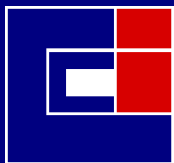


Disparities in a Southern City: Infant Mortality and HIV Prevention and Intervention in an Urban Setting



Northeast Florida Center for Community Initiatives
Department of Sociology, Anthropology, and Criminal Justice
University of North Florida
Jacksonville, FL

Bridgett Vadeboncoeur
July 2009

Table of Contents

ABSTRACT	1
INTRODUCTION.....	3
LITERATURE REVIEW	4
Infant Mortality.....	4
HIV/AIDS.....	5
Risk: Perinatal and Interconceptional Substance Use	7
Risk: HIV Infection	7
Prevention and Intervention	8
OVERVIEW OF THE ORGANIZATION.....	9
The Azalea Project.....	9
OVERVIEW OF THE GRANTS.....	13
The Northeast Florida Healthy Start.....	13
The City of Jacksonville.....	13
The Women’s Giving Alliance	15
PROCESS AND OUTCOME DATA.....	17
The Target Population	17
How is the target population reached?	18
Risk Factors and Problems.....	19
Services Provided.....	20
Risk Factor and Problems: Resolution Outcomes	22
Birth Outcomes	22
Outreach and Community Support.....	23
Conclusion of the Findings.....	24
FOCUS GROUPS	25
Participant Satisfaction	26
Staff Satisfaction	28
Focus Group Conclusion	30
DISCUSSION AND RECOMMENDATIONS.....	31
REFERENCES	33

APPENDICES.....	37
APPENDIX A.....	39
APPENDIX B.....	41
APPENDIX C.....	43
Definition of Terms.....	44
APPENDIX D.....	47

Disparities in a Southern City: Infant Mortality and HIV Prevention and Intervention in an Urban Setting

Bridgett Vadeboncoeur

Northeast Florida Center for Community Initiatives
The University of North Florida

ABSTRACT

The United States has one of the highest infant mortality rates among industrialized nations. In Jacksonville, the infant mortality rate is significantly higher than statewide rates with a large disparity found among the African American population. Research indicates that infant mortality and poor birth outcomes are often related to issues which can increase risks including: teenage pregnancy; non-marital fertility; lack of healthcare; and fertility. One area of increasing importance for the health of the fetus involves gestational substance use. Research indicates that prenatal exposure to substance use, involving alcohol, tobacco, and other drugs, may negatively impact the developmental phases of the fetus resulting in low birth weight and possibly death. The purpose of this research was to conduct a program evaluation of the Azalea Project, an 18-month intervention program designed to address both substance abuse and HIV prevention for African American women of childbearing age (15 – 44). Overall, women who participated in the project significantly reduced risk taking behaviors. Further, women who had children during their participation reduced poor birth outcomes.

INTRODUCTION

The objective of this research was to conduct a program evaluation of the Azalea Project. The Azalea project is an 18-month intervention program in Duval County, Florida designed to address both substance abuse and HIV prevention for African American women of childbearing age (15-44). Azalea is a local service program funded by grants from the Northeast Florida Healthy Start Coalition, the city of Jacksonville, and the Women's Giving Alliance. This project examines the data from Azalea for the calendar years 2006, 2007 and 2008. The evaluation investigated whether the services provided to participants of the Azalea Project have been effective in reducing the following: a) risk factors associated with HIV transmission (such as substance abuse and risky sexual behavior), and b) the numbers of substance and/or HIV exposed infants born to the participants. The data has been analyzed for the purpose of assessing program effectiveness over the past three years in order to generate reports to be sent to the federal funding agencies and to the state and local participating agencies. This project is a continuation of the Center for Community Initiatives' work with Azalea from 2001 thru 2005. The Northeast Florida Center for Community Initiatives (CCI) is a community oriented research center based at the University of North Florida (UNF). As a graduate student at the University of North Florida in the Applied Sociology Master's Program, this evaluation has also served as my practicum in which I have participated as a primary research team member with other CCI staff.

The CCI staff has established a longstanding relationship with the Azalea Project. In 2001 and 2002 CCI was involved in a planning grant funded by the federal Center for Substance Abuse Prevention (CSAP) which worked with local community agencies to develop a prevention and intervention program addressing the impact of substance abuse and other risk taking behavior on birth outcomes in Jacksonville, Florida. Following this planning period and implementation of the Azalea Project, CCI then conducted a three year program evaluation with funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and CSAP. This research is a continuation of these past evaluation efforts by the CCI research team. All research conducted by CCI must receive prior approval by the UNF Institutional Review Board.

Like previous assessments, this evaluation combined both qualitative and quantitative methods. Quantitative analysis of the Azalea Project client database consisted primarily of examining the client outcomes, such as resolution to problems and birth outcomes. Demographic data was collected on the participants to evaluate if the target population was being served. In addition, process data was also analyzed using the Azalea database including the services provided and Azalea's outreach efforts. The qualitative data for the evaluation was collected through focus group discussions with participants and staff. The focus group data provided insight into the experiences of both the participants and the staff with the Azalea program. Finally, an examination of the literature is necessary to facilitate a thorough understanding of the problems in which Azalea and other programs alike are working to address.

LITERATURE REVIEW

Statement of the Problem: Infant Mortality, HIV/AIDS and Associated Risk Factors

Infant Mortality

The United States has one of the highest infant mortality rates among industrialized nations (Matteson et al. 1998). Consequently, infant mortality and associated poor birth outcomes have been a central focus of much of the research in women's health (Matteson et al. 1998; Kuczkowski 2003; Bernabe et al. 2004; NEFLHS 2008). The research indicates that infant mortality and poor birth outcomes (low birth weight, very low birth weight, intrauterine retardation, and small head circumference) are often related to issues which can increase risks including: substance abuse; teenage pregnancy; non marital fertility; lack of health care; and poverty (Matteson et al. 1998). Therefore, research efforts tend to focus on the characteristics of the mother to identify risk factors for infant mortality and/or poor birth outcomes. For example, the Northeast Florida Healthy Start Coalition (2008) analyzed fetal and infant death data for 2003-05 using the Perinatal Periods of Risk (PPOR) and found that the health of the mother's before they get pregnant accounts for the largest proportion of poor birth outcomes in Jacksonville. The emphasis on infant mortality and poor birth outcomes over the past decade has led to many improvements on the national level in the health status of children. However, despite the improvements on the national level, many areas of the country still face high rates of infant mortality (Matteson et al. 1998).

In 2000, the U.S. Census Bureau reported that the total number of women in Jacksonville-Duval County was 401,098 or 51.5 percent of the population. Of those women, 181, 371 or 45.2 percent were of childbearing age (15-44). This is important because in Duval County, Florida, the 2007 infant mortality rate was 9.0 per 1,000 live births (Thompson and Clark 2008). This was significantly higher than both the national (6.6) and state (7.1) rates (FLDH 2007). In 2000, 30 percent of the women of childbearing age in the city were African American. This is also an important statistic because African American babies die at more than twice the rate of babies of other races (FLDH 2007; Infant Health Report 2008). The disparities around race can be seen in the risk factors associated with low birth weight (LBW) and very low birth weight (VLBW). These include no prenatal care, birth to women with no high school education, and births to women 15-19 years of age (DCHD 2006). [Figure 1](#) summarizes the infant mortality rates by race in Jacksonville from 1997-2006.

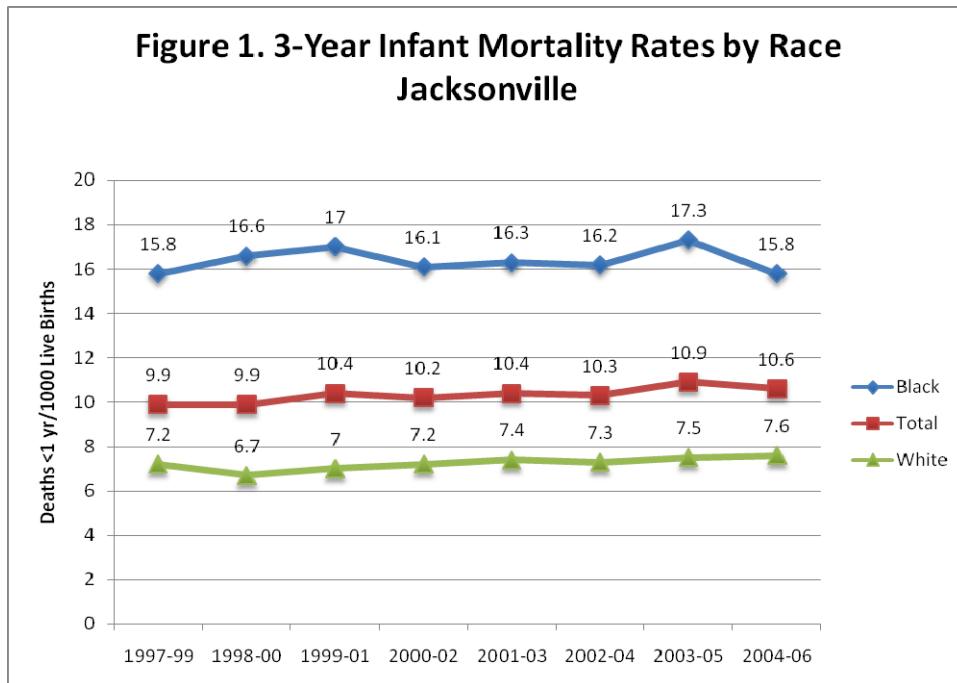


Figure 1. Source: Infant Health Report 2008. Northeast Florida Healthy Start Coalition

