of Total Births, Hispanics, 2017-2023

In Florida for 2021-2023, 8.7% of births to Hispanic mothers had self-pay as their payment method.

In Indian River County for 2021-2023, 2.7% of births to Hispanic mothers had self-pay as their payment method.

This generally means no insurance or other health care coverage such as Medicaid was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

Total Births With Self-Pay as the Delivery Payment Source and Percentage of Total Births, Non-Hispanics, 2017-2023

In Florida for 2021-2023, 4.1% of births to non-Hispanic mothers had self-pay as their payment method.

In Indian River County for 2021-2023, 2.7% of births to non-Hispanic mothers had self-pay as their payment method.

This generally means no insurance or other health care coverage such as Medicaid was available to pay costs.

A lower percentage of self-payment is favorable as it suggests births were covered by insurance.

TEEN BIRTHS

Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, All Races, 2017-2023

For 2021-2023 in Florida, there were 0.2 births to mothers of all races ages 10-14 years per 1,000 female population ages 10-14 (322 total births).

For 2021-2023 in Indian River County, there were 0.2 births to mothers of all races ages 10-14 years per 1,000 female population ages 10-14 (2 total births).

For this measure, lower rates are favorable because it indicates there were fewer teen births.

Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, White Races, 2017-2023

For 2021-2023 in Florida, there were 0.1 births to White mothers ages 10-14 years per 1,000 female population ages 10-14 (190 total births).

For 2021-2023 in Indian River County, there were 0.3 births to White mothers ages 10-14 years per 1,000 female population ages 10-14 (2 total births).

For this measure, lower rates are favorable because it indicates that there were fewer teen births.

Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, Black Races, 2017-2023

For 2021-2023 in Florida, there were 0.3 births to Black mothers ages 10-14 years per 1,000 female population ages 10-14 (108 total births).

For 2021-2023 in Indian River County, there were 0 births to Black mothers ages 10-14 years per 1,000 female population ages 10-14 (0 total births).

For this measure, lower rates are favorable because it shows that there were fewer teen births.

Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, Other Races, 2017-2023

For 2021-2023 in Florida, there were 0.1 births to mothers of other races ages 10-14 years per 1,000 female population ages 10-14 (22 total births).

For 2021-2023 in Indian River County, there were 0 births to mothers of other races ages 10-14 years per 1,000 female population ages 10-14 (0 total births).

For this measure, lower rates are favorable because it indicates that there were fewer teen births.

Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, Hispanics, 2017-2023

In Florida for 2021-2023, there were 0.2 births to Hispanic mothers ages 10-14 years per 1,000 female population ages 10-14 (143 total births).

In Indian River County for 2021-2023, there were 0.4 births to Hispanic mothers ages 10-14 years per 1,000 female population ages 10-14 (1 total births).

For this measure, lower rates are favorable because this means that there were fewer teen births.

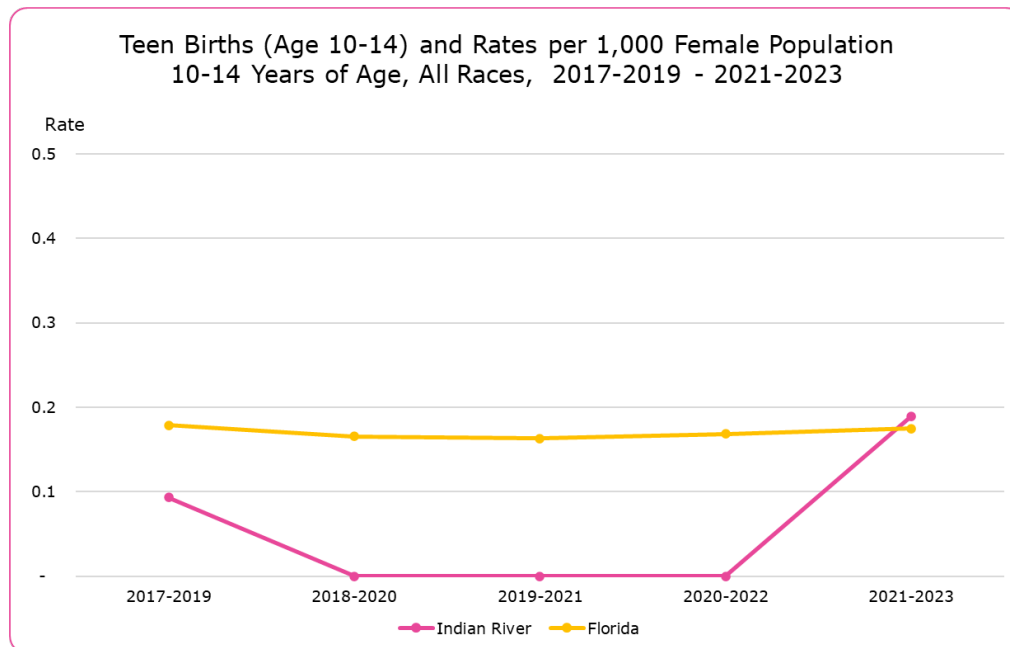
Number of Births for Mothers Ages 10-14, and Rate Per 1,000 Female Population Ages 10-14, Non-Hispanics, 2017-2023

For 2021-2023 in Florida, there were 0.1 births to non-Hispanic mothers ages 10-14 years old per 1,000 female population ages 10-14 (176 total births).

For 2021-2023 in Indian River County, there were 0.1 births to non-Hispanic mothers ages 10-14 years old per 1,000 female population ages 10-14 (1 total births).

For this measure, lower rates are favorable because it indicates that there were fewer teen births.

Figure 31: Teen Births (Age 10-14) and Rates per 1,000 Female Population 10-14 Years of Age, All Races, 2017-2019 - 2021-2023³¹



Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, All Races, 2017-2023

For 2021-2023 in Florida, there were 5.4 births to mothers of all races ages 15-17 years per 1,000 female population ages 15-17 (5,955 total births).

For 2021-2023 in Indian River County, there were 5.1 births to mothers of all races ages 15-17 years per 1,000 female population ages 15-17 (33 total births).

For this measure, lower rates are favorable because it indicates that there were fewer teen births.

Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, White Races, 2017-2023

For 2021-2023 in Florida, there were 4.8 births to White mothers ages 15-17 years per 1,000 female population ages 15-17 (3,741 total births).

For 2021-2023 in Florida, there were 3.8 births to White mothers ages 15-17 years per 1,000 female population ages 15-17 (19 total births).

For this measure, lower rates are favorable because it means that there were fewer teen births.

³¹ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics; 2017 - 2023

Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, Black Races, 2017-2023

For 2021-2023 in Florida, there were 7.5 births to Black mothers ages 15-17 years per 1,000 female population ages 15-17 (1,819 total births).

For 2021-2023 in Indian River County, there were 10.5 births to Black mothers ages 15-17 years per 1,000 female population ages 15-17 (12 total births).

A lower rate for this measure is favorable, indicating there were fewer teen births.

Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, Other Races, 2017-2023

In Florida for 2021-2023, there were 3.8 births to mothers of other races ages 15-17 years per 1,000 female population ages 15-17 (348 total births).

In Indian River County, for 2021-2023, there were 5.1 births to mothers of other races ages 15-17 years per 1,000 female population ages 15-17 (2 total births).

A lower rate for this measure is favorable, indicating there were fewer teen births.

Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, Hispanics, 2017-2023

In Florida for 2021-2023, there were 6.8 births to Hispanic mothers ages 15-17 per 1,000 female population ages 15-17 (2,387 total births).

In Indian River County, for 2021-2023, there were 4.4 births to Hispanic mothers ages 15-17 per 1,000 female population ages 15-17 (7 total births).

A lower rate for this measure is favorable, indicating there were fewer teen births.

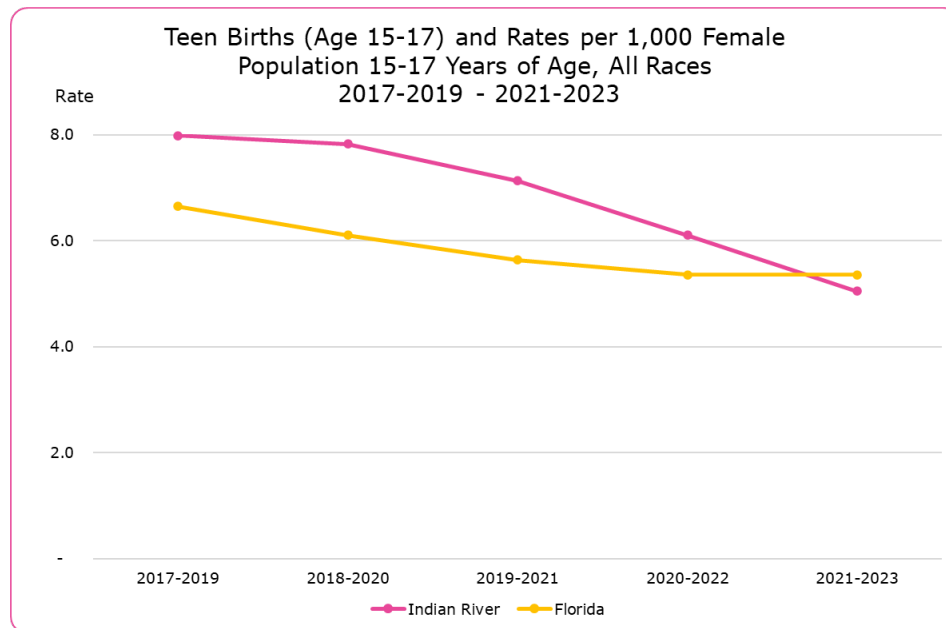
Total Births by Mothers Ages 15-17 and Rates Per 1,000 Female Population 15-17 Years of Age, Non-Hispanics, 2017-2023

For 2021-2023 in Florida, there were 6.8 births to non-Hispanic mothers ages 15-17 per 1,000 female population ages 15-17 (2,387 total births).

For 2021-2023 in Indian River County, there were 4.4 births to non-Hispanic mothers ages 15-17 per 1,000 female population ages 15-17 (7 total births).

A lower rate for this measure is favorable, indicating there were fewer teen births.

Figure 32: Teen Births (Age 15-17) and Rates per 1,000 Female Population 15-17 Years of Age, All Races, 2017-2019 – 2021-2023³²



Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, All Races, 2017-2023

For 2021-2023 in Florida, there were 25.1 births to mothers of all races ages 18-19 per 1,000 female population ages 18-19 (18,382 total births).

For 2021-2023 in Indian River County, there were 25.7 births to mothers of all races ages 18-19 per 1,000 female population ages 18-19 (100 total births).

A lower rate for this measure is favorable as it indicates there were fewer teen births.

Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, White Races, 2017-2023

For 2021-2023 in Florida, there were 22.7 births to White mothers ages 18-19 per 1,000 female population ages 18-19 (11,867 total births).

For 2021-2023 in Indian River County, there were 20.4 births to White mothers ages 18-19 per 1,000 female population ages 18-19 (64 total births).

A lower percentage for this measure is favorable, as it indicates there were fewer teen births.

Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, Black Races, 2017-2023

In Florida for 2021-2023, there were 34.9 births to Black mothers ages 18-19 per 1,000 female population ages 18-19 (5,365 total births).

³² Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics; 2017 - 2023

In Indian River County, for 2021-2023, there were 58.8 births to Black mothers ages 18-19 per 1,000 female population ages 18-19 (25 total births).

A lower rate for this measure is favorable as it indicates fewer teen births.

Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, Other Races, 2017-2023

For 2021-2023 in Florida, there were 17.3 births to mothers of other races ages 18-19 per 1,000 female population ages 18-19 (1,004 total births).

For 2021-2023 in Indian River County, there were 33.6 births to mothers of other races ages 18-19 per 1,000 female population ages 18-19 (11 total births).

A lower rate for this measure is favorable as it indicates there were fewer teen births.

Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, Hispanics, 2017-2023

In Florida for 2021-2023, there were 29.3 births to Hispanic mothers ages 18-19 per 1,000 female population ages 18-19 (7,059 total births).