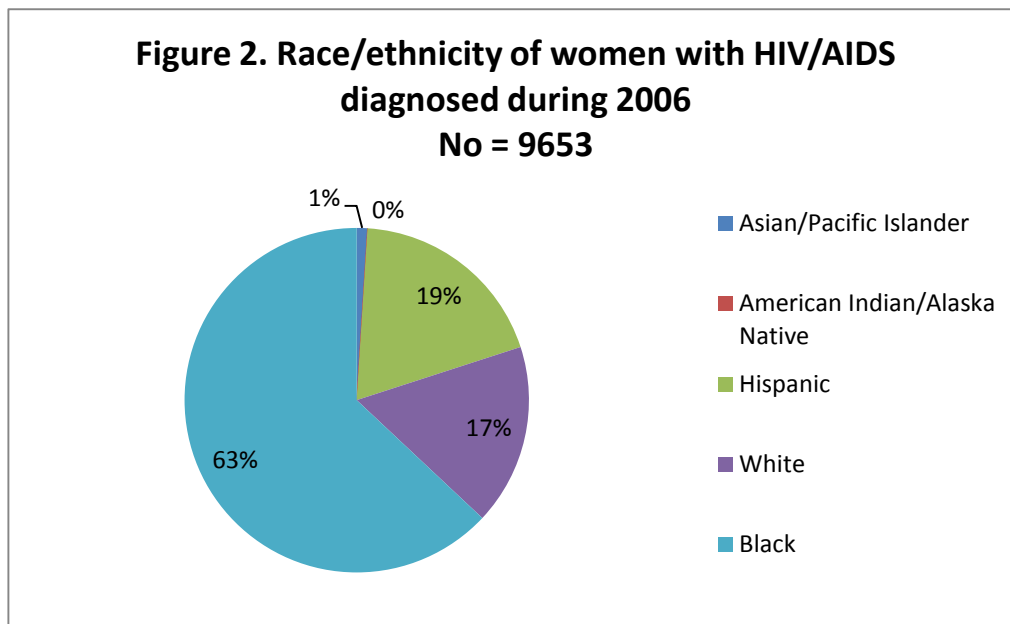
Infant mortality is defined as the number of infant deaths during the first year of life per 1000 live births per year (FLDH 2007; CDC 2008). Infant deaths can occur for a number of reasons such as: birth defects, pre-term delivery, low birth weight (LBW), Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy (CDC 2008). One area of increasing importance for the health of the fetus involves gestational substance use. Research indicates that prenatal exposure to substance use, involving alcohol, tobacco and other drugs many negatively impact the development phases of the fetus, resulting in low birth weight and possibly death (Hanna 1999; Siefert and Pimlott 2001). Not only can substance use negatively impact the developing fetus, it also places both the mother and child at greater risk for HIV (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; CDC 2008).

HIV/AIDS

When considering the HIV/AIDS epidemic in the United States, it is impossible to ignore the enormous disparity which occurs at the intersection of both race and gender. The African American population has been significantly impacted by the HIV/AIDS epidemic in the U.S. relative to other races/ethnicities (Johnson et al. 2003). African Americans account for about 13 percent of the U.S. population and almost half of the percentage of people who have HIV/AIDS (Johnson et al. 2003). In Florida, the rate of new infections per 100,000 population in 2006 among African Americans (123.7) was more than six times the rate of whites (18.8) (FLDH 2009). According to the CDC (2008) some of the factors which have contributed to this significant disparity in infection rates are due to barriers common within this population. Some of the barriers identified were poverty, illness, depression and stigmas attached with this

community (negative attitudes toward people living with HIV/AIDS and/or engage in higher risk behaviors). Furthermore, the CDC (2008) reported that infected African Americans have shorter survival times than other races or ethnicities.

The story is similar for that of African American women. African American women are the group most heavily afflicted with heterosexually transmitted HIV (Whyte 2005). According to the Centers for Disease Control, they accounted for almost 66 percent of HIV/AIDS cases among women in the United States in 2005. In fact, the HIV infection rates are higher among black women than all men combined excluding black men. Figure 2 illustrates the percentages of women by race with HIV/AIDS diagnosed in 2006. To add to these dismal statistics, HIV/AIDS remains to be the leading cause of death among African American women between the ages of 25-35 (CDC, retrieved November 2008). The barriers mentioned above such as poverty, depression and stigmatization are some of the vulnerabilities which have led to the disparity of HIV/AIDS experienced within the black female community. In addition, substance abuse and domestic violence also places them at a disproportionate risk for acquiring HIV (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; Whyte 2005; CDC 2008). The nature of these mentioned vulnerabilities among African American women are complex as they are embedded in social practices, traditions and attitudes (Fleischman 2003).



Source: CDC, HIV/AIDS among women Surveillance Supplemental Report 2008

The statistics for African American women and HIV/AIDS is similar at the local level. The CDC identifies Florida as ranking third nationwide for reported AIDS cases through 2007 and second highest in pediatric AIDS cases (under 13) (CDC, retrieved 2008). Jacksonville-Duval county ranks sixth statewide in reported HIV cases. African American women account for 87 percent

of AIDS cases and 80 percent of HIV cases in Jacksonville. Furthermore, 90 percent of the HIV cases were of women of childbearing age (15-44) (DCDH 2005).

The AIDS epidemic in Florida is composed of six geographically distinct epicenters including Duval County in Northeast Florida. An analysis of the HIV/AIDS cases by zip code in Duval County identifies that the majority of HIV/AIDS cases originate from an area comprised of ten specific zip codes located in the inner city area of Jacksonville. This area also has a large African American population and the highest poverty rate in the area (DCHD 2008).

Risk: Perinatal and Interconceptional Substance Use

Substance abuse remains one of the major problems facing society today and affects individuals of all ages, races, nationalities and status. Nearly 90 percent of the women in the United States who meet the criteria for intravenous (IV) drug use are of childbearing age (15-44) (Kuczkowski 2003). In addition, substance abuse in pregnant women continues to increase worldwide (Kuczkowski 2003; Hepburn 2004). Findings from a few particular studies within the literature estimates that in the United States the prevalence of substance abuse (including alcohol) among pregnant women ranges from 11.4 percent to about 24 percent (Corse and Smith 1998). In 1992, an estimated 5.5 percent of pregnant women used an illicit drug while 18.8 percent used alcohol (Chasnoff et al. 2001). Pregnant substance dependent women are often exposed to drug use at an early age and many become abusers themselves (Klein et al. 2005).

A few of the most commonly used illicit drugs during pregnancy include cocaine, amphetamines, opioids, and marijuana (Kuczkowski 2003). While substance abuse in pregnant women has been associated with negative birth outcomes such as low birth weight (LBW) and intrauterine growth retardation, it has also been linked to risky sexual behavior (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; Siefert and Pimlott 2001; CDC 2008).

Research indicates that substance abusers engage in casual sexual encounters and/or have multiple sexual partners while failing to use condoms (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; CDC 2008). Drug users may also exchange sex for drugs or money in order to sustain use (Booth et al. 1993). In addition, drug users are more likely to engage in sex with other drug users further increasing the risk of acquiring sexually transmitted diseases (STD's) and HIV (Booth et al. 1993; Nadeau et al. 2000). As a result, substance abuse in pregnancy has become a major public health concern because of the adverse health effects it has on both the mother and baby including their elevated risk of HIV infection (Hanna 1999; Siefert and Pimlott 2001).

Risk: HIV Infection

As illustrated above, the elevated risk for HIV infection among African American women is closely tied to substance abuse and/or risky sexual behavior (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; Siefert and Pimlott 2001; CDC 2008). Data from 2005 indicated that about 60 percent of AIDS cases in women were drug-related (CDC 2008). In addition to substance abuse and/or risky sexual behavior, factors such as domestic violence, lack of recognition of partner's risk factors (such as injection drug use or sex with men), biologic vulnerability and sexually transmitted diseases increase the risk of HIV infection for women (Johnson et al. 2003; CDC 2008). Poverty is another factor which can directly or

indirectly contribute to African American women's risk of HIV. In 1999, nearly one in four blacks lived in poverty in the United States (CDC 2008). Studies have found an association between higher AIDS incidence and income (Diaz et al. 1994). Poverty can also limit access to high-quality health care, education and/or housing (CDC 2008).

Prevention and Intervention

In her work on pregnant women on drugs, Sheigla Murphy (1999) attempts to overcome the stigmas associated with pregnant substance abusers to better understand their barriers to treatment as well as their psychosocial characteristics. Some of the barriers identified in the literature were a mistrust of the healthcare system (concern of being incarcerated), unfamiliarity with the healthcare system, stigmatization, poverty, homelessness or temporary housing, and/or poor childcare services (Daley et al. 1998; Murphy and Rosenbaum 1999; Jessup et al. 2003; Tuten et al. 2003). To add to these barriers for treatment, many substance abusing women have intense feelings of shame, suffer from depression, ambivalence, and are the victims of domestic violence (; Daley et al. 1998; Murphy and Rosenbaum 1999; Jessup et al. 2003). Consequently, Murphy (1999) concludes that women's drug use during pregnancy must be considered through the social and economic contexts in which their experiences are embedded. Through a philosophy-of-recovery framework, supportive services can address these complex social and economic barriers to recovery (LaFazia 1996).

The Florida Department of Health indicates that there were 4,474 substance exposed newborns in 2001. This represents about 2.2 percent of all births for that year in Florida. Therefore, it is no surprise that federal, state and local efforts to prevent perinatal substance abuse have increased over the past decade. In 1988, federal block grants increased for women's services with special focus on perinatal substance abuse (Daley et al. 1998). The trend continued and in 1990 Medicaid-eligible pregnant women could receive reimbursement for substance abuse treatment interventions (Daley et al. 1998). These efforts have led to more research in the area of gender and racial disparities in HIV/AIDS cases (CDC 2008). Increased funding and research has consequently resulted in both a greater amount of treatment programs and types of treatment programs available to substance abusing pregnant women (Daley et al. 1998; Uziel-Miller and Lyons 1999). Preventative approaches tend to include public education, prevention treatment, rehabilitation and comprehensive social support strategies (Daley et al. 1998; Uziel-Miller and Lyons 1999). Successful approaches, for example the philosophy-of-recovery framework mentioned above, include aggressive and culturally sensitive outreach combined with comprehensive services to address the multiple needs of the participants (LaFazia 1996).

OVERVIEW OF THE ORGANIZATION

As seen from the literature, the disparities in HIV transmission and infant mortality experienced by African American women at both the national and local levels are significant. For instance, Duval County, Florida received “red flags” in the JCCI Quality of Life Progress Report for both infant mortality rates and for increases in newly diagnosed AIDS cases. As a result, the Northeast Florida Healthy Start Coalition was established 15 years ago as part of the state’s Healthy Start Initiative.

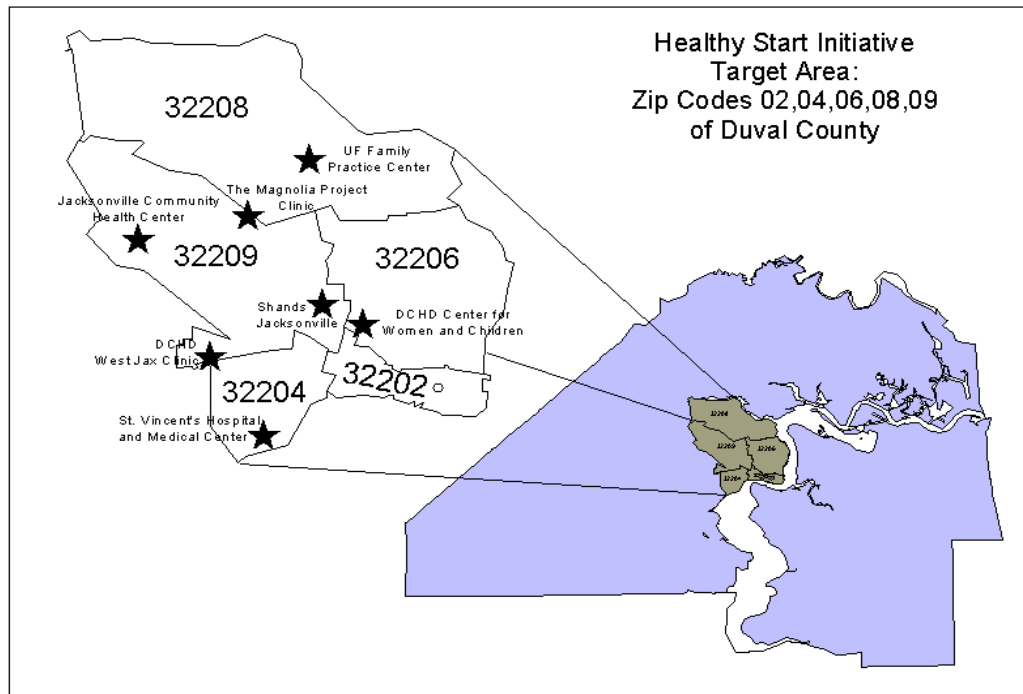
The Northeast Florida Healthy Start Coalition is one of 33 community based organizations. The mission of the Coalition is to improve birth outcomes and promote maternal and child health and well-being. The Coalition is responsible for the planning, implementing and oversight of maternal and child health services under the state’s Healthy Start Initiative. It assesses community needs and resources and directs Healthy Start funds (state general revenue and Title V) to meet local needs. A more detailed description of the Coalition and its objectives can be found in Appendix A.

In 2001, the Coalition participated in a year-long planning grant from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP). From this grant, the Azalea Project was developed to address both substance abuse and HIV prevention for African American women and their families. The Azalea Project was then implemented as a three year demonstration project funded by the federal Center for Substance Abuse Prevention (CSAP) from October 1, 2002 to September 30, 2005. CCI served as the original program evaluators for this grant and worked closely with the Azalea staff on data collection and maintenance. Results from the three year final evaluation report indicated the Azalea Project was extremely successful in accomplishing their goals and objectives. Although successful, Azalea was not able to secure the same federal funding following the three year period. Since this time, the Coalition has been able to maintain the Azalea project through grants funded by the state, the city and local agencies.

The Azalea Project

The Azalea Project is a prevention program that focuses on the window of opportunity created by pregnancy to address substance abuse and other risk taking behaviors. Priority is given to those women residing in zip codes 32202, 04, 06, 08 and 09. See [Figure 3](#) for a map of the zip codes. In 2001, concern about the impact of substance abuse and other risk-taking behavior on birth outcomes among low-income, African American women led the Coalition to develop and implement the Azalea Project. The Azalea Project is the only substance abuse and HIV prevention initiative for African-American women of childbearing age in Duval County.

Figure 3. Zip code target area for Azalea participants



Source: Northeast Florida Healthy Start Coalition, 2009

The Azalea Project was designed with multiple components to effectively serve the target population which consists of high-risk, low-income African American women age 15-44 who are residents of Jacksonville-Duval County. The components of services include: outreach; case management; group education; and community involvement. Individual and community outreach is used to identify and engage participants in need of program services. Individual outreach also serves to assist case management staff in locating and re-engaging participants who have lost contact with the agency. Intensive individual case management is used for higher risk participants. Individual case management is offered to participants for nine to 18 months, depending on their needs and progress. Case management services include assessment, stabilization, goal-setting with written client-centered prevention plans, linkage with community services, risk reduction activities, participatory guidance, advocacy, role modeling, and ongoing support, monitoring and follow-up. The case management team also addresses needs involving housing, child care, domestic abuse counseling, parenting, education and employment. The group education and support component of Azalea uses evidence-based and project-developed curricula. The group activities are designed to provide education on HIV prevention, promote empowerment, foster the development of decision-making skills, and encourage creativity. Community involvement is achieved through the Azalea Project Ambassadors, a community advisory group comprised of neighborhood residents and former participants.

Participants were referred to the Azalea Project by the courts, jail, hospital emergency departments, and Healthy Start or other community programs. Project staff is responsible for contacting each potential participant, completing preliminary assessment, enrolling those at higher risk and referring other lower risk participants to the appropriate community agency. The Azalea Project has developed and successfully utilized a variety of project-specific and pre- and post-tests to measure knowledge gain and behavioral change. While working towards its goals and objectives, the Azalea Project has also had to aggressively work to acquire funding to maintain its services. Unable to secure support from the federal government the Azalea Project has had to rely on alternative funding sources from state and local agencies.

OVERVIEW OF THE GRANTS

The Azalea Project currently receives funding from the Northeast Florida Healthy Start Coalition (their parent organization), the Women's Giving Alliance and the City of Jacksonville. Currently, city and Healthy Start funding support three case managers who serve as life-coaches and work to link participants with health and social services, as well as substance abuse treatment, if needed. Funding was acquired from the Women's Giving Alliance in 2007 to support an outreach worker who assists in locating and engaging women referred to the program.

The Northeast Florida Healthy Start

The Northeast Florida Healthy Start Coalition currently administers about \$6 million in funding annually; it contracts with local health departments and other agencies to provide care coordination and related support services to at-risk pregnant women and families of infants identified through Healthy Start prenatal and infant screening. The Northeast Florida Healthy Start Coalition has been proactive in developing, securing resources for and implementing special projects to address racial disparities in birth outcomes. For example, funding from the City of Jacksonville currently enables the Azalea Project to staff one case manager. Healthy Start funding supports the other two case managers who service pregnant women within Azalea. They also fund the Azalea Projects director position. See appendix B for a more detailed analysis of Healthy Start's initiatives.

The City of Jacksonville

The City of Jacksonville offers a variety of grant opportunities. The Public Service Grant Program (PSG) contracts with non-profit agencies to equip residents with necessary tools to facilitate their well being through intervention, education and opportunity. When considering which agencies to fund, the COJ heavily considers previous performance. They accomplish this by analyzing (and requiring) quality assurance reviews. They select the providers most capable of delivering measurable services that will improve the quality of life for Jacksonville's eligible residents in need. (COJ 2008) The City of Jacksonville grant funds one of three case managers within Azalea. This particular case manger services at risk African American women of childbearing age who are not pregnant. [Table I](#) summarizes the objectives of the City of Jacksonville grant.