In Indian River County, for 2021-2023, there were 29.3 births to Hispanic mothers ages 18-19 per 1,000 female population ages 18-19 (30 total births).

A lower rate for this measure is favorable as it indicates there were fewer teen births.

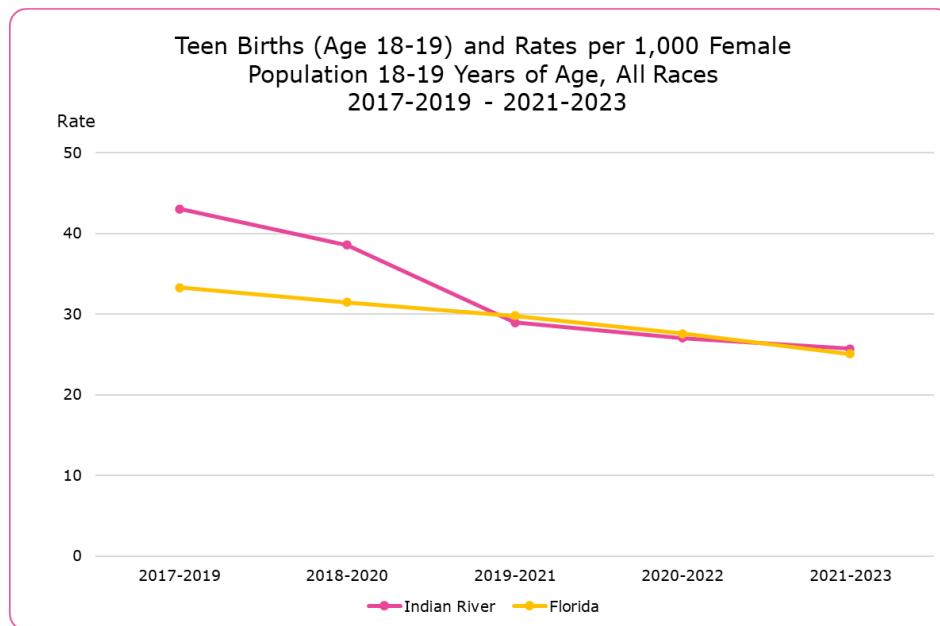
Births by Mothers Ages 18-19 and Rate Per 1,000 Female Population Ages 18-19, Non-Hispanics, 2017-2023

For 2021-2023 in Florida, there were 22.7 births to non-Hispanic mothers ages 18-19 per 1,000 female population ages 18-19 (11,178 total births).

For 2021-2023 in Indian River County, there were 24.4 births to non-Hispanic mothers ages 18-19 per 1,000 female population ages 18-19 (70 total births).

A lower rate for this measure is favorable as it shows there were fewer teen births.

Figure 33: Teen Births (Age 18-19) and Rates per 1,000 Female Population 18-19 Years of Age, All Races, 2017-2019 - 2021-2023³³



MOTHERS OVER 35 YEARS OF AGE

Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, All Races, 2017-2023

For 2021-2023 in Florida, there were 5.5 births to mothers of all races over the age of 35 per 1,000 female population over 35 years of age (112,089 total births).

For 2021-2023 in Indian River County, there were 3.1 births to mothers of all races over the age of 35 per 1,000 female population over 35 years of age (571 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, White Races, 2017-2023

In Florida for 2021-2023, there were 4.8 births to White mothers over the age of 35 per 1,000 female population over the age of 35 (79,224 total births).

In Indian River County, for 2021-2023, there were 2.5 birth to White mothers over the age of 35 per 1,000 female population over the age of 35 (418 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

³³ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, Black Races, 2017-2023

In Florida for 2021-2023, there were 7.7 births to Black mothers over the age of 35 per 1,000 female population over the age of 35 (22,599 total births).

In Indian River County, for 2021-2023, there were 8.6 births to Black mothers over the age of 35 per 1,000 female population over the age of 35 (104 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, Other Races, 2017-2023

For 2021-2023 in Florida, there were 9.3 births to mothers of other races over the age of 35 per 1,000 female population over the age of 35 (9,444 total births).

For 2021-2023 in Indian River County, there were 9.2 births to mothers of other races over the age of 35 per 1,000 female population over the age of 35 (47 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, Hispanics, 2017-2023

In Florida for 2021-2023, there were 7.5 births to Hispanic mothers over the age of 35 per 1,000 female population over the age of 35 (36,497 total births).

In Indian River County, for 2021-2023, there were 7.4 births to Hispanic mothers over the age of 35 per 1,000 female population over the age of 35 (123 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

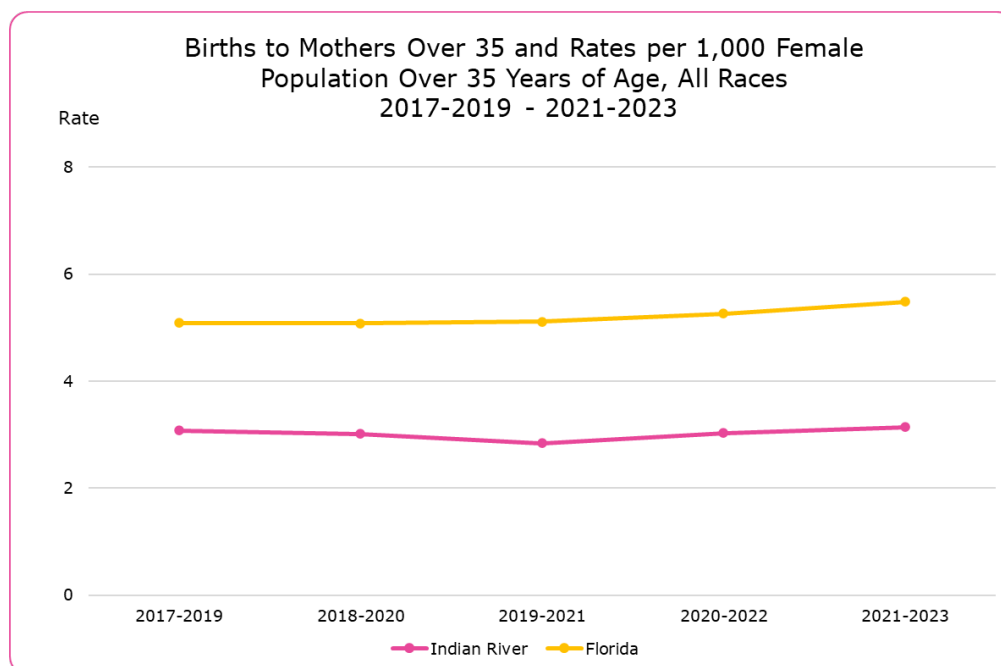
Total Number of Births to Mothers Over 35 Years of Age and Rate Per 1,000 Female Population Over 35 Years of Age, Non-Hispanics, 2017-2023.

For 2021-2023 in Florida, there were 4.8 births to non-Hispanic mothers over the age of 35 per 1,000 female population over the age of 35 (74,744 total births).

For 2021-2023 in Indian River County, there were 2.7 births to non-Hispanic mothers over the age of 35 per 1,000 female population over the age of 35 (443 total births).

For this measure, lower rates are favorable because this indicates less potential for age-related health risks for the baby and mother.

Figure 34: Births to Mothers Over 35 and Rates per 1,000 Female Population Over 35 Years of Age, All Races, 2017-2019 - 2021-2023³⁴



SUBSTANCE-EXPOSED NEWBORNS

Total Number of Neonatal Abstinence Syndrome (NAS) Births and Rate per 10,000 Live Births, All Races, Florida and Indian River County, 2018–2022

Over the five-year period from 2018 to 2022, Indian River County demonstrated relative stability in Neonatal Abstinence Syndrome (NAS) births, with annual case counts remaining low and rates generally fluctuating between approximately 54 and 111 cases per 10,000 live births. While year-to-year variation occurred due to small numbers, Indian River County did not experience a sustained upward trend and consistently reported fewer total NAS cases compared to many Florida counties.

In contrast, Florida’s statewide data reflects a broader and more pronounced burden of NAS over the same period. Statewide NAS rates remained consistently elevated, averaging approximately 56–67 cases per 10,000 live births prior to 2020 and declining to roughly 42 cases per 10,000 live births by 2021–2022. Despite this recent decline, Florida continued to report substantially higher total NAS case counts each year, underscoring a persistent statewide challenge that exceeds the magnitude observed in Indian River County.

C-SECTION BIRTHS

Total Number of C-Section Births That Were not High Risk Pregnancies and This was Their First Delivery, All Races Only and Percent of Total Births, 2019-2023.

Over the five years, Indian River County experienced a 22% decrease in the number of C-section births among low-risk pregnancies, from 74 births in 2019 to 58 births in 2023. Correspondingly, the proportion of all births represented by low-risk C-sections declined from 5.87% to 4.72%.

³⁴ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

In contrast to local progress, Florida's statewide data demonstrates a steady and significant increase in low-risk C-section births. Total numbers rose from 17,514 in 2019 to 19,223 in 2023, with the percentage of all births delivered by low-risk C-section increasing from 7.96% to 8.68% the highest rate in the five-year period.

UNWED MOTHERS

Births to Unwed Mothers, Percent of Total Births, All Races 2019 - 2023.

From 2019 to 2023, the percentage of births to unwed mothers in Indian River County increased from 47.4% to 49.6%, reaching its highest level in the five years. While fluctuations occurred in individual years, the overall pattern reflects a steady upward trajectory. The share of unwed births has approached one in every two births in the county, signaling a meaningful shift in family dynamics and support needs.

This contrasts with Florida's statewide trend, which showed a gradual decline from 46.6% in 2019 to 45.7% in 2023, suggesting that Indian River's rising rates stem from localized community factors rather than broader statewide influences.

Total births in Indian River County remained stable during the five-year period, hovering around 1,200 births annually.

FATHERS ACKNOWLEDGED ON THE BIRTH CERTIFICATE

Total Number and Percent of Births That Listed Father on the Birth Certificate, All Races Only, By Year 2019-2023.

In Indian River County, the proportion of births with a father listed on the birth certificate rose from 88.2% in 2019 to a peak of 91.2% in 2022, before slightly leveling to 90.6% in 2023. This trajectory reflects an overall positive trend in paternal acknowledgment and involvement at the time of birth. Despite minor year-to-year fluctuations, Indian River has maintained a consistently high listing rate above 88% for the entire five-year period.

While Florida's statewide rates also show improvement—from 88.4% in 2019 to 90.9% in 2023—Indian River consistently meets or slightly exceeds the state average beginning in 2021. For example:

- **2021:** IRC 90.8% vs. FL 89.2%
- **2022:** IRC 91.2% vs. FL 90.0%
- **2023:** IRC 90.6% vs. FL 90.9%

BIRTH TO MOTHERS BORN IN OTHER COUNTRIES

Total Number of Births to Mothers Whose Birthplace was not in the US, All Races Only and Percent of Total Births by Year, 2019 - 2023.

Between 2019 and 2021, births to mothers born outside the United States remained relatively stable at approximately 18% of all births in Indian River County. However, in 2022, this percentage increased significantly to 21.8%, before settling at 19.3% in 2023, which remains above pre-2022 levels.

At the state level, the percentage of births to foreign-born mothers rose from 33.5% in 2019 to 36.2% in 2023, representing the highest proportion within the five-year period.

Although Indian River County's rates are notably lower than the statewide average, the rising trajectory aligns with Florida's broader demographic changes.

Infant Deaths

FETAL MORTALITY

Fetal death, fetal mortality or stillbirth is the death of a fetus at 20 weeks or more of gestation.

Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, All Races, 2017-2023

In Florida for 2021-2023, the fetal mortality rate for mothers of all races was 6.9 per 1,000 live births to mothers of all races plus fetal deaths (4,582 total fetal deaths).

In Indian River County, for 2021-2023, the fetal mortality rate for mothers of all races was 6.4 per 1,000 live births to mothers of all races plus fetal deaths (24 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, White Races, 2017-2023

In Florida for 2021-2023, the fetal mortality rate for White mothers was 5.2 per 1,000 live births to White mothers plus fetal deaths (2,456 total fetal deaths).