Table I. COJ Grant Objectives				
OBJECTIVE	GOAL	OUTCOME		
		2006/07	2007/08	2008/09
High risk African American women of childbearing age referred to the project will be successfully linked with needed community counseling, testing, and supportive services.	At least 60 high risk (engaged in high-risk sexual behavior, recently incarcerated, arrested, have partners who have been incarcerated, or are substance abusing) African American women of childbearing age referred to the project will be successfully linked with needed community counseling, testing, and supportive services by June, 2009.	32	45	NA
High risk African American women of childbearing age will be enrolled in prevention case management services.	At least 60 African American of childbearing age at higher-risk will be enrolled in prevention case management services by June, 2009.	30	44	NA
Participants receiving case management will complete group education, skill building and support activities	At least 20 participants receiving prevention case management will complete group education, skill building and support activities (SISTA, No Mo Drama) by June, 2009.	13	7	NA
Literacy	Each group education session will include at least 30 minutes of literacy-related activities. New objective	NA	2/2	NA
Risks associated with substance use, STDs/HIV transmission resolved	At least 60% of identified risks associated with substance use, STDs/HIV transmission that is resolved by participants receiving prevention case management services by June 2009.	53%	63.6%	NA
Annual face to face case management encounters	At least 500 face to face management encounters will be provided annually to project participants	NA	233	NA
Participants to remain substance-free following closure	At least 50% of program participants who remain substance-free for at least six months following closure	NA	60%	NA
Participants will maintain safe-sex behavior following closure	At least 75% of participants who remain in services for at least 9 months will maintain safe-sex behavior (e.g. always use condom) six months following closure	NA	60%	NA

Source: Azalea Project 2009. COJ Public Service Grant: Application for Funding Fiscal Year 2008-09

The Women's Giving Alliance

Funding was acquired from the Women's Giving Alliance in 2007 to support an outreach worker who assists in locating and engaging women referred to the program. The Women's Giving Alliance (WGA), an initiative of The Community Foundation in Jacksonville, is a group of philanthropic women working to make a lasting impact on the lives of women and girls in Northeast Florida. The WGA has made grants totaling over \$2 million to over 30 non-profit organizations. The grants aim to support critical community services for women and girls. Table 2 summarizes the objectives of the WGA grant which helps to support the Azalea Project.

Table 2. WGA Program Design	
Program Objective: To provide outreach, case findings, linkage to, enrollment and related risk-reduction services to 125 high-risk African American pregnant and preconception women in 2008	
Expected Outcomes (Results in #/%)	Indicator Measurements (Evidence/Tools)
To enroll 125 high-risk African American pregnant and preconceptional women in 2008 to the Azalea project or another case management program	Community education and awareness activities: Outreach logs Substance abusing pregnant and parenting women enrolled in Healthy Start or another community case management program in Duval County: Healthy Start Database; Azalea Project Logs
At least 90% of babies born to the Azalea Project participants that include outreach referrals will be born drug free	Substance-free infants born to Azalea Project participants enrolled during project period. See birth outcome report
75% of participants after 6 months of giving birth will remain substance free and on a family planning method	Azalea Project database

PROCESS AND OUTCOME DATA

A large portion of the program evaluation was comprised of analyzing both process and outcome data. This was necessary as it provided information on the efficacy of the operations and service efforts as well as the overall results of the program. The Azalea Project database provided key demographic data of the participants including race, age, marital status, and education. This information was important for determining whether the program was reaching its target population. Process data was analyzed for the purpose of understanding how the Azalea Project was obtaining its objectives. Process data included elements such as: types of services provided; the amount of face to face interactions that were being made; the number of community activities; and information on outreach efforts. Perhaps some of the most important data included in the database was that of problems/risks resolution results and birth related outcomes. Combined together, the different components of the database proved to be an important source in evaluating the overall efficacy of the Azalea Project.

The Target Population

The Azalea Project provided services to 290 adults between January 2006 and December 2008. One hundred eighty-seven (187) received intensive case management and related risk reduction services. This number meets the objectives of the City of Jacksonville grant which aims to serve 60 women per fiscal year. This report focuses on the 187 case management participants and their related activities while in the Azalea program. At the time of the evaluation, 3.7 percent of the women completed the 18-month intervention and 23 percent had been enrolled between nine and 17 months (see Table 3). The average length of participation in the Azalea Project for the 187 women engaged in case management services was about six and a half months. As seen in Table 4, the project enrollees were predominantly black (82.5 percent) and had an average age of about 30 years old. A large percentage (63.1) had never been married. Additionally, more than half of the participants did not complete high school.

Duration	Percent
Less than 3 months	25.1%
3-8 months	48.1%
9-17 months	23.0%
18 months	3.7%
Average	6.6 months

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Table 4. Demographic Characteristics of Adult Azalea Project Participants in Case Management, January 2006 – December 2008

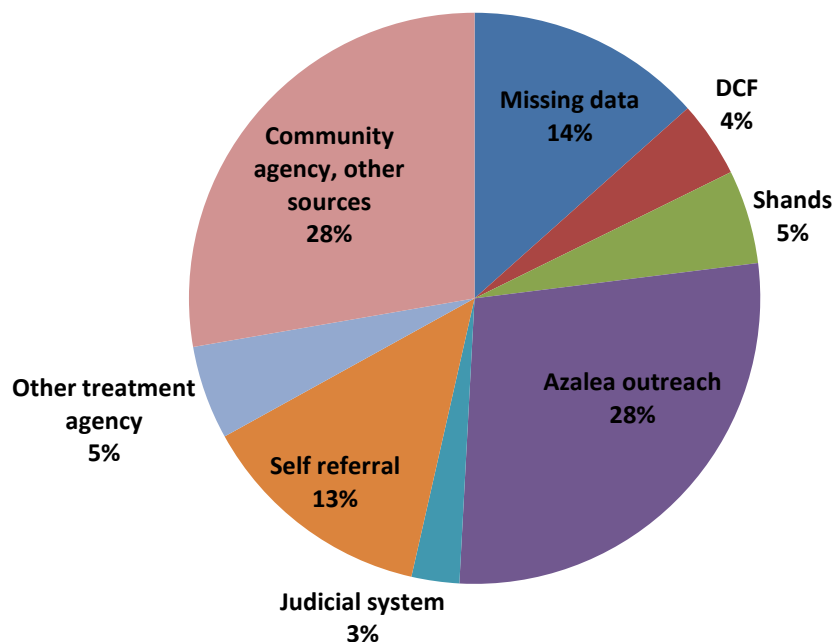
Age	n= 187
17 and under	5.9%
18-24	29.4%
25-49	63.1%
Missing data	1.6%
Marital Status	
Single	81.3%
Married	6.4%
Separated	4.3%
Divorced	3.2%
Missing data	4.8%
Race/Ethnicity	
Black Non-Hispanic	82.5%
Black Hispanic	1.6%
White Non-Hispanic	13.4%
White Hispanic	2.1%
Other	5%
Education	
Less than High School	53.5%
High School/GED or Higher	35.3%
Missing data	11.2%

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

How is the target population reached?

The Azalea Project relies heavily on referrals for participant recruitment and retention. Outreach staff accounted for 28 percent (54) of these referrals. Considering that this includes information for only the first seven months of outreach efforts, this number is very much on target to meet the requirement for the WGA grant number of 75 for participants referred. Community agencies and other sources, such as Gateway Community Services (GCS) and River Region Human Resources (RRHS), also made up about 28 percent of project participant referrals. Others were either self-referred (13 percent) or were referred by DCF, Shands or the judicial system. [Figure 4](#) provides information on the referral source of adult participants.

**Figure 4. Azalea Participants in Case Management by Referral Source December 2006 - December 2008
(n=187)**

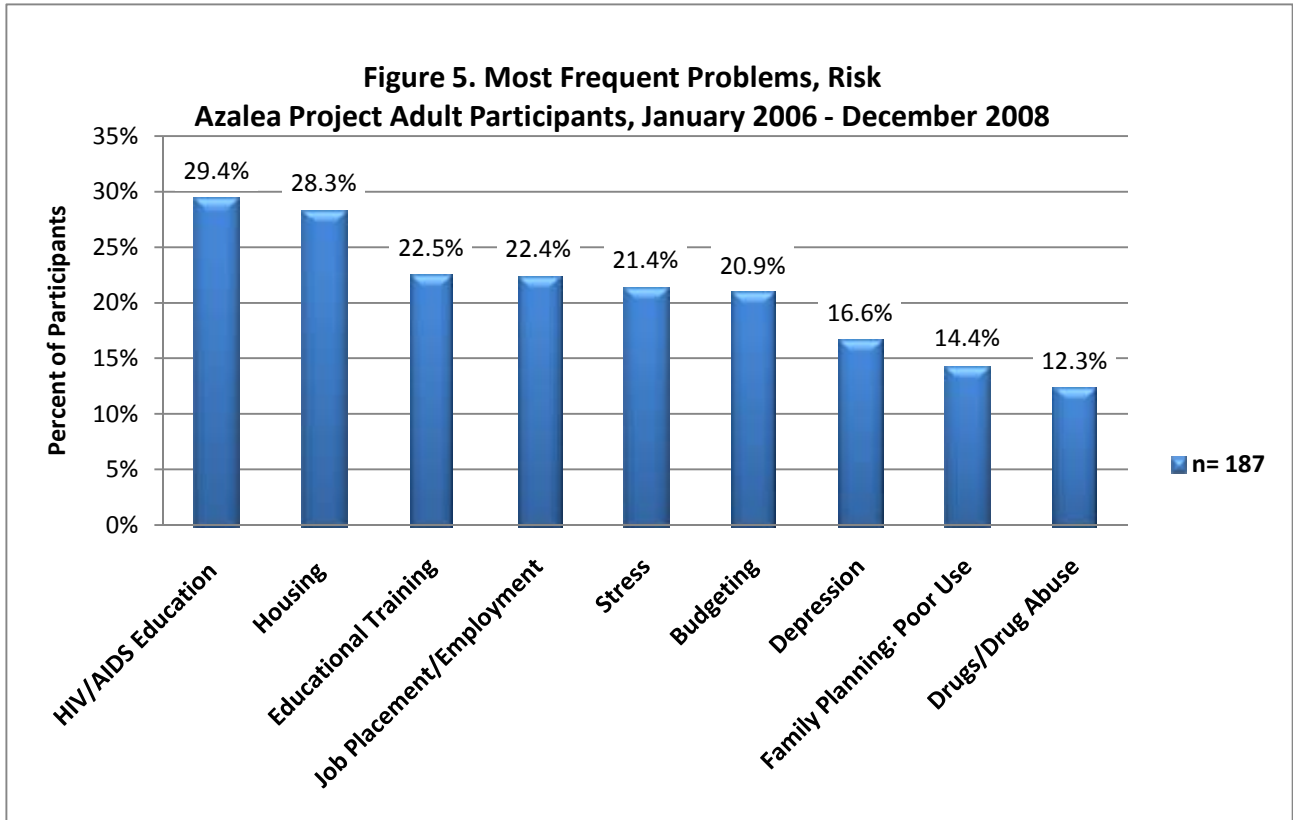


Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Risk Factors and Problems

At intake, Azalea staff conducts a risk assessment of each of the participants to determine which risk factors are present and the severity of their situations. This information was then entered into the database and allowed the staff to customize a plan for each of the clients and to address their individual needs. The target population of the Azalea Project are women who are at an increased risk for HIV transmission and substance abuse. It is no surprise then that a large percentage of participants enter into the Azalea program with a history of problems.