In Indian River County, for 2021-2023, the fetal mortality rate for White mothers was 4.3 per 1,000 live births to White mothers plus fetal deaths (12 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, Black Races, 2017-2023

In Florida for 2021-2023, the fetal mortality rate for Black mothers was 11.5 per 1,000 live births to Black mothers plus fetal deaths (1,625 total fetal deaths).

In Indian River County for 2021-2023, the fetal mortality rate for Black mothers was 16.0 per 1,000 live births to Black mothers plus fetal deaths (10 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, Other Races, 2017-2023

In Florida for 2021-2023, the fetal mortality rate for mothers of other races was 7.1 per 1,000 live births to mothers of other races plus fetal deaths (330 total fetal deaths).

In Indian River County, for 2021-2023, the fetal mortality rate for mothers of other races was 3.4 per 1,000 live births to mothers of other races plus fetal deaths (1 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, Hispanics, 2017-2023

In 2021-2023 in Florida, the fetal mortality rate for Hispanic mothers was 5.6 per 1,000 live births to Hispanic mothers plus fetal deaths (1,231 total fetal deaths).

In 2021-2023 in Indian River County, the fetal mortality rate for Hispanic mothers was 4.7 per 1,000 live births to Hispanic mothers plus fetal deaths (4 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

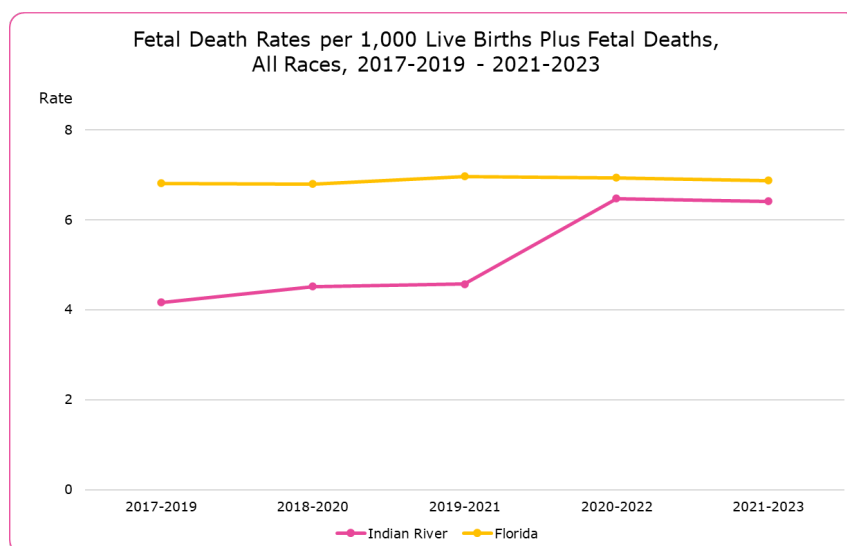
Number of Fetal Deaths and Rates Per 1,000 Live Births Plus Fetal Deaths, Non-Hispanics, 2017-2023

In Florida for 2021-2023, the fetal mortality rate for non-Hispanic mothers was 6.9 per 1,000 live births to non-Hispanic mothers plus fetal deaths (3,059 total fetal deaths).

In Indian River County for 2021-2023, the fetal mortality rate for non-Hispanic mothers was 6.3 per 1,000 live births to non-Hispanic mothers plus fetal deaths (18 total fetal deaths).

For this measure, lower rates are favorable because they indicate fewer fetal deaths occurred.

Figure 35: Fetal Deaths per 1,000 Live Births Plus Fetal Deaths, All Races, 2017-2019 - 2021-2023³⁵



INFANT MORTALITY (0-364 DAYS OLD)

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births.

Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for All Races by County, 2017-2023

In Florida for 2021-2023, there were 6.0 infant (aged 0-364 days) deaths per 1,000 live births to mothers of all races (3,952 infant deaths).

³⁵ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics; 2017-2023

In Indian River County for 2021-2023, there were 8.6 infant (aged 0-364 days) deaths per 1,000 live births to mothers of all races (32 infant deaths).

For this measure, lower rates are favorable and indicate that fewer infant deaths occurred.

Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for White Races by County, 2017-2023

In Florida for 2021-2023, there were 4.3 infant (aged 0-364 days) deaths per 1,000 live births to White mothers (2,050 infant deaths).

In Indian River County, for 2021-2023, there were 5.7 infant (aged 0-364 days) deaths per 1,000 live births to White mothers (16 infant deaths).

For this measure, lower rates are favorable and indicate that fewer infant deaths occurred.

Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for Black Races by County, 2017-2023

In Florida for 2021-2023, there were 11.1 infant (aged 0-364 days) deaths per 1,000 live births to Black mothers (1,554 infant deaths).

In Indian River County, for 2021-2023, there were 21.2 infant (aged 0-364 days) deaths per 1,000 live births to Black mothers (13 infant deaths).

For this measure, lower rates are favorable and indicate that fewer infant deaths occurred.

Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for Other Races by County, 2017-2023

For 2021-2023 in Florida, there were 6.8 infant (aged 0-364 days) deaths per 1,000 live births to mothers of other races (299 infant deaths).

For 2021-2023 in Indian River County, there were 6.5 infant (aged 0-364 days) deaths per 1,000 live births to mothers of other races (2 infant deaths).

For this measure, lower rates are favorable and indicate that fewer infant deaths occurred.

Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for Hispanics by County, 2017-2023

In Florida for 2021-2023, there were 5.0 infant (aged 0-364 days) deaths per 1,000 live births to Hispanic mothers (1,103 infant deaths).

In Indian River County, for 2021-2023, there were 5.9 infant (aged 0-364 days) deaths per 1,000 live births to Hispanic mothers (5 infant deaths).

For this measure lower rates are favorable and indicate that fewer infant deaths occurred.

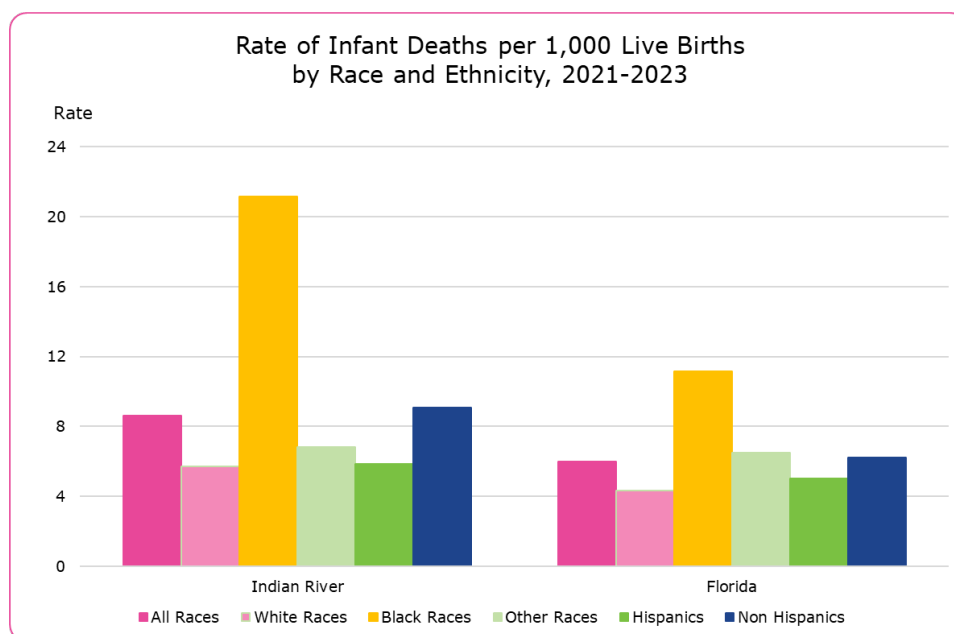
Number of Infant Mortality (Aged 0-364 Days), and Rates Per 1,000 Live Births, for Non-Hispanics by County, 2017-2023

In Florida for 2021-2023, there were 6.2 infant (aged 0-364) deaths per 1,000 live births to non-Hispanic mothers (2,730 infant deaths).

In Indian River County, for 2021-2023, there were 9.1 infant (aged 0-364) deaths per 1,000 live births to non-Hispanic mothers (26 infant deaths).

For this measure, lower rates are favorable and indicate that fewer infant deaths occurred.

Figure 36: Rate of Infant Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023³⁶



NEONATAL MORTALITY (0-27 DAYS OLD)

Neonatal mortality is the death of a live-born baby prior to the 28th day of life. The rate is the number of deaths of babies through 27 days of life per 1,000 live births.

Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, All Races 2017-2023

In Florida for 2021-2023, the rate of neonatal mortality for births to mothers of all races was 3.9 infants aged 0-27 days (neonates) per 1,000 live births to mothers of all races (2,597 neonatal deaths).

In Indian River County, for 2021-2023, the rate of neonatal mortality for births to mothers of all races was 5.4 infants aged 0-27 days (neonates) per 1,000 live births to mothers of all races (20 neonatal deaths).

Lower rates are favorable for this measure because this indicates fewer neonatal deaths occurred.

Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, White Races, 2017-2023

³⁶ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2021 - 2023

In Florida for 2021-2023, the rate of neonatal mortality for births to White mothers was 3.0 infants aged 0-27 days (neonates) per 1,000 live births to White mothers (1,396 neonatal deaths).

In Indian River County, for 2021-2023, the rate of neonatal mortality for births to White mothers was 4.3 infants aged 0-27 days (neonates) per 1,000 live births to White mothers (12 neonatal deaths).

Lower rates are favorable for this measure because they indicate fewer neonatal deaths occurred.

Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, Black Races, 2017-2023

In Florida for 2021-2023, the rate of neonatal mortality for births to Black mothers was 7.0 infants aged 0-27 days (neonates) per 1,000 live births to Black mothers (970 neonatal deaths).

In Indian River County, for 2021-2023, the rate of neonatal mortality for births to Black mothers was 8.1 infants aged 0-27 days (neonates) per 1,000 live births to Black mothers (5 neonatal deaths).

Lower rates are favorable because they indicate that fewer neonatal deaths occurred.

Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, Other Races, 2017-2023

For 2021-2023 in Florida, the rate of neonatal mortality for births to mothers of other races was 4.1 infants aged 0-27 days (neonates) per 1,000 live births to mothers of other races (189 neonatal deaths).

For 2021-2023 in Indian River County the rate of neonatal mortality for births to mothers of other races was 6.8 infants aged 0-27 days (neonates) per 1,000 live births to mothers of other races (2 neonatal deaths).

In this case, lower rates are favorable because they indicate that fewer neonatal deaths occurred.

Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, Hispanics, 2017-2023

In Florida for 2021-2023, the rate of neonatal mortality for births to Hispanic mothers was 3.4 infants aged 0-27 days (neonates) per 1,000 live births to Hispanic mothers (739 neonatal deaths).

In Indian River County, for 2021-2023, the rate of neonatal mortality for births to Hispanic mothers was 5.9 infants aged 0-27 days (neonates) per 1,000 live births to Hispanic mothers (5 neonatal deaths).

Lower rates are favorable for this measure because they indicate fewer neonatal deaths occurred.