Sixty nine percent of the women had about seven problems at some point in their history. Similarly, at the time of enrollment and assessment, Azalea Project participants were found to have an average of 7.4 risks/problems. The most frequent problems and risks of Azalea Project participants are identified in Figure 5. These problems and risks included HIV education, housing, lack of education/training, and a lack of jobs/employment. In addition, participants reported suffering from stress and depression. To address these varied risk factors and problems, Azalea was designed to provide a comprehensive set of services both within the program and from a collaborative effort with other community agencies such as Gateway Community Services (GCS) or The Minority AIDS Coalition (MAC).



Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Services Provided

In a joint effort with community agencies, the Azalea staff offer a comprehensive set of services including case management, risk reduction education and assessment, counseling, skills building and health and social service referrals. [Table 5](#) summarizes the intervention efforts and face to face interaction (dosage) information of these primary services provided. The amount of time and face to face interactions varied among the participants due to their individual needs.

Over 3,000 individual encounters were recorded in the project database between January 2006 and December 2008. Case management accounted for the majority of these individual encounters. Furthermore, participants received about 18.2 individual encounters during their time in Azalea. This indicates that the Azalea staff has put forth an aggressive effort to reach its clients and offer them the personal interactions and services they need. As part of the comprehensive services provided by Azalea, staff referred participants based on their unique needs.

Table 5. Primary Services Provided (Intervention and Dosage), of Adult Azalea Participants Active in Case Management, January 2006 - December 2008

Intervention (Code)	Participants	Encounters	Encounters/ Participant	Duration (Minutes)	Duration/ Encounter (Minutes)
Case Management (09)	187	3201	17.1	202,685	63.3
Risk Reduction Assessment (01)	5	9	1.8	255	28.3
Other Counseling, Education (02-08,10)	77	192	2.5	11295	58.8
Total Individual Interventions	187	3402	18.2	214,235	63
Skills Building/Training/Health Education (20-24) (Group Interventions)	40	177	4.4	15380	86.9

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Referrals were assessed and women who met project criteria were asked to sign a participation agreement outlining their roles and responsibilities. Those who did not meet the Azalea criteria and/or who were not able to be served by Azalea services were referred to other community agencies such as Gateway Community Services (GCS) or River Region Human Resources (RRHS). Referrals both within Azalea and to other agencies were documented within the database. Referral outcomes are tracked primarily through a referral form and progress notes. Project staff was responsible for providing most of the risk-reduction, education and support services to participants. A total of 590 referrals were made to participants within the Azalea Project. More than half were referred to other agencies and participants successfully completed more than 70 percent of those referrals (see Table 6). This positive rate of referral completion indicates Azalea's success in working with its community partners to offer the comprehensive set of services their clients need.

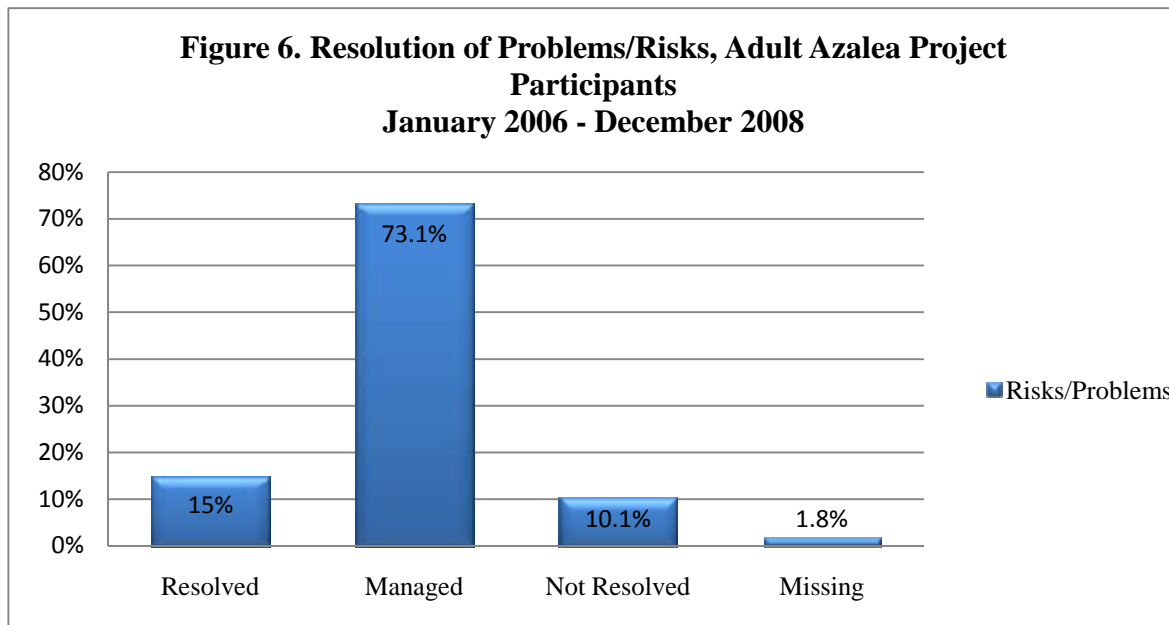
Table 6. Disposition and Completion of Referrals, Azalea Adult Case Management Participants January 2006 – December 2008

Program Referrals	Participant Referrals
Total	590
Referrals to Staff	46.3%
Referrals to Other Agencies	53.7%
% Completed	72.5%
Referrals/Participant	3.2

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Risk Factor and Problems: Resolution Outcomes

The success of Azalea’s intervention strategies and comprehensive services can be seen in the outcome data collected on the resolution status of the participants’ risk factors and problems. As seen in Figure 6, project interventions were successful in resolving or managing more than 80 percent of the risk factors and problems identified in participants that are associated with substance use and HIV. This is very important in that it illustrates Azalea’s success in accomplishing one of its main objectives which is to reduce the risk factors associated with HIV transmission. ‘Managed problems’ are problems that are being managed but will never be resolved while in the Azalea program such as mental illness or legal problems. Problems that are ‘resolved’ are issues which are no longer occurring in the participants’ life. For example, a participant might be homeless when they enter the Azalea program and six months later she finds an apartment. Problems which are ‘not resolved’ are typically ones that do not get managed, resolved or possibly addressed while participants are in the program.



Source: Azalea Project database, UNF Center for Community Initiatives 2009

Birth Outcomes

There were 100 babies delivered during this evaluation period. Due to missing information (no due date recorded) 14 of the participants were removed from the analysis. In addition, there was missing data within the substance abuse category (3), HIV result (2), and additionally, birth weight was not recorded for two of the infants. Therefore, the records of 78 women were included in the analysis of birth outcomes over the three year period. Table 7 provides

information on birth outcomes for babies born to project participants. Eighty-five percent of babies were of normal birth weight; 10.3 percent of the babies born to participants were of low birth weight (<2500g); only two (2.6%) babies had a very low birth weight (<1500g). There were three pregnancies which ended by spontaneous abortion (miscarriage) and one infant death. Seven of the babies born to participants during this period were substance exposed. Only one baby was born HIV positive.

Births	Participants (n=78)
Weight	
% Normal Weight	84.6%
% Low Birthweight (<2500g)	10.3%
% Very Low Birthweight (<1500g)	2.6%
Risk	
% Substance Exposed (excludes methadone & pre-enrollment exposure)	9.0%
% Babies born HIV positive	1.3%

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Outreach and Community Support

An outreach specialist was funded for one fiscal year by the Women’s Giving Alliance. However, due to the timing of this evaluation, the outreach data included in this report is for a seven month period (November 2008 – May 2009). During this time, outreach staff identified and made contact with 216 prospective participants and referred at least 75 to the Azalea project. This rate of referrals should meet the objectives of the WGA grant of 150 referrals by October 2009. The outreach specialist distributed information on safe sex, HIV and substance abuse prevention. In addition, 385 condoms were distributed.

Twenty-one community activities and events were organized by the project with more than 2,000 adult and youth participants attending. [Tables 8 – 9](#) summarize the outreach and community education activities of the Azalea Project during the implementation period.