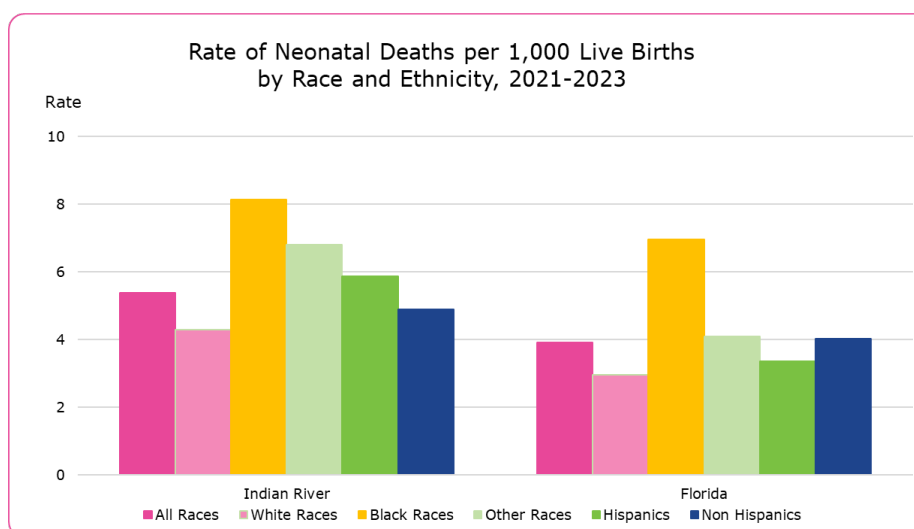
Total Number of Neonatal Mortality (Ages 0-27 Days) and Rate Per 1,000 Live Births, Non-Hispanics, 2017-2023

In Florida for 2021-2023, the rate of neonatal mortality for births to non-Hispanic mothers was 4.0 infants aged 0-27 days (neonates) per 1,000 live births to non-Hispanic mothers (1,759 neonatal deaths).

In Indian River County for 2021-2023, the rate of neonatal mortality for births to non-Hispanic mothers was 4.9 infants aged 0-27 days (neonates) per 1,000 live births to non-Hispanic mothers (14 neonatal deaths).

Lower rates are favorable for this measure because they indicate fewer neonatal deaths occurred.

Figure 37: Rate of Neonatal Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023³⁷



POSTNEONATAL MORTALITY (28-364 DAYS OLD)

Postneonatal mortality is the death of a live-born baby from the 28th day of life to the 364th day of life. The rate is the number of postneonatal deaths per 1,000 live births.

Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, All Races, 2017-2023

For 2021-2023 in Florida, the postneonatal mortality rate for births to mothers of all races was 2.0 postneonatal deaths per 1,000 births to mothers of all races (1,355 postneonatal deaths).

For 2021-2023 in Indian River County, the postneonatal mortality rate for births to mothers of all races was 3.2 postneonatal deaths per 1,000 births to mothers of all races (12 postneonatal deaths).

Lower rates are favorable for this measure as they indicate fewer postneonatal deaths occurred.

Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, White Races, 2017-2023

In Florida for 2021-2023, the rate of postneonatal mortality for births to White mothers was 1.4 postneonatal deaths per 1,000 births to White mothers (654 postneonatal deaths).

In Indian River County for 2021-2023, the rate of postneonatal mortality for births to White mothers was 1.4 postneonatal deaths per 1,000 births to White mothers (4 postneonatal deaths).

Lower rates are favorable for this measure because they indicate fewer postneonatal deaths occurred.

³⁷ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2021 - 2023

Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, Black Races, 2017-2023

For 2021-2023 in Florida, the rate of postneonatal mortality for births to Black mothers was 4.2 postneonatal deaths per 1,000 live births to Black mothers (515 postneonatal deaths).

For 2021-2023 in Indian River County, the rate of postneonatal mortality for births to Black mothers was 13.0 postneonatal deaths per 1,000 live births to Black mothers (8 postneonatal deaths).

Lower rates are favorable for this measure as they show that fewer postneonatal deaths occurred.

Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, Other Races, 2017-2023

For 2021-2023 in Florida, the rate of postneonatal mortality for births to mothers of other races was 2.4 postneonatal deaths per 1,000 live births to mothers of other races (110 postneonatal deaths).

For 2021-2023 in Indian River County, the rate of postneonatal mortality for births to mothers of other races was 0 postneonatal deaths per 1,000 live births to mothers of other races (0 postneonatal deaths). Indian River County was among the counties with the lowest post-neonatal mortality rate.

Lower rates are favorable for this measure as they indicate fewer postnatal deaths occurred.

Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, Hispanics, 2017-2023

In Florida for 2021-2023, the rate of postneonatal mortality for births to Hispanic mothers was 1.7 postneonatal deaths per 1,000 live births (364 postneonatal deaths).

In Indian River County for 2021-2023, the rate of postneonatal mortality for births to Hispanic mothers was 0 postneonatal deaths per 1,000 live births (0 postneonatal deaths). Indian River County was among the counties with the lowest post-neonatal mortality rate.

Lower rates are favorable for this measure as they indicate fewer postneonatal deaths occurred.

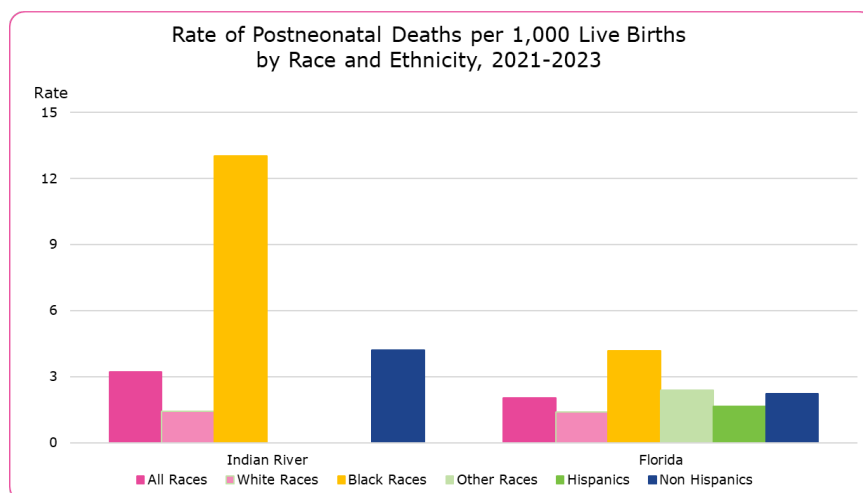
Total Number of Postneonatal Mortality and Rates Per 1,000 Live Births, Non-Hispanics, 2017-2023

In Florida for 2021-2023, the rate of postneonatal mortality for births to non-Hispanic mothers was 2.2 postneonatal deaths per 1,000 live births (971 postneonatal deaths) to non-Hispanic mothers.

In Indian River County for 2021-2023, the rate of postneonatal mortality for births to non-Hispanic mothers was 4.2 postneonatal deaths per 1,000 live births (12 postneonatal deaths) to non-Hispanic mothers.

Lower rates are favorable for this measure because they indicate that fewer postneonatal deaths occurred.

Figure 38: Rate of Postneonatal Deaths per 1,000 Live Births, by Race and Ethnicity, 2021-2023³⁸



CAUSES OF DEATH

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for All Races, 2017-2023

In Florida for 2021-2023, the leading cause of infant death for infants born to mothers of all races was Congenital Malformations, Deformations and Chromosomal Abnormalities with a rate of 1.06 infant deaths per 1,000 live births (3,952 total infant deaths).

In Indian River County for 2021-2023, the leading cause of infant death for infants born to mothers of all races was Congenital Malformations, Deformations and Chromosomal Abnormalities with a rate of 1.06 infant deaths per 1,000 live births (6 total infant deaths).

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for White Races, 2017-2023.

In Florida for 2021-2023, the leading cause of infant death for infants born to White mothers was Other Non-Rankable Cause of Death with a rate of 0.7 infant deaths per 1,000 live births (328 infant deaths).

In Indian River County for 2021-2023, the leading cause of infant death for infants born to White mothers was Other Non-Rankable Cause of Death with a rate of 1.5 infant deaths per 1,000 live births (4 infant deaths).

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for Black Races, 2017-2023

For 2021-2023 in Florida, the leading cause of infant death for infants born to Black mothers was Other Non-Rankable Cause of Death with a rate of 2.2 infant deaths per 1,000 live births (284 infant deaths).

³⁸ Source: www.flhealthcharts.gov; Florida Department of Health, Bureau of Vital Statistics, 2017 - 2023

For 2021-2023 in Indian River County, the leading cause of infant death for infants born to Black mothers was Other Non-Rankable Cause of Death with a rate of 3.4 infant deaths per 1,000 live births (2 infant deaths).

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for Other Races, 2017-2023

In Florida for 2021-2023, the leading cause of infant death for infants born to mothers of other races was Congenital Malformations, Deformations and Chromosomal Abnormalities with a rate of 1.1 infant deaths per 1,000 live births (48 infant deaths).

In Indian River County for 2021-2023, the leading cause of infant death for infants born to mothers of other races was Newborn Affected by Maternal Complications of Pregnancy with a rate of 7.3 infant deaths per 1,000 live births (2 infant deaths).

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for Hispanics, 2017-2023

For 2021-2023 in Florida, the leading cause of infant death for infants born to Hispanic mothers was Newborn Affected by Maternal Complications of Pregnancy with a rate of 1.1 infant deaths per 1,000 live births (227 deaths).

For 2021-2023 in Indian River County, the leading cause of infant death for infants born to Hispanic mothers was Bacterial Sepsis of Newborn with a rate of 2.4 infant deaths per 1,000 live births (2 deaths).

Resident Infant Deaths by County and Leading Rankable Causes of Infant Death, and Rates Per 1,000 Live Births, for Non-Hispanics, 2017-2023

In Florida for 2021-2023, the leading cause of infant death for infants born to non-Hispanic mothers was Congenital Malformations, Deformations and Chromosomal Abnormalities with a rate of 1.1 infant deaths per 1,000 live births (466 deaths).

In Indian River County for 2021-2023, the leading cause of infant death for infants born to non-Hispanic mothers was Other Non-Rankable Cause of Death with a rate of 2.2 infant deaths per 1,000 live births (6 deaths).

Breastfeeding

Percentage of Florida Mothers who Initiated Breastfeeding, Breastfed for 4 or More Weeks and who Breastfeed for 12 or More Weeks, Florida Only, PRAMS 2018-2022

INITIATION OF BREASTFEEDING:

- Overall breastfeeding initiation rates in Florida showed a general upward trend, increasing from 90.7% in 2018 to 94.1% in 2022. There was a slight dip in 2021 89.1%.
- Non-Hispanic White mothers consistently exhibited high initiation rates, peaking at 97.8% in 2022.
- Non-Hispanic Black mothers showed an increase in initiation, from 87.0% in 2018 to 88.8% in 2022, though their rates remained consistently lower than non-Hispanic White and Hispanic mothers throughout the period.
- Hispanic mothers demonstrated strong initiation rates, with a peak of 94.6% in 2021 and 91.9% in 2022.

BREASTFEEDING FOR 4 OR MORE WEEKS:

- The percentage of mothers breastfeeding for at least 4 weeks improved over the five-year period, with the overall rate rising from 78.2% in 2018 to 82.7% in 2022.
- Non-Hispanic White mothers maintained the highest rates, reaching 85.4% in 2022.
- Non-Hispanic Black mothers consistently had the lowest rates of breastfeeding duration beyond 4 weeks, ranging from 69.1% in 2018 to 70.3% in 2022. This indicates a significant disparity compared to other groups.
- Hispanic mothers showed robust rates, reaching 85.4% in 2021 before a slight decrease to 80.9% in 2022.

BREASTFEEDING FOR 12 OR MORE WEEKS:

- Sustained breastfeeding for 12 or more weeks also saw an overall increase, from 59.6% in 2018 to 66.5% in 2022.
- Non-Hispanic White mothers demonstrated the highest rates of prolonged breastfeeding, reaching 69.6% in 2022.
- Non-Hispanic Black mothers continued to exhibit the lowest rates for 12-week or more duration, with their highest rate being 53.0% in 2022, indicating a substantial gap compared to other ethnic/racial groups.
- Hispanic mothers showed a notable increase from 60.4% in 2018 to 65.1% in 2022, despite a dip in 2020 (53.6%).

GRANDPARENTS RAISING CHILDREN:

Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Presence of Parent of Grandchildren, All Races, 2019-2023.

Between 2019 and 2023, the number of grandparents living with their grandchildren in Indian River County increased from 2,496 to 3,156, representing a 26% growth. This trend is in stark contrast to the statewide decline observed during the same period, where Florida experienced a gradual reduction from 497,412 to 476,943 grandparents living with grandchildren.

The number of grandparents responsible for the daily care of grandchildren rose from 957 in 2019 to 1,210 in 2023, peaking at 1,285 in 2022. Compared to statewide data, Indian River County consistently demonstrates significantly higher caregiving responsibility rates, with 38-42% of grandparents reporting primary responsibility. Statewide, this figure remains lower, between 28-29%.

Healthy People 2030 Objectives

Your Indian River County (IRC) maternal and child health priorities reflected in Healthy Start service data, FIMR findings, community surveys, gaps assessments, and program expansions align strongly with Healthy People 2030, especially in maternal health, infant health, behavioral health, and social support needs.

1. Improving Maternal and Infant Outcomes

Healthy People 2030 emphasize lowering:

- Low-risk C-section rates
- Preterm births
- Infant mortality

- Maternal morbidity

Indian River County objectives align through:

- Doula expansion (G.R.O.W. model) to reduce unnecessary C-sections
- RN Case Management (Healthy Connections) for high-risk pregnancies
- Enhanced prenatal and postpartum care coordination
- Focus on safe sleep, breastfeeding, and postpartum home visiting

2. Addressing Disparities in Birth Outcomes

Healthy People 2030 call for:

- Elimination of racial and socioeconomic gaps in maternal and infant health

Indian River County aligns through:

- FIMR Case Review and Community Action Group (CAG) recommendations, which identify root causes of local disparities
- Focus on reducing or eliminating infant mortality, access to prenatal care, and behavioral health barriers
- Targeted outreach in high-need ZIP codes 32962, 32960, 32958, 32697

3. Strengthening Social and Community Support Systems

Healthy People 2030 emphasize:

- Improving social drivers of health

Indian River County goals reflect this through:

- Navigation and resource connection via Babies & Beyond
- Support for foreign-born mothers (increasing group) through multilingual education
- Addressing housing, transportation, and childcare barriers
- Village of Support for social connection, mental health, and peer support
- Grandparent and kinship caregivers are a focus as a social determinant trend in need of support

4. Engaging Fathers and Strengthening Families

Healthy People 2030 encourage:

- Enhancing family stability and early childhood development

Indian River County demonstrates alignment through:

- T.E.A.M. Dad Fatherhood Program, addressing involvement, bonding, and co-parenting
- Programs aimed at improving co-parenting, reducing stressors, and supporting both maternal and paternal mental health

5. Promoting Mental and Behavioral Health

Healthy People 2030 identify:

- Behavioral health as a major Leading Health Indicator

Indian River's needs assessment identified:

- High levels of maternal anxiety, postpartum depression, stress, and trauma
- Need for stronger mental health referral pathways
- Integration of behavioral health into case management and doula care
- Increased stress among unwed mothers, foreign-born mothers, and grandparent caregivers

6. Strengthening Community Partnerships and Systems Integration

Healthy People 2030 call:

- For multi-sector collaboration

Indian River County aligns with:

- Ongoing partnerships with Cleveland Clinic Indian River Hospital, OB/GYN practices, TCCH, Midwife Love, and community agencies
- Cross-system collaboration for data sharing, screenings, resource referrals, and care coordination
- Statewide alignment through the Florida Association of Healthy Start Coalitions and standardized models

Indian River County's maternal and child health strategy is strongly aligned with Healthy People 2030 and the U.S. Department of Health's Leading Health Indicators and in many areas, the county is proactively advancing these goals through innovative programming, data-driven approaches, and responsive service expansion.

DOH Block Grant MCH Goals

The MCH Section prioritizes quality of care and access to services, at a time when the need for care for the Title V population seems ever more prevalent. The MCH Section remains focused on the broad social, economic, cultural, and environmental factors where Floridians live, work, and play.

The identification, implementation, and evaluation of Florida's Title V priorities would not be possible without the leadership of the Department, county health officers, and the cooperation of our valuable partners at the federal, state, local, tribal, and territorial levels. Listed below are the Florida Title V

priorities, including the justification for selection through our statewide needs assessment process.
Domain: Women/Maternal Health

State Priority: Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
 - ESM 1.2: The percentage of interconception (Show Your Love) services provided to Healthy Start clients.

Significance: Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health outcomes, is important and contributes to the well-being of families. The Title V program focuses on preconception/interconception health, recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

State Priority: Reduce maternal mortality and morbidity.

- NPM 14.1: Percent of women who smoke during pregnancy.
 - ESM 14.1.1: Percentage of SCRIPT services provided to current tobacco users.
 - ESM 14.1.2: Percentage of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to current tobacco users.

Significance: Smoking during pregnancy increases the risk of miscarriage, certain birth defects, premature birth, and low birth weight. Smoking is also a risk factor for sudden infant death syndrome (SIDS), as secondhand smoke doubles an infant's risk of SIDS. Reducing maternal mortality and morbidity helps women remain healthy and active participants in the lives of their children and community at large.

State Priority: Promote breastfeeding to ensure better health for infants and children and reduce low food security.

- NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months.
 - ESM 4.2: Percentage of birthing hospitals that teach breastfeeding mothers how to recognize feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers.

Significance: This ESM helps capture individuals who breastfeed at the hospital before discharge. Although this measure cannot help quantifying exclusive breastfeeding through six months, this measure can instead provide insight to the prevalence of breastfeeding patients who were taught, in the hospital, strategies to support continued exclusive breastfeeding through six months. Measuring it is important to show progress because observed increases in prevalence would indicate the success of statewide partnerships in improving breastfeeding initiation and exclusive breastfeeding, which in turn would help reduce associated adverse health outcomes (e.g., infant mortality) in Florida.

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment.

- NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
 - ESM 3.1: Percent of VLBW infants born in a hospital with a Level III+ NICU.

- ESM 3.2: Percentage of birthing hospitals participating in perinatal quality collaborative projects.

Significance: Increasing the number of birthing hospitals that join the FPQC and could meet the Level III+ eligibility requirements can show progress in perinatal regionalization. The Department participates in and contracts with the FPQC which seeks to create an all-inclusive culture of cooperation and transparency across the specialties of obstetrics, neonatology, pediatrics, and all fields engaged in maternal and infant health care by bringing together the specific expertise of physicians, nurses, nurse midwives and all specialists involved with perinatal-related health care.

State Priority: Reduce infant mortality and morbidity.

- NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding.
 - ESM 5.2: The percentage of birthing hospitals that are Safe Sleep Certified.

Significance: Sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death, remain a concern for families in Florida. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

State Priority: Improve dental care access for children and pregnant women.

- SPM 2: The percentage of low-income children under age 21 who access dental care.

Significance: Oral health is vitally important to overall health and well-being. Good oral health habits and access to routine dental care should be established early in life. Poor oral health can affect school attendance and a child's ability to learn.

State Priority: Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies.

- SPM 3: The percentage of parents who read to their young child aged 0-5 years.

Significance: Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

Access to Home Visiting Services

Coordinated Intake and Referral

Coordinated Intake and Referral Services

START DATE END DATE REPORT BY INSURANCE TYPE DATE OF REPORT
01/01/2019 12/31/2023 Indian River Any insurance Friday, October 31, 2025 

	#
Number of Referrals	8630
Total Prenatal Referrals	5635
Referred from screen	3137
Referred from SOBRA	1280
Referred from Health Plans	78
Referred from other community partners (and self referrals)	1140
Total Infant/Child Referrals	2995
Referred from screen	2328
Referred from other community partners (and self referrals)	667
Number of successful infant initial intakes	2307
Intake from Screen	1695
Intake from Other Community Partners (and self referrals)	612
Number of successful prenatal initial intakes	3870
Intake from Screen	2346
Intake from SOBRA	450
Intake from Health Plans	23
Intake from Other Community Partners (and self referrals)	1051
Number of expectant women who were identified as at risk	1612
Number of expectant women who were not identified as at risk	2258
Number of referrals made to other services (home visiting services)	3039
Number of ICC Call Attempts	4330

Reporting Period: January 1, 2019 – December 31, 2023

Aggregate Summary

Between 2019 and 2023, the Indian River County Healthy Start Coalition's Coordinated Intake and Referral (CI&R) system received a total of 8,630 referrals for pregnant women and infants.

- 5,635 referrals (65%) were for prenatal clients, and
- 2,995 referrals (35%) were for infant clients

During this five-year period, CI&R Maternity Navigators completed 6,177 client intakes, resulting in an overall intake completion rate of 72%. Of those completing an intake, 3,039 clients (49%) accepted a referral to a voluntary home-visiting program such as Healthy Start, Healthy Families Indian River, or Parents as Teachers.

Evaluation of Findings

This five-year dataset illustrates both the scale and efficiency of the CI&R system as the central access point for maternal and child health services in Indian River County. The high referral volume reflects strong engagement with hospitals, OB/GYN practices, and pediatric providers, while the 72%

conversion rate from referrals to intake underscores effective follow-up and family engagement processes.

The 49% linkage rate to home-visiting or other support programs is slightly higher than the statewide averages, highlighting the success of understanding positive birth outcomes when families participate in voluntary home visiting programs. Notably, the consistency of referrals across five years demonstrates system stability and a well-integrated community network connecting families to early-intervention services.

Key Observations and Trends (2019–2023)

- Prenatal referrals (65%) confirm effective early identification and engagement of high-risk pregnancies through hospital and provider partnerships.
- Infant referrals (35%) highlight continued outreach post-delivery and responsiveness to newborn risk factors.
- High intake completion (72%) reflects efficient navigation and rapport-building by CI&R staff.
- Increased linkage to home visiting (49%) to ensure long-term, family-centered care coordination.

Opportunities for continuous improvement:

- Increase follow-up on incomplete or unresponsive referrals to reduce attrition.
- Strengthen data sharing and feedback loops between CI&R and partner programs.
- Analyze referral trends by ZIP code, payer, and demographic to target outreach in underserved areas.
- Increase number of families accepting home visitation services.

Summary Statement

From January 2019 through December 2023, the Indian River County Healthy Start Coalition's CI&R program served as the gateway for more than 8,600 families seeking perinatal and early childhood support. With over 6,000 intakes completed and more than 3,000 families linked to home-visiting programs, CI&R demonstrates high performance in coordinated service delivery. These outcomes affirm the program's vital role in ensuring early identification, risk assessment, and seamless connection to care—strengthening the foundation for healthy pregnancies, healthy infants, and healthy families throughout Indian River County.

Primary Data

Paternal Health Surveys

Overview

The Paternal Survey was conducted by the Indian River County Healthy Start Coalition to better understand the experiences, needs, and barriers faced by fathers and father figures of children ages 0–3 living in Indian River County. Fifteen men participated, providing valuable insight into the social, health, and service needs of fathers and young families. Responses inform the Coalition's

Fatherhood/T.E.A.M. Dad Program and broader strategies to improve family engagement and paternal support in maternal–child health initiatives.

Narrative Summary

Most respondents (73%) identified as the father or father figure of a child aged 0–3 and nearly all (91%) live within Indian River County. Participants represented a range of ages; primarily between 25 and 39 years old; and levels of education, with one-third having completed college or advanced degrees.

Health access among respondents was mixed: 83% reported having received medical care in the past year, and all participants who responded indicated that they have a primary care provider. However, insurance coverage varied, with roughly one-third reporting employer-based insurance, one-third relying on Medicaid, and one-third paying privately for coverage.

Most fathers reported living with their children (100%) and evenly split between single parent and two parent households. Fathers demonstrated active engagement in family services, with participation across Healthy Start, Healthy Families, Parents as Teachers, and T.E.A.M. Dad. Notably, 83% reported involvement in a home visiting program or fatherhood initiative, indicating a strong level of interest and commitment among respondents to family wellbeing.

When asked about additional services utilized, the majority indicated participation in home visiting, parenting support groups, and mental health or behavioral services for their children. Only one respondent cited barriers to participation, most related to lack of awareness of available programs or time constraints.