This data indicates the impressive efforts that the outreach staff has made in reaching and communicating with the target population. Equally impressive is the fact that these numbers represent just over half the timeframe of the outreach implementation period. When considering the high rates of referrals, recruitments and contacts made by the outreach staff it is apparent this position is vital to the success of the Azalea Project.

Table 8. Azalea Project Outreach Objectives, January 2008 – December 2008	
Outreach Objectives	Process Findings
Prospective participants will be identified within the community by Targeted Outreach Specialists (TOS)	216 identified
TOS will engage with and provide prospective participants with educational material on safe sex practices.	239 contacted and provided materials.
TOS will engage with and provide prospective participants with educational material on HIV prevention.	254 contacted and provided materials.
TOS will distribute condoms to prospective participants	385 condoms distributed.

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Table 9. Azalea Project Community Activities, January 2008 – December 2008	
Activity Objectives	Results
Number of Activities	21
Estimated Number of Adults Attended	916
Estimated Number of Youth Attended	1134

Source: Azalea Project database, UNF Center for Community Initiatives, 2009

Conclusion of the Findings

The Azalea Project was originally designed in 2001 to address issues of infant mortality and risks associated with HIV transmission in Jacksonville, Florida. This program intended to reach the women at highest risk for HIV transmission, poor birth outcomes and infant mortality. The data analysis has shown Azalea's success in reaching this target population. Furthermore, Azalea's intervention strategies and comprehensive services have been extremely effective in reducing the risk factors and problems associated with HIV transmission and poor birth outcomes. Overall, Azalea has made significant gains in accomplishing its mission to both reduce the infant mortality rates and the risk factors associated with HIV transmission in the selected area of the city.

FOCUS GROUPS

From the data analysis section it is apparent that Azalea has been successful in meeting their process and outcome objectives. In addition to the data analysis, research efforts were also aimed at understanding the human experiences of the Azalea Program. This was accomplished through focus groups which were conducted with Azalea participants currently enrolled in the program and Azalea staff members. **Table 10** provides information on the focus groups including the number of participants involved and the approximate duration of the sessions. A total of four participant focus group sessions were conducted on April 24th and May 15th 2009, at the Mali Vai Washington Center. The total number of participants were twenty women (n=20) who were all currently enrolled with the Azalea Project. Two sessions comprising of five women participants in each were divided into 45 minute segments. One focus group session was administered to staff at the Azalea headquarters during their monthly meeting on March 18th 2009. The entire staff with the exception of the director (n=5) was present for the focus group.

At the beginning of each focus group it was explained both verbally and in written form that the sessions were confidential, strictly voluntary and they would not suffer any penalty if they chose not to participate. The information sheet provided the names and phone numbers of the principle investigator and the University of North Florida internal review board (IRB) chairman in case the participant had any questions after the session had concluded. In addition, the facilitator explained who was conducting the evaluation with contact information, why the evaluation was being conducted, and their rights as participants (including privacy and participation).

Table 10. Focus Group Information		
Focus Group Type	# of Participants	Duration (min)
Participant Focus Groups (n=20)		
Session 1	5	45
Session 2	5	35
Session 3	5	40
Session 4	5	35
Staff Focus Groups (n=5)		
Session 1	5	70

Source: Azalea database, 2009

The purpose of the participant focus groups was to assess the level of satisfaction that the client's have had with the Azalea services. The questions were designed to illustrate the

participant's experiences with the program and identify any problems or barriers to service. The focus group questions were separated by sections focused on key areas important to Azalea's mission. The questions varied between general Azalea Project questions, case management and outreach, substance use, substance abuse and pregnancy, HIV prevention and Azalea's reward program. Similarly, the staff focus groups were intended to assess the level of satisfaction staff had in working with the Azalea project and identify problems and/or make suggestions that could improve Azalea's operations. The questions were designed to gain staff perspectives on the organization, data collection and maintenance, coordination of services, and case management services.

Participant Satisfaction

General Azalea

The participant focus group began with a general question asking the participants what they thought was the purpose of the Azalea project. Almost all the women saw Azalea as helping women and children in a variety of ways. Many of the participants indicated that the purpose of Azalea was to help teach women about safe sex, HIV prevention, and substance abuse. Others mentioned that Azalea served to encourage women to: be better parents, be more confident, be more responsible, and to learn to manage their finances. All of the respondents indicated that Azalea had been helpful to them and that the case management support was a key element. Many reported they have also learned how to be more sexually responsible, to quit drugs, and secure housing. One respondent credited her case manager with helping her quit drugs and going back to school. All of the respondents enthusiastically agreed that they would (and do) recommend Azalea to family and friends because of how it has worked for them. For instance, one participant said, "Yeah, I tell everybody...I tell all my friends and other women how good Azalea is."

Case Management/Outreach

Case management and outreach team members work to service women of childbearing years within the target zip codes, linking them with treatment services while integrating community support and risk reduction education with perinatal health services. Case management services focus on addressing identified barriers to retention including child care, transportation and housing. In addition, the case management team works to establish strong relationships and trust with the participants and serves as a life coach. These forged relationships seem to be an important element in case management's success.

The respondents all agreed that they felt really comfortable talking with their case managers. While some of the respondents admitted that it took some time to build trust, almost all of them felt they could talk about any subject with their case managers. The case managers offered them the support they needed and were available at any time. One particular participant shared a personal story about her experience. The respondent explained that her case manager sat with her at the hospital during the entire process of delivering her baby. She had been concerned that she would be alone through the process.

The level of commitment and non-judgmental support that the respondents felt resonated in each of the sessions. A quarter of the participants thought that they could use more help from their case managers with finding and securing jobs. However, most were extremely satisfied with the services they were receiving. In the future, all of the respondents shared their desire for the case managers to keep in touch and continue to check up on them after completion of the program. A few thought that a graduate program of some kind could be a good solution. For example, women who had completed the program would continue to stay involved with the Azalea community through special events and/or activities. When asked about their particular case management, most of the respondents felt that they were listened to and had a lot of input. A few explained that they felt like they were being met halfway and that the case managers did not pressure them. One woman shared her first conversation discussing her case. The case manager asked her “What would you like to do with your life?” This custom approach seemed to be appreciated by each of the participants.

Substance Use/Abuse and Pregnancy

Research indicates that prenatal exposure to substance use, involving alcohol, tobacco and other drugs may negatively impact the development phases of the fetus, resulting in low birth weight and possibly death. In addition, substance abuse is considered high risk behavior and can increase a woman’s risk of HIV infection (CDC 2008). A key component of the Azalea Project is to reduce and educate the participants on the risk factors associated with substance abuse and/or substance abuse and pregnancy such as unprotected sex, multiple partners, prostitution and sex with previously incarcerated men. The following section provides some insight into how clients perceived the effectiveness of the services provided in this area.

While many of the participants felt that the information they received on substance use was general, the case managers offered detailed information and personal counseling on the subject. For example, a few of the respondents agreed that case managers were effective at communicating the real life consequences of substance abuse. All of the participants thought they had received a sufficient amount of information on the topic. When asked about the relationship between substance abuse and pregnancy many of the women spoke of the possible negative consequences such as low birth weight and birth defects. The respondents all acknowledged that their case managers have informed them of the relationship between substance abuse and pregnancy including the possible negative consequences of defects to the baby and low birth weight. Furthermore, one group of women agreed that their case managers were often stern with them to quit and/or cut back on harmful substances. Although most of the women felt the information was good, a couple of the respondents would like the Azalea staff to provide more detailed information in the form of pictures and/or visual models on substance abuse and pregnancy.

HIV Prevention

“No More Drama” is a women’s group HIV intervention program put together by the Azalea staff. The group meets twice a month and is designed to provide education on HIV prevention, assist women to feel empowered, build self-esteem, and make smart choices. Almost all of the participants had been attending the group sessions with the exception of several who were there for the first time. One contributing factor to the high attendance rate was the fact that

the Azalea staff welcomed children to the group sessions. Many of the women brought their infants and small children into the actual meetings. Older children participated in crafts and were supervised by an adult caregiver in an adjacent room. Transportation seemed to be the only barrier which could prevent some of the women from attending.

All of the participants indicated that they really enjoyed coming to the group sessions as they had fun and it provided a stress release. Many of the women felt empowered and learned how to make better decisions when it came to choosing sexual partners and protecting themselves. Most of the participants explained that they had changed some of their behaviors since attending the sessions such as: being more cautious; practicing safe sex; having less sex; practicing celibacy; increasing patience and quitting drugs. When it came to HIV prevention many of the women said they were more cautious, practiced safe sex through the use of female condoms or abstained altogether.

Reward Program

The reward program at Azalea was designed to incentivize the participants to complete and/or attend certain activities. Some of the incentives include gift cards or money. However, a large portion of the rewards program is designed around a points system. The women earn a range of points for completing activities that will improve their situations. These activities range from getting housing to starting school to attending health care appointments. The women are able to use their points as “cash” to purchase donated goods such as household products and health and beauty aids.

All of the participants indicated that they liked the rewards program and that it helped their situations. Among their favorites were the gift cards and money. With the exception of one respondent, all of the women would have enrolled and continued in the Azalea Program with or without the rewards program. For the future, many of the respondents hoped to see an expansion of the services provided. Some recommended such things as parenting, cooking and art classes. One respondent thought it would be beneficial to have graduates come in and speak of their experiences. Finally, almost all agreed that more funding would help Azalea reach more women.