Key Community Needs

Fathers were asked to identify the most significant unmet needs affecting pregnant women and families with young children in Indian River County. The top priorities included:

- Access to health care services (80%) which includes primary, mental health, and dental care.
- Affordable, safe housing (60%) was cited as a critical challenge for family stability.
- Public transportation (60%) was identified as a key barrier to accessing work and child-related services.
- Jobs with fair, livable wages (40%) reflect financial insecurity among young families.
- Access to nutritious food (20%) and childcare availability (40%) highlighting continued need for family support resources.

Barriers and Service Gaps

Respondents identified barriers that impact both their own and their families' access to care and support services:

- Transportation limitations remain a major challenge, particularly for those working multiple jobs or without reliable vehicles.
- Work schedules and lack of paid leave restrict fathers' participation in appointments, classes, and parenting programs.

- Limited program awareness several fathers indicated they “did not know” certain services or supports existed.
- Affordability concerns, particularly for childcare and medical costs not covered by insurance.

These responses highlight the need for continued outreach, flexible service delivery, and father-inclusive program design.

Demographics and Employment

Among respondents:

- Two-thirds (67%) were employed full-time, while others reported part-time or student status.
- Half identified as White (50%), one-third as Black or African American (33%), and one-third as Hispanic/Latino (33%), reflecting the diverse population served by the Coalition.
- Age distribution skewed toward 30–39 years (50%), with most fathers in their prime working and parenting years.

Key Themes and Recommendations

Identified Needs and Priorities

- Affordable and safe housing remains a central issue affecting family stability.
- Fathers need more information about available programs, including how to enroll and the benefits of participation.
- Access to health care and mental health services for both parents and children continue to be limited by cost, time, and transportation.

System and Program Recommendations

- Expand awareness of the T.E.A.M. Dad and Healthy Start programs through employer partnerships, community events, and social media.
- Increase evening or weekend class options to accommodate working fathers.
- Strengthen coordination with childcare, workforce development, and transportation programs to support family self-sufficiency.
- Continue offering services in English, Spanish, and Haitian Creole to ensure accessibility for all families.

Summary Statement

The Paternal Survey underscores the essential role fathers play in family well-being and child development. Indian River County fathers are engaged, motivated, and eager to support their families but continue to face barriers related to housing affordability, healthcare access, transportation, and program awareness. Strengthening outreach, accessibility, and inclusion of fathers across all Healthy Start initiatives will be key to advancing positive outcomes for children and families in Indian River County.

Paternal Survey Highlights

Top Identified Community Needs:

- Access to affordable, comprehensive healthcare services (80%)
- Safe and affordable housing (60%)
- Reliable public transportation (60%)
- Livable-wage employment and job stability (40%)
- Affordable childcare and mental health support

Barriers Reported by Fathers:

- Work schedules and lack of paid leave
- Limited awareness of available services
- Transportation and financial barriers
- Childcare cost and availability

Key Program Insights:

- 83% of fathers participated in home visiting or parenting programs
- 100% lived with their children and expressed interest in ongoing involvement
- Strong support for expanding fatherhood initiatives such as T.E.A.M. Dad
- Recommendation to increase evening and weekend class offerings and multilingual outreach (English, Spanish, Creole)

Community Partner Surveys

Overview

The Community Partner Survey was designed to assess the capacity, awareness, and needs of agencies serving pregnant women, infants, and families with children ages 0–3 in Indian River County. Twenty-five respondents participated, representing a range of sectors including nonprofits, social services, health care providers, early childhood education, and mental health organizations. The survey provides insight into system strengths, resource gaps, and collaboration opportunities across the local maternal and child health network.

Narrative Summary

Community partners in Indian River County play a central role in serving families with young children. Nearly two-thirds (61%) of respondents reported providing direct services to pregnant women, mothers, fathers, or families with infants, while all respondents serve residents within Indian River County. The majority of agencies identified themselves as nonprofit organizations (36%), social service providers (21%), and mental health providers (14%), illustrating a broad cross-section of community-based support.

Partners serve a wide range of populations, with the largest proportions reporting service to infants and toddlers (93%), pregnant women (86%), families with young children (93%), and adults of reproductive age (86%). Many also serve individuals and families for whom English is not the primary

language (93%), highlighting the importance of multilingual communication and culturally appropriate outreach.

When asked about services offered, respondents reported providing a combination of basic needs assistance, parenting and health education, and home visiting support. Commonly provided services included:

- Parenting education (57%)
- Mental health services (57%)
- Food and clothing assistance (43%)
- Diapers, wipes, or basic supplies (29%)
- Employment assistance and resource navigation (21%)
- Car seats, breastfeeding education, and childbirth classes (29%)

Key Community Needs

When identifying the most critical unmet needs affecting pregnant women and families with young children, community partners overwhelmingly selected:

- Access to health care services (77%) – including primary, obstetric, pediatric, dental, and behavioral health care.
- Affordable, safe housing (62%) – consistently cited as a top community concern.
- Jobs with fair, livable wages (46%) – linked to ongoing economic stress and difficulty maintaining stability during pregnancy and early parenting.
- Access to nutritious food and chronic disease management resources (each cited by over 20%) highlighting the continuing need for preventive health and nutritional support.

Additional survey items assessing whether needs were being met revealed that affordable housing, mental health care, and transportation were among the most frequently reported as “unmet.” Over 70% of respondents indicated that safe, affordable housing and transportation options are not adequately available to the families they serve.

Barriers to Access

Community partners identified multiple barriers that prevent families from accessing available services. The most frequently reported included:

- Cost of services and lack of insurance coverage (73%)
- Transportation challenges (64%)
- Work schedule conflicts and lack of paid time off (55%)
- Provider availability and long wait times (45–60%)
- Language and cultural differences (64%)
- Stigma or fear of seeking assistance (36%)

These findings demonstrate that while resources exist in the community, families continue to face logistical and financial barriers that hinder consistent engagement with care.

Awareness and Collaboration

Most respondents were aware of Healthy Start services, with high familiarity reported for:

- CONNECT – Coordinated Intake & Referral (73%)
- Care Coordination and Home Visiting (82–91%)
- Parenting and Childbirth Education (82%)
- Fatherhood Support and Breastfeeding Education (82%)

However, only 73% of respondents indicated that they knew how to make referrals through CONNECT, suggesting a need for continued outreach and training among community partners to strengthen referral pathways.

All respondents confirmed the availability of major home visiting programs within the county, including Healthy Start, Healthy Families, Nurse-Family Partnership, Parents as Teachers, and T.E.A.M. Dad, illustrating a strong network of early intervention programs.

Key Themes and Recommendations

Identified Community Needs

- Affordable and safe housing remains a critical and persistent issue.
- Access to comprehensive and affordable health care, particularly mental health and dental care, continues to lag behind need.
- Transportation, childcare, and financial stability barriers reduce consistent participation in prenatal and early childhood programs.
- Families would benefit from increased education around available home visiting and support services.

System Coordination and Awareness

- Many community partners are aware of Healthy Start services but need clearer training on how to refer through CONNECT and navigate eligibility requirements.
- Collaboration between agencies could be strengthened through more regular joint outreach events, cross-referrals, and shared data updates.
- Opportunities exist to enhance outreach to non-English speaking families, ensuring access to services in English, Spanish, and Haitian Creole.

Capacity and Resources

- Workforce shortages among health and social service providers continue to limit access and timeliness of care.
- Expansion of transportation assistance, childcare support, and housing partnerships would improve family stability and health outcomes.

Overall, the Community Partner Survey confirms that Indian River County has a dedicated network of agencies serving families with young children, but continues to face significant gaps in affordable housing, healthcare access, and service coordination. Strengthening referral pathways, expanding bilingual outreach, and addressing transportation and cost barriers will be essential to improving maternal and child health outcomes.

Community Partner Survey Highlights

Top Identified Community Needs:

- Access to health care services, including prenatal, dental, and mental health care (77%)
- Affordable and safe housing (62%)
- Livable-wage employment opportunities (46%)
- Reliable transportation options (40%)
- Access to nutritious food and chronic disease prevention resources

Most Frequently Unmet Needs:

- Affordable housing and stable living conditions
- Mental and behavioral health services
- Transportation and childcare access
- Support for uninsured or underinsured families

System Coordination Findings:

- High awareness of local Healthy Start services (82–91%)
- Only 73% of respondents knew how to refer clients through CONNECT
- Partners requested additional outreach and referral training
- Opportunities exist to enhance multilingual outreach (English, Spanish, Haitian Creole) and interagency collaboration

Key Takeaways:

- Strong provider network exists but faces capacity and access limitations
- Ongoing need for community education about available programs
- Improving referral pathways and housing supports will strengthen family outcomes

Consumer Surveys

(English, Spanish, and Creole Responses Combined)

Overview

The Consumer Survey gathered feedback from mothers and caregivers who are pregnant or parenting children aged 0–3 in Indian River County. The survey was offered in three languages English, Spanish, and Haitian Creole, to ensure accessibility for the county’s diverse population. A total of over 285 participants completed the survey, providing critical insight into the strengths, barriers, and unmet needs experienced by families engaged with Healthy Start and related maternal-child health services.

Narrative Summary

Participants represented the full diversity of Indian River County families. Among English-language respondents, 40% identified as Hispanic/Latino, and nearly 25% identified as Black or African American, underscoring the Coalition’s multicultural service base. Most participants were mothers of infants or toddlers living in Indian River County and receiving or seeking perinatal support services.

Across all languages, the most frequently used and desired services included:

- Home Visiting Programs (56%)
- Breastfeeding Support (39%)
- Postpartum Nurse Home Visits (40%)
- Childbirth Education Classes (45%)
- Parenting and Growth Development Tips (47%)
- CONNECT (Coordinated Intake & Referral) (32%)

Spanish and Creole-speaking mothers mirrored these priorities but reported higher interest in doula support, safe sleep education, and lactation counseling, as well as greater reliance on programs like Healthy Start, Healthy Families, and Parents as Teachers.

Barriers and Access Challenges

Families identified several barriers that limited participation in services:

- Transportation difficulties (reported by 31% of English, 20% of Spanish, and 50% of Creole respondents)
- Work schedule conflicts (24–40%)
- Cost and lack of insurance coverage (35%)
- Long wait times for appointments (17–25%)
- Language and cultural differences (23% English, 10% Spanish, 50% Creole)
- Lack of awareness about available programs (25%)

Spanish and Creole speaking mothers were more likely to report unawareness of services, indicating a need for stronger linguistic and community-based outreach.

Utilization of Support Programs

When asked about participation in home visiting or support services:

- Healthy Start (54%) and Healthy Families (48%) were the most utilized programs.
- Parents as Teachers and Nurse-Family Partnership participation rates were lower but growing.
- Fewer families reported engagement with TEAM Dad/Fatherhood Initiative, suggesting a continued need to increase father inclusion within family services.

Social and Health Service Needs

When asked what services families used or could not access in the past year, the top categories were consistent across all languages:

- Childcare (44% used, 22% needed but unavailable)
- Transportation (31% used, 24% needed but unavailable)
- Affordable Housing and Rent Assistance (32% used, 29% needed but unavailable)
- Health Insurance and Primary Care Access (40% used, 27% needed but unavailable)
- Mental Health and Dental Services (35% used, 28% needed but unavailable)

Participants from Spanish and Creole surveys emphasized the need for stable housing, healthcare affordability, and childcare as primary barriers to family stability and maternal well-being.

Clinic and Hospital Experiences

Across all groups, participants expressed high levels of trust and respect in medical settings:

- 90–100% of Spanish and Creole respondents said they were treated with kindness and respect by hospital and clinic staff.
- Over 75% of English-speaking respondents said they “always” feel respected and safe in healthcare environments.
- However, a small number (10%) reported feeling intimidated or dismissed, particularly among non-English-speaking families, indicating the need for ongoing provider education on language accessibility and compassionate care.

Most Important Unmet Needs

When asked to identify their top three unmet needs, the following priorities emerged consistently across all language versions:

1. Access to health care (English: 48%; Spanish: 20%; Creole: 100%)
2. Affordable and safe housing (English: 29%; Spanish: 20%; Creole: 50%)
3. Transportation (English: 18%; Spanish: 20%; Creole: 50%)
4. Childcare and employment stability (English: 37%; Spanish: 30%; Creole: 50%)
5. Access to nutritious food and chronic disease prevention programs (Spanish: 20%; Creole: 50%)

Key Themes and Recommendations

Identified Community Needs:

- Affordable, safe housing and reliable transportation are ongoing barriers to stability.
- Access to healthcare, especially mental health and dental care, remains limited for uninsured or underinsured families.
- Families need increased childcare support and employment assistance.
- Multilingual outreach remains essential for Spanish and Creole speaking communities.

System and Program Recommendations:

- Expand access to transportation vouchers, childcare support, and community-based outreach.
- Increase the number of bilingual and bicultural staff within Healthy Start and partner agencies.
- Strengthen collaboration with healthcare providers to improve awareness of home visiting and family support services.
- Continue collecting consumer feedback annually to monitor shifts in family needs and service satisfaction.

Summary Statement

Across all three survey languages, Indian River County families identified healthcare access, affordable housing, childcare, and transportation as the most pressing needs for families with young children. While satisfaction with service quality is high, barriers related to cost, awareness, and access persist particularly among non-English speaking families. The results reaffirm the Coalition's commitment to removing access barriers, expanding outreach, and enhancing the continuum of care for every mother, father, and child in the county.

Consumer Survey Highlights

Top Identified Community Needs:

- Affordable and accessible healthcare services (48–100%)
- Safe and affordable housing (29–50%)
- Reliable transportation (18–50%)
- Affordable childcare and employment stability (30–50%)
- Access to nutritious food and chronic disease prevention resources

Most Frequently Used Services:

- Home visiting and parenting support (56%)
- Childbirth and breastfeeding education (39–45%)
- Postpartum nurse visits (40%)
- CONNECT/Coordinated Intake & Referral (32%)

Common Barriers to Access:

- Transportation and cost/insurance coverage
- Work schedule conflicts and limited childcare
- Language and awareness barriers (especially among Spanish and Creole respondents)

Key Insights:

- High satisfaction with provider respect and communication (90–100%)
- Families value education and early support services
- Need for increased bilingual outreach and cross-agency coordination

Priority Areas of Focus

The Indian River County Healthy Start Coalition (IRCHSC) collected comprehensive feedback from community partners, fathers, and mothers through surveys offered in English, Spanish, and Haitian Creole. Together, these surveys represent the voices of over 325 respondents, including families, fathers, and service providers across Indian River County.

Findings revealed that while the community recognizes the value and effectiveness of programs such as Healthy Start, Babies & Beyond, Health Education, and Coordinated Intake & Referral (CONNECT), there remain systemic barriers preventing families from achieving optimal health and stability. Across all survey groups, five primary unmet needs emerged as consistent and high-impact priorities.

1. Affordable and Accessible Health Care

Identified by: 77% of community partners, 80% of fathers, 48–100% of mothers

Key Themes: Limited access to affordable medical, dental, and mental health care especially among uninsured or underinsured families was the top concern in all surveys.

Coalition Focus:

- Expand outreach to link families to medical homes and Medicaid/Presumptive Eligibility.
- Strengthen partnerships with health providers for early prenatal engagement and postpartum follow-up.
- Advocate for increased access to perinatal behavioral health and maternal mental health resources.

2. Safe and Affordable Housing

Identified by: 62% of community partners, 60% of fathers, 29–50% of mothers

Key Themes: Families consistently cited housing insecurity, overcrowding, and rising rental costs as major stressors that impact health, safety, and stability.

Coalition Focus:

- Collaborate with housing and social service agencies to prioritize pregnant women and families with infants for housing assistance.
- Incorporate housing navigation into case management and CI&R referrals.
- Support community-level advocacy for affordable housing initiatives that protect family health.

3. Reliable Transportation Access

Identified by: 64% of community partners, 60% of fathers, 18–50% of mothers

Key Themes: Lack of reliable transportation limits access to prenatal care, pediatric appointments, education classes, and employment. The issue was particularly acute for Creole-speaking families and rural residents.

Coalition Focus:

- Expand transportation partnerships (e.g., GoLine, United Against Poverty, medical Lyft/Uber).
- Explore transportation vouchers or ride-share options for medical and program visits.
- Integrate transportation screening questions into CI&R to identify needs early.

4. Childcare Availability and Workforce Stability

Identified by: 46% of community partners, 40% of fathers, 30–50% of mothers

Key Themes: Affordable, quality childcare is critical for parental employment and stress reduction but remains limited countywide. Fathers and working mothers identified childcare as one of their most significant unmet needs.

Coalition Focus:

- Partner with early learning coalitions and childcare providers to increase availability and access for low-income families.
- Advocate for flexible childcare options for parents working nontraditional hours.

- Integrate parenting education and early learning resources into existing Coalition programs.

5. Awareness of Available Services and Language Accessibility

Identified by: 73% of community partners, 33% of fathers, and the majority of Spanish/Creole respondents

Key Themes: Many families and even service providers were unaware of how to access or refer to programs through CONNECT. Non-English speakers expressed significant gaps in awareness and language-appropriate materials.

Coalition Focus:

- Strengthen multilingual outreach (English, Spanish, Creole) across all Coalition programs.
- Conduct cross-agency CONNECT referral training for community partners.
- Expand public awareness campaigns to ensure equitable access to early support services.

Summary of Actionable Priorities

<u>Priority Area Fundamental Needs</u>	<u>Primary Barrier</u>	<u>Recommended Coalition Action</u>
Affordable Housing	Cost burden, limited availability	Collaborate with housing agencies; integrate housing resource training (emergent vs long term needs) into staff training
Transportation	Lack of reliable or affordable transit	Develop transportation partnerships and voucher options
Childcare & Employment Stability	Cost and limited availability	Collaborate with childcare networks; promote flexible options
<u>Priority Area Accessibility</u>	<u>Primary Barrier</u>	<u>Recommended Coalition Action</u>
Health Care Access	Cost, insurance, and provider shortages	Expand linkages, promote Medicaid PEPW, advocate for behavioral health resources
Awareness & Language Accessibility	Limited outreach, language barriers	Expand multilingual marketing and provider training for CONNECT referrals
Preconception Health	Limited Education and access to preventative care	Develop community education campaigns. Partner with trusted community leaders and organizations to increase engagement.
Dental	Cost, lack of providers accepting Medicaid, Limited Education	Develop community education campaigns. Collaborate with local providers to create a referral network.

Advocacy for sustainable maternal and child health services	Increasing cost to provide inpatient OB services and lower reimbursement rates threatens the long-term sustainability of a local comprehensive OB services	Collaborate with community partners, hospital leadership, and local and state stakeholders to advocate for sustainable OB services.
---	--	---

Conclusion

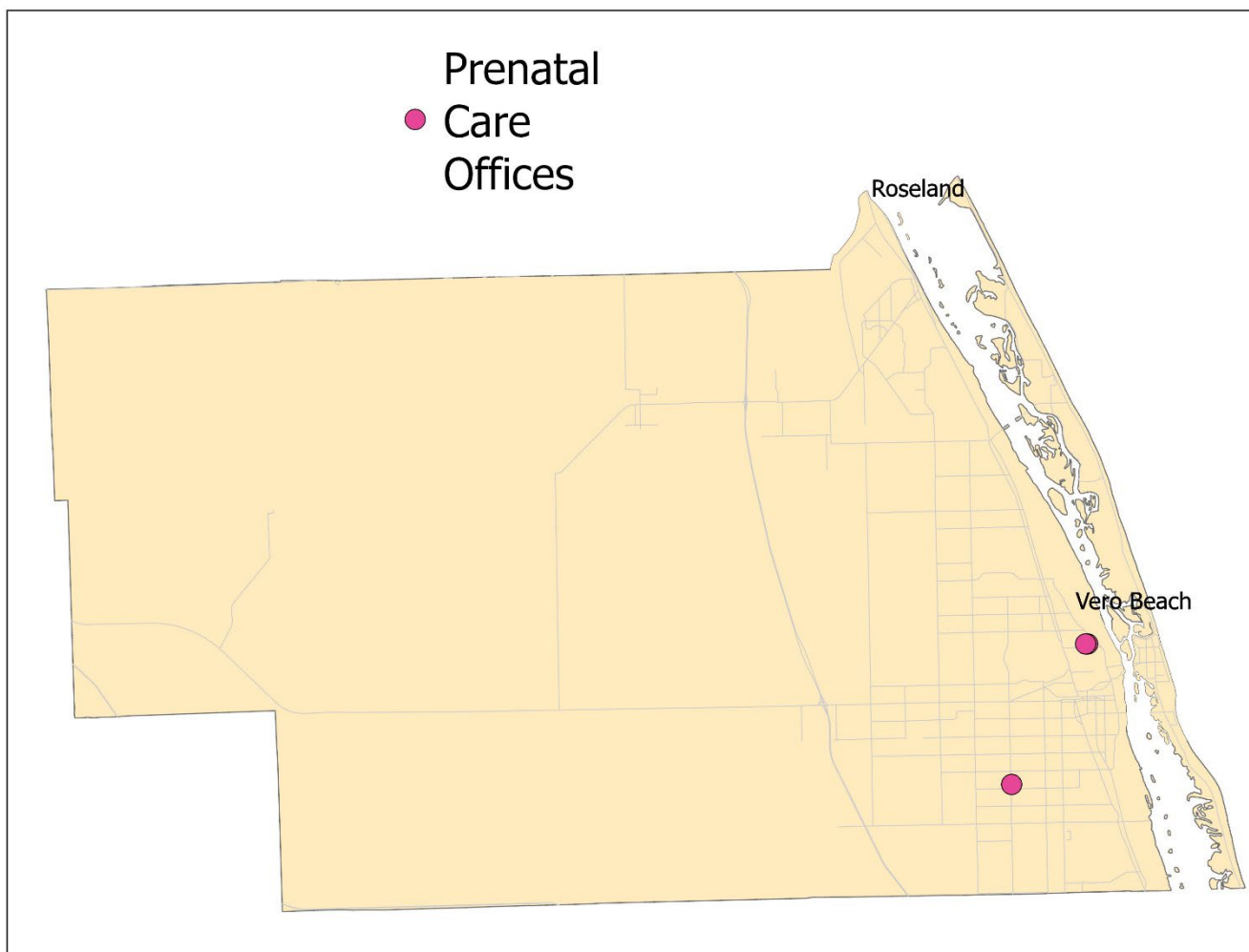
The 2025 Needs Assessment underscores the critical role of the Indian River County Healthy Start Coalition in addressing maternal and child health challenges through a comprehensive, data-driven approach. By integrating quantitative indicators with qualitative insights from families, fathers, and community partners, the Coalition has identified systemic barriers such as healthcare access, housing instability, transportation limitations, and childcare shortages that directly impact birth outcomes and family well-being. These findings highlight the urgency of strengthening social determinants of health while expanding culturally responsive outreach and multilingual services. The assessment also affirms the importance of early intervention, coordinated care, and community partnerships in reducing maternal morbidity, infant mortality, and disparities across racial and socioeconomic lines.

Looking ahead, the Coalition’s strategic priorities for 2026–2031 will focus on actionable solutions that build a stronger continuum of care and foster long-term community resilience. Initiatives such as enhanced case management for high-risk pregnancies, expansion of fatherhood engagement programs, statewide replication of the G.R.O.W. Doula model, and targeted outreach through CONNECT will serve as cornerstones of this effort. By aligning local strategies with Healthy People 2030 objectives and Florida Department of Health Title V priorities, the Coalition is positioned to drive measurable improvements in maternal and infant health outcomes. This plan represents a unified commitment to collaboration, innovation, and equity ensuring that every mother, father, and child in Indian River County has the resources and support needed to thrive from pregnancy through early childhood.