Staff Satisfaction

General Azalea

In addition to the participant perspectives, understanding the level of satisfaction staff had with the program was equally important to evaluating the success of the Azalea Project. Facilitating a focus group with staff offered insight into the realities of the tools, objectives, processes and outcomes of the program. The staff was initially asked their views the purpose of the Azalea project. They agreed that the goal of the Azalea project was to ensure healthy birth outcomes, decrease the infant mortality rate, decrease abuse (substance and alcohol), and educate women on HIV prevention and safe sex. All of the respondents agreed that Azalea had come a long way since it first started. They have all learned better ways to service the participants and indicate they do the best that they can. In some instances participants' lack of resources (money) can make it difficult for some women to want to work on education and prevention.

One staff member explained that it was difficult to convince certain respondents to stay and/or participate in the program when they were struggling to pay for food and electricity.

When a problem or issue arises either with participants or within the organization, all of the staff indicated they document everything and are comfortable approaching the director and/or other staff members to resolve it. The entire staff felt that they were making a huge difference in the community by being part of the Azalea team. They indicated that the women could rely on them, started to gain self-esteem, learned how to make better decisions, and become advocates for themselves by communicating effectively.

One staff member thought that the most important accomplishment was the birth of healthy babies. She explained that many women may come into the program with a history of having babies addicted to cocaine and/or alcohol that are then taken away. But when even one child, because of the Azalea program, is born substance/drug free it has an enormous positive effect on the mother. The women all agreed that they thought the community viewed them as a positive safe haven. Overall, the staff agrees that Azalea has done a good job at fulfilling its goals and objectives to participants.

Coordination of Services

Respondents indicated that the integration of services for substance abuse/HIV prevention was great within the group intervention and case management. However, they felt that outside of the program, they would rate the system as only fair. This is largely due to the barriers to integration of services. The staff explained that many of the agencies do not communicate effectively and seem to put up barriers. Furthermore, the respondents did not feel that they really knew the details of what services are being provided once the women are referred. One solution was to improve the communication and information by having presentations given to staff by other agencies to help inform them on agency objectives and processes. Finally, the staff thought that more resources in the way of money, staff, transportation, and donations (through sponsorships etc) could help make the services better for participants.

Data Collection and Maintenance

The Azalea case managers and outreach staff are responsible for collecting data on the participants including elements such demographic information, any problems or risk factors, their histories, and the number and duration of encounters with staff. There are multiple forms for the staff to utilize throughout the data collection process. TUAY, for example, is a social evaluation assessment tool. This questionnaire can provide the case managers with personal information on the participants such as marital status and any history of substance abuse.

Most of the staff agreed that the data collection tools worked well. However, one staff member indicated her concern that the TUAY system was not accurate because the pre information are not consistent with the post information (participants don't always tell the truth when entering the program). Another staff member felt the TUAY could be more user-friendly. In addition, the staff all agreed that an administrative assistant or laptops in the field would make data entry easier, more accurate and more efficient. Overall, the staff is satisfied with the data entry system.

Focus Group Conclusion

The focus groups offered insight into the overall processes within the Azalea Program. From the group sessions with the participants, it is clear they are very satisfied with the services they are being provided. The women were enthusiastic about Azalea and felt they were in a better place because of the program. However, the participants involved in the focus groups were all attendees of the “No More Drama” series. Therefore, this could produce bias results as this sample may not accurately represent all the participants involved in the program. Future research should attempt to reach those participants not necessarily involved in group activities.

Overall, the Azalea staff members were also satisfied with the program. While they shared their opinions on the lack of resources available they also offered solutions and ideas. The staff also seemed to be dedicated to working as a team and indicated they were comfortable communicating with each other. This could be seen in their interactions within the focus group session. They equally shared the floor and interacted with an ease and friendliness. Additionally, all of the staff members voiced their respects and affection for the director. Finally, their commitment and passion for the project’s goals and objectives was very apparent.

DISCUSSION AND RECOMMENDATIONS

Overall it is clear that the Azalea Project is reaching its target population. Participating community agencies and Azalea outreach efforts have proven to be vital sources for recruitment of Azalea's client base. Both Azalea outreach and local community agencies accounted for more than half of the referral sources to Azalea. Furthermore, the demographic profiles of the participants match closely with Healthy Start's initiative to address racial disparities in birth outcomes. The majority of Azalea participants were African American women of childbearing age who are particularly vulnerable to substance abuse and consequently HIV transmission (Booth et al. 1993; Avins et al. 1994; Scheidt et al. 1995; Nadeau et al. 2000; Whyte 2005; CDC 2008). This is largely due to factors such as poverty, lack of education and barriers to healthcare services. The evidence from the data analysis is consistent with the literature on this population. Clients entering into Azalea have had a history of problems and risk factors. In addition, upon assessment most of the clients experienced problems such as: a lack of HIV education, housing, stress, unemployment, and a lack of formal education/training. The data illustrates that the Azalea Project is serving those women most at risk for poor birth outcomes and HIV transmission.

To better meet the needs of this population and address Healthy Start's mission to eliminate the racial disparities in birth outcomes, the Azalea project was designed with a philosophy-of-recovery framework. Mentioned in the literature, the philosophy-of-recovery framework is an approach which includes aggressive and culturally sensitive outreach combined with comprehensive services to address the multiple needs of the participants (LaFazia 1996). The analysis indicates that the Azalea Project has indeed offered both aggressive outreach and a variety of comprehensive services such as risk reduction education, counseling and skills building. Although only funded for one year, outreach efforts were successful in distributing a significant amount of material on HIV prevention and sex education. In addition, intensive case management services include one-on-one life coaching, health services and ancillary services such as housing and employment assistance. Through these efforts the Azalea staff has provided a significant number of individual encounters and intervention services.

The program has been successful in building relationships with a variety of community providers. The data indicates that over half of the referrals made were to that of other community agencies. Furthermore, of the total amount of referrals, more than 70 percent were completed. Results from the focus groups further support the importance of these comprehensive services. Almost all of the women involved in the focus groups indicated that they were very satisfied and were getting the support they needed. In addition, these project interventions were very successful in resolving and managing the risk factors and problems experienced by the participants.

Perhaps the most promising findings within this report are the birth outcome data. The birth outcome data is evidence of Azalea's success in achieving the Coalition's mission to improve birth outcomes and promote maternal and child health and well-being. More than 80 percent of the births were to babies of normal weight. In addition, more than 90 percent of these babies were born substance free.

Though the Azalea Project has been successful in addressing the target populations' needs, it has not been in the CSAP funding cycle since 2004. Limited funding has impacted both the amount of services provided to participants as well as the intensity of case management. Data from the staff focus group revealed frustration from the case managers in the lack of resources available to both participants and staff. In addition, their heavy case loads prohibited them from providing the intense case management that some of their clients needed. Finally, without proper funding, outcome evaluation instruments such as GPRA, HAPPA and SES tests (Rosenburg Self Esteem) could not be continued in the program. Used in the past, these instruments provided necessary outcome evaluation data measuring changes in sexual and drug use behaviors, attitudes and self esteem.

While the disparate funding sources is making a positive difference in the lives of the women in the target area, serious attempts must continue to be made to acquire more funding for the Azalea program. The CCI team is committed in both continuing the assessment process and in searching for these stable funding sources. These efforts must continue as Azalea's services have proven to positively impact the community it serves by reducing the number of poor birth outcomes and risk factors associated with HIV transmission.

REFERENCES

- Avins, A. L., Woods, W. J., Lindan, C. P., Hudes, E. S., Clark, W., & Hulley, S. B. (1994). HIV infection and risk behaviors among heterosexuals in alcohol treatment programs. *JAMA* Vol. 271, pg. 515-518
- Bernabe, Javier Valero de, Trinidad Soriano, Romana Albaladejo, Margarit Juarranz, Maria Elisa Calle, David Martinez, and Vicente Dominguez-Rojas 2004. Risk factors for low birth weight: a review. *European Journal of Obstetrics and Gynecology and Reproductive Biology* Vol. 116, pg. 3-15
- Black Infant Health Practice (BIHP) 2008. Infant Health Report.
- Booth, Robert E., John K. Watters, and Dale Chitwood 1993. HIV risk-related sex behaviors among injection drug users, crack smokers, and injection drug users who smoke crack. *American Journal of Public Health* Vol. 83(8), pg. 1144-1148
- Brady, Carol 2008. Jacksonville FIMR/HIV pilot project report. Northeast Florida Healthy Start. www.nefhealthystart.org
- Centers for Disease Control and Prevention. Retrieved November, 2008.
<http://www.cdc.gov/hiv/topics/aa/resources/factsheets/aa.htm>
- Centers for Disease Control and Prevention. Cases of HIV infection and AIDS in the United States and dependent areas, by race/ethnicity, 2002–2006. *HIV/AIDS Surveillance Supplemental Report* 2008;13(No. 1)
http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2008supp_vol13no1/
- Chasnoff, Ira J., Kim Neuman, Craig Thornton, and M. Angela Callaghan 2001. Screening for substance use in pregnancy: A practical approach for the primary care physician. *American Journal of Obstetrics and Gynecology*. Vol. 184(4), pg. 752-758
- Collins, James W. and Richard J. David 2009. Racial disparity in low birth weight and infant mortality. *Clinics in Perinatology* Vol. 36(1), pg. 63-73.
- Corse, S.J. and M. Smith 1998. Reducing substance abuse during pregnancy. *Journal of Substance Abuse Treatment* Vol.15(5), pg. 457-467
- Daley, Marilyn, Milton Argeriou, and Dennis McCarty 1998. Substance abuse treatment for pregnant women: A window of opportunity? *Addictive Behaviors* Vol. 23(2), pg. 239-249

- Diaz T., J.W. Buehler, D. Boyd, PJ Checko, L. Conti, AJ Davidson, P. Hermann, M. Herr, A. Levy et al. 1994. Socioeconomic differences among people with AIDS: Results from a Multistate Surveillance Project. *American Journal of Preventative Medicine* Vol. 10(4), pg. 217-222
- Duval County Health Department Feb/March 2006. Infant Mortality. *Center for health statistics report* Vol. 5(1)
- Duval County Health Department March 2008. Health: Place matters. *Center for health statistics study* Vol. 7(1)
- Fleischman, Janet 2003. Fatal vulnerabilities: Reducing the acute risk of HIV/AIDS among women and girls. *Center for Strategic and International Studies* Feb. 2003: Washington, D.C.
- Florida Department of Health 2007. Florida Vital Statistics Annual Report 2007. Retrieved July 1st, 2009. <http://www.flpublichealth.com/VSBOOK/pdf/2007/vscomp.pdf>
- Florida Department of Health. Dear Colleague Letter: 2006 Florida HIV Incidence Estimates. Retrieved July 10th, 2009. http://www.doh.state.fl.us/Disease_ctrl/aids/index.html
- Hanna, Eleanor Z., Vivian B. Faden, and Mary C. Dufour 1997. The effects of substance use during gestation on birth outcome, infant and maternal health. *Journal of Substance Abuse* Vol. 9, pg. 111-125
- Hepburn, Mary 2004. Substance abuse in pregnancy. *Current Obstetrics and Gynecology* Vol. 14, pg. 419-425
- Jessup, Martha A., Janice C. Humphreys, Claire D. Brindis, and Kathryn A. Lee 2003. Extrinsic barriers to substance abuse treatment among pregnant drug dependent women. *Journal of Drug Issues* Vol. 33(2); pg. 285
- Johnson, Sharon D., Renee M. Cunningham-Williams, and Linda B. Cottler 2003. A tripartite of HIV-risk for African American women: the intersection of drug use, violence and depression. *Drug and Alcohol Dependence* Vol. 70, pg. 169-175
- Klein, J.D., M.S. Barratt, M.J. Blythe, and A. Diaz 2005. Adolescent pregnancy: Current trends and issues. *Pediatrics* Vol. 116(1), pg. 281-287
- Kuczkowski, Krzysztof M. 2003. Anesthetic Implications of Drug Abuse in Pregnancy. *Journal of Clinical Anesthesia* Vol. 15, pg. 382-394

- LaFazia, M.A., J. Kleyn, J. Lanz, T. Hall, K. Nyrop, K.D. Stark, C. Hansen, and D.H. Watts 1996. Case management: A method of addressing subject selection and recruitment issues. In: Rahdert, E.R., ed. *Treatment for Drug-Exposed Women and Their Children: Advances in Research Methodology*. National Institute on Drug Abuse Research Monograph 166. NIH Pub. No. 96-3632. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1996.
- Matteson, Donald W., Jeffrey A. Burr and James R. Marshall 1998. Infant Mortality: A multilevel analysis of individual and community risk factors. *Social Science Medicine* Vol. 47(11), pg. 1841-1854
- Murphy, Sheigla and Marsha Rosenbaum 1999. "Pregnant women on drugs: Combating stereotypes and stigma." Rutgers University Press. New Brunswick, NJ.
- Nadeau, Louise, Manon Truchon and Colette Biron 2000. High-risk sexual behaviors in a context of substance abuse: A focus group approach. *Journal of Substance Abuse Treatment* Vol. 19 (2000), pg. 319-328
- Scheidt, D. M., and M. Windle. (1995). The Alcoholics in Treatment HIV Risk (ATRISK) study: gender, ethnic and geographic group comparisons. *Journal of Studies on Alcohol* Vol. 56, pg. 300-308.
- Sierfert, Kristine and Sheryl Pimlott 2001. Improving pregnancy outcome during imprisonment: A model residential care program. *Social Work* Vol. 46(2), pg. 125-134
- The City of Jacksonville (COJ) 2009. Retrieved June 29, 2009. <http://www.coj.net/Departments/Recreation+and+Community+Services/Grant+Compliance+Office/Public+Service+Grants.htm>
- The City of Jacksonville. Public Service Grant: Application for Funding. Fiscal year 2008-09
- The Northeast Florida Healthy Start Coalition 2008. The Infant Health Report. Retrieved July 1st, 2009. www.nefhealtystart.org
- The U.S. Census Bureau: 2000 Census of Population – Summary File 1, Florida State Data Center. Retrieved July 6, 2009. <http://factfinder.census.gov/home/>
- The Women's Giving Alliance (WGA) 2009. Information mainpage. Retrieved July 1st, 2009. www.womensgivingalliance.org
- Thompson, Daniel and Cheryl Clark 2008. Infant mortality and low birth weight rates compared to expected rates by county for Florida 2007. Florida Department of Health, Division of Family Health Services.

Tuten, Michelle, Hendree E. Jones, Dace S. Svikis 2003. Comparing homeless and domiciled pregnant substance dependent women on psychosocial characteristics and treatment outcomes. *Drug and Alcohol Dependence* Vol. 69, pg. 95-99

Uziel-Miller, Nina D., and John S. Lyons 1999. Specialized substance abuse treatment for women and their children: An analysis of program design. *Journal of Substance Abuse Treatment* Vol. 19, pg. 355-367

Whyte, James IV 2005. The measurement of HIV risk level in African American women who dwell in the Southeastern United States. *Journal of the Association of Nurses in AIDS Care* Vol. 16(6), pg. 48-55

APPENDICES

APPENDIX A
HEALTHY START COALITION OVERVIEW

THE NORTHEAST FLORIDA HEALTHY START COALITION

The Northeast Florida Healthy Start Coalition is one of 33 community-based organizations established 15 years ago as part of the state's Healthy Start Initiative. The mission of the Coalition is to improve birth outcomes and promote maternal and child health and well-being.

The Coalition is responsible for the planning, implementing and oversight of maternal and child health services under the state's Healthy Start Initiative. It assesses community needs and resources and directs Healthy Start funds (state general revenue and Title V) to meet local needs. The Coalition is comprised of more than 40 volunteers from a five-county area, including Jacksonville-Duval County. Coalition members represent maternal and child health consumers, public and private providers, hospitals, elected officials, community organizations, business, insurers, nurses, housing agencies, child care, educational systems and others committed to improving the health and well-being of mothers and babies in Northeast Florida. The Coalition is governed by a 16-member Board of Directors which meets monthly to carry-out the business of the organization, including all programmatic and financial decision-making.

Specific Coalition responsibilities include:

- Assessing maternal and child health status and available services to pinpoint needs and gaps.
- Planning and implementing a comprehensive, quality system of Healthy Start services, including universal risk screening for pregnant women and newborns; prenatal and infant care; and, care coordination and related services for at-risk women and infants to improve their chances for a healthy birth and development.
- Increasing community awareness about maternal and child health issues, including substance abuse and HIV/AIDS.
- Directing state and other resources to programs and services that address specific community needs.
- Providing community oversight of Healthy Start services

APPENDIX B

HEALTHY START INITIATIVES

APPENDIX C
DEFINITION OF TERMS

Definition of Terms

CDC – Centers for Disease Control and Prevention

COJ – City of Jacksonville

CSAP – Center for Substance Abuse Prevention

Dosage – the amount of time spent with participants face to face

Duration of service – the amount of time a participant receives Azalea services

GCS – Gateway Community Services: local agency which provides residential and outpatient treatment, detox services, assessments, after care and related services to substance abusing adults and adolescents

GPRA – Government Performance and Results Act: tool used in the past by Azalea staff to collect outcome evaluation data

HAPPA – HIV/AIDS Prevention Program Archive: past resource used by Azalea to collect participant data for the outcome evaluation measuring sexual and drug use behaviors and attitudes

Healthy Start – Case management and related risk reduction services are provided to eligible pregnant women and newborns. Services are provided by the Duval County Health Department, Shands Jacksonville and community organizations

Infant mortality rate – the number of infant deaths during the first year of life per 1000 live births per year

IRB – Institutional Review Board

LBW - Low birth weight: babies weighing between 1,500 grams and 2,500 grams

MAC – Minority AIDS Coalition: brings together agencies, consumers and community groups to address the needs of the African American community in Jacksonville

NEFLHS – Northeast Florida Healthy Start – community based organization established by the state's Healthy Start Initiative. The mission of the organization is to improve birth outcomes and promote maternal and child health and well-being

No More Drama – a women's group HIV intervention and education program put together by the Azalea Staff

Normal birth weight – babies weighing 2,500+ grams

PPOR – Perinatal Periods of Risk

PSG – Public Service Grant: a city grant currently funding one Azalea case management position

RRHS - River Region Human Resources: local agency which provides outreach, treatment, detox and follow-up services for substance abuse and HIV/AIDS

SAMHSA – Substance Abuse and Mental Health Services Administration

SES – Rosenberg Self-Esteem Scale – resource used in past by Azalea to measure a participants self-esteem and self-worth; including a pre and post-test

Spontaneous abortion – a miscarriage, that is, any pregnancy that is not viable (the fetus cannot survive) or in which the fetus is born before the 20th week of pregnancy

STD – sexually transmitted disease

TUAY – social evaluation assessment tool

VLBW - Very low birth weight: babies weighing less than 1,500 grams

WGA – The Women’s Giving Alliance: a group of philanthropic women working to make a lasting impact on the lives of women and girls in Northeast Florida

APPENDIX D
INSTRUMENTS