Appendix A - Maps

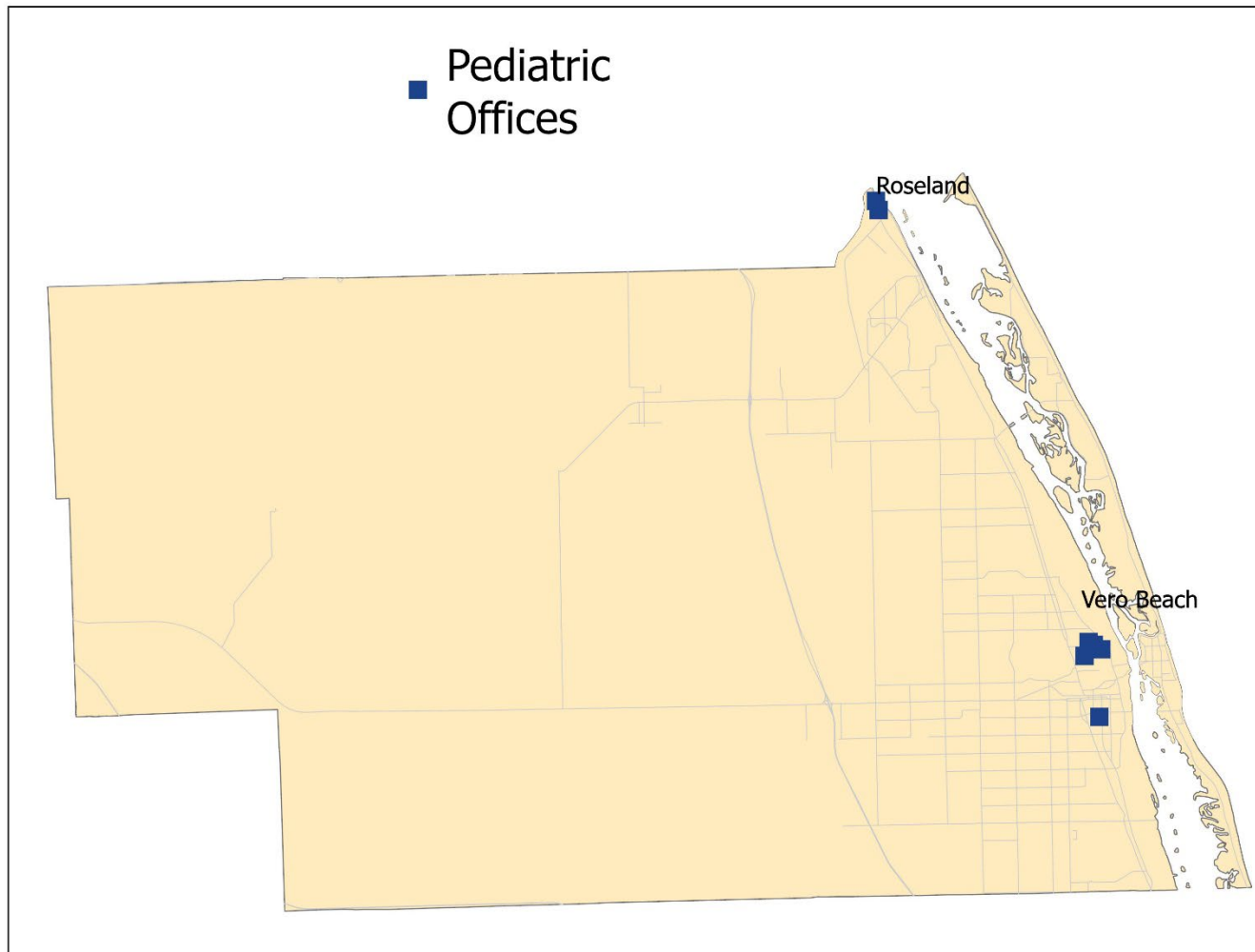
- Prenatal Offices
- Pediatric Offices
- Delivery Hospitals
- Prenatal Offices, Pediatric Offices, and Delivery Hospitals

Figure 39: Map of Prenatal Offices, Indian River County Healthy Start Coalition Service Area, 2025³⁹



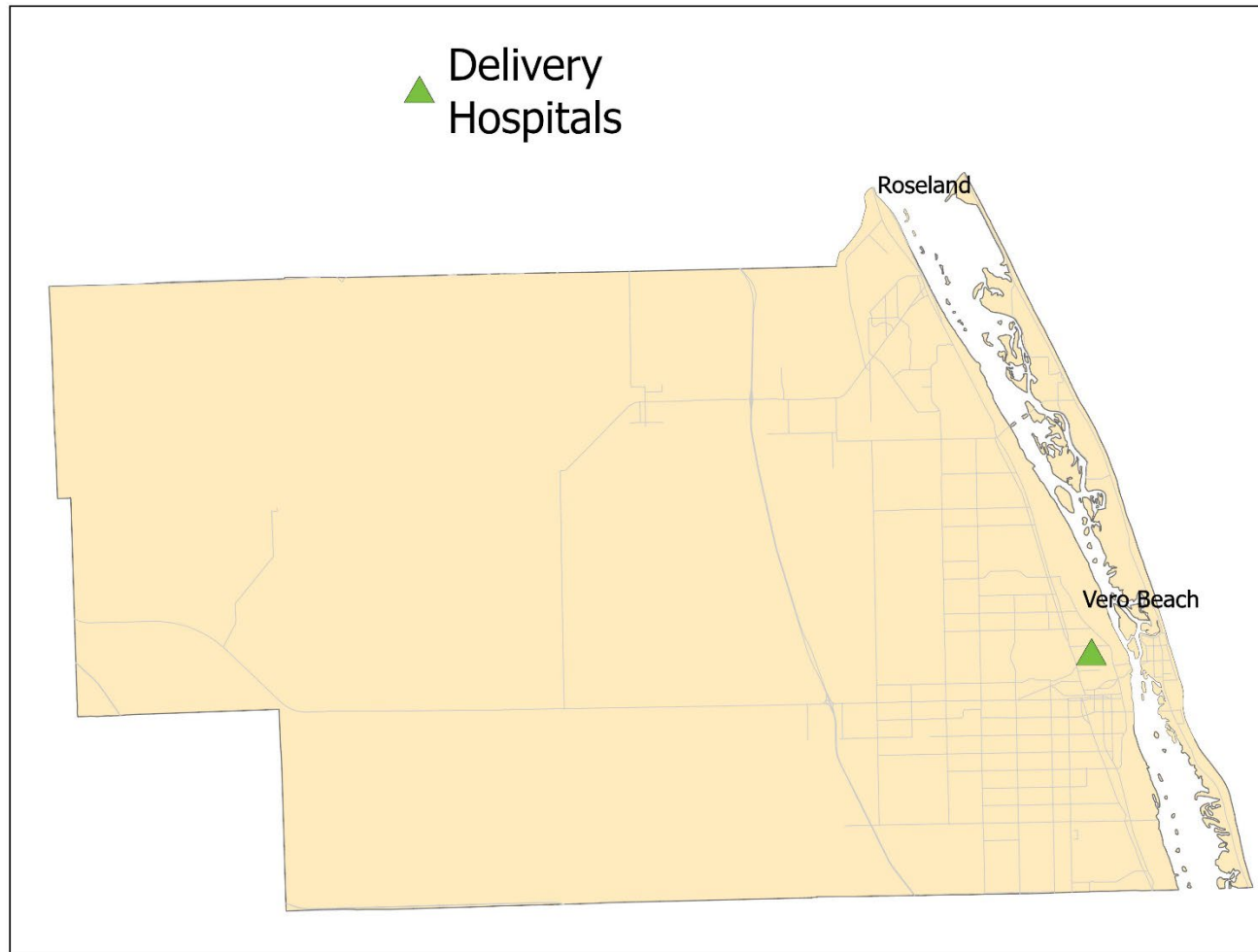
³⁹ Indian River County Healthy Start Coalition, Inc., 2025

Figure 40: Map of Pediatric Offices, Indian River County Healthy Start Coalition Service Area, 2025⁴⁰



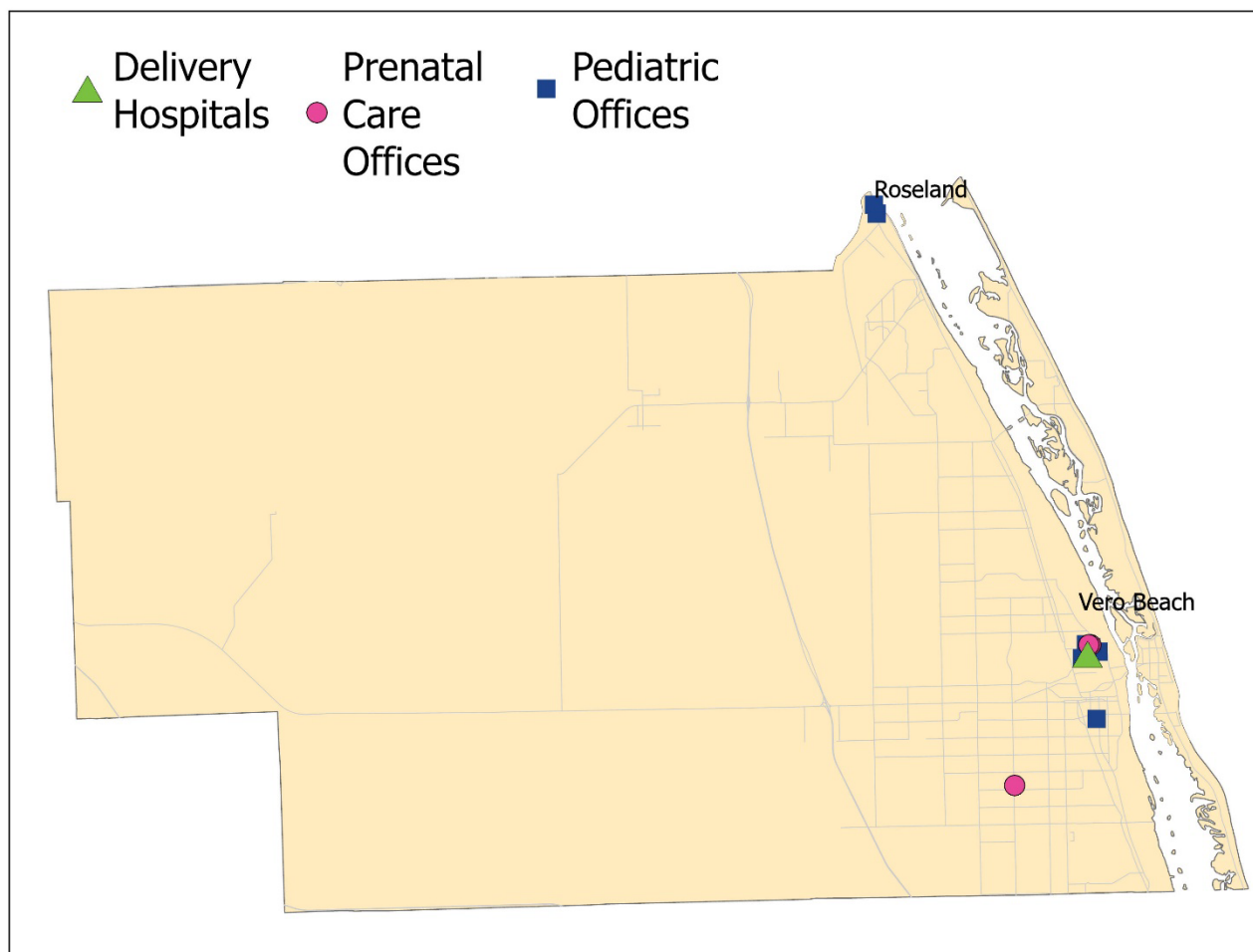
⁴⁰ Indian River County Healthy Start Coalition, Inc., 2025

Figure 41: Map of Delivery Hospitals, Indian River County Healthy Start Coalition Service Area, 2025⁴¹



⁴¹ Indian River County Healthy Start Coalition, Inc., 2025

Figure 42: Map of Prenatal Offices, Pediatric Offices, and Delivery Hospitals, Indian River County Healthy Start Service Area, 2025⁴²



⁴² Indian River County Healthy Start Coalition, Inc. 2025