



Florida State Health Improvement Plan (SHIP) 2017-2021

SHIP

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Executive Summary

The Department of Health announces Florida’s 2017-2021 state health improvement plan. Under the leadership of the State Surgeon General, the Department of Health (Department) tasked a diverse group of partners with creating a blueprint for action, culminating in Florida’s State Health Improvement Plan (SHIP). The five-year SHIP, 2017-2021, sets out goals for Florida’s public health system which includes a range of stakeholders, such as state and local government agencies, health care providers, employers, community groups, universities and schools, non-profit organizations and advocacy groups. The Department used a collaborative planning process to foster shared ownership and responsibility for the plan’s implementation, with the goal of efficient and targeted collective action to improve the health of Floridians.

Process

The SHIP Steering Committee directed a comprehensive State Health Assessment to identify the most important health issues affecting Floridians. Using the National Association of County and City Health Officials’ (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process, the State Health Assessment ensures that selected priorities are supported by data regarding the health status of Florida’s residents. It also guides the effectiveness of Florida’s public health system in providing essential services, assesses residents’ perceived quality of life and explores factors outside of health that impact health, now or in the future. A description of this thorough process, as well as findings and list of participants, is presented in the *State Health Assessment* report.

The SHIP Steering Committee set priorities in eight areas by identifying cross-cutting strategic issues that emerged from the State Health Assessment key findings. A ninth priority area was added to the SHIP at the request of Florida Governor Ron DeSantis—*Alzheimer’s Disease and Related Dementias*. The new priority area was formally introduced to the SHIP Steering Committee on May 5, 2019. After a series of meetings, the SHIP Steering Committee reached consensus on goals, strategies and objectives for each priority area. The process of developing the SHIP has served as a catalyst for moving traditional and non-traditional public health groups state toward a common agenda. The ongoing process of implementing the SHIP will bring together these system partners on a regular basis each year to assess implementation and progress towards stated objectives. As such, the plan is meant to be a living document rather than an end point. It reflects a commitment of partners and stakeholders to address shared health issues in a systematic and accountable way.

The Nine SHIP Priority Areas and Goals

Priority Area 1: Health Equity

- Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding health equity, cultural competency/sensitivity, and how social determinants of health influence the health of Florida’s residents and communities.
- Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in social determinants of health and advance health equity.
- Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida’s most vulnerable populations.

Priority Area 2: Maternal & Child Health

- Reduce infant mortality and related disparities.
- Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.
- Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.

Priority Area 3: Immunizations & Influenza

- Increase access to immunizations for infants and pregnant women.
- Increase access to immunizations for vaccine-preventable diseases in children and teens.

Priority Area 4: Injury, Safety & Violence

- Prevent and reduce intentional and unintentional injuries and deaths in Florida.

Priority Area 5: Healthy Weight, Nutrition & Physical Activity

- Improve the food environment and nutrition habits across the lifespan to increase healthy weight.
- Improve access to and participation in physical activity opportunities across the lifespan to increase healthy weight.

Priority Area 6: Behavioral Health – Includes Mental Illness & Substance Abuse

- Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.
- Decrease the number of newborns experiencing neonatal abstinence syndrome.
- Reduce the number of opioid overdose deaths among individuals with opioid use disorders.
- Reduce the number of deaths by suicide in Florida.

Priority Area 7: Sexually Transmitted Disease (STDs) – Includes Other Infectious Diseases

- Reduce syphilis in Florida.
- Reduce new HIV infections in Florida through a coordinated response across public health systems partners.
- Demonstrate readiness for existing and emerging infectious disease threats.

Priority Area 8: Chronic Diseases & Conditions – Includes Tobacco-Related Illnesses & Cancer

- Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.
- Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.

Priority Area 9: Alzheimer's Disease & Related Dementias

- Strengthen the capacity to address Alzheimer's Disease and Related Dementias (ADRD) in Florida.
- Assure a competent ADRD workforce through education and training.
- Enhance support for those living with ADRD and their caregivers in Florida.

Implementation

The Steering Committee set the eight priorities of the SHIP. Priority Area Workgroups were established and charged with the responsibility for proposing the associated goals, strategies and objectives and ongoing implementation and monitoring of the plan. The Steering Committee also directed each of the eight Priority Area Workgroups to reach out to a broad sector of non-traditional entities to facilitate the implementation of SHIP objectives. The co-chairs, one internal to the Department and one external, were successful in attracting diverse members. Workgroups included members from agencies represented on the Steering Committee as well as entities not previously associated with the SHIP process. The Health Equity Priority Area Workgroup membership, for example, includes the Florida Chamber of Commerce, Florida Department of Agriculture and Consumer Services, Florida Department of Economic Opportunity and Florida Department of Transportation. The Sexually Transmitted Disease and Other Infectious Diseases workgroup, with work that falls traditionally within the domain of the Department, includes university consortiums on HIV/AIDS, a private immunology center and a pharmaceutical company.

To facilitate the work of the Priority Area Workgroups, the Department created implementation plans which they used to document ownership and responsibilities for objectives in the SHIP. For example, the Department of Elder Affairs oversees the entire Alzheimer's Disease and Related Dementias priority, with three goals and a total of seven objectives. The Department of Elder Affairs' internal co-chair organizes and facilitates their quarterly meetings, updates the implementation plan and data values quarterly, then submits it to the Department of Health for input into the Florida Health Performs data system. As the Department collaborated with other agencies and organizations, health-related objectives were identified or objectives were created around partner agencies' long-range plans which were suited for the SHIP. Examples include a policy initiative to increase opportunities for physical activity within the built environment with the Department of Transportation and a policy initiative to increase affordable housing with the Florida Supportive Housing Coalition. In like manner, the Department of Children and Families recognized that the Department of Health could provide data to support a neonatal abstinence syndrome prevention objective in their long-range plan.

Over the course of the five-year plan, the Priority Area Workgroups will meet quarterly to implement and track progress on the SHIP objectives. Workgroups will recommend revisions of the plan to the SHIP Steering Committee, who will meet at least twice a year to monitor progress and at least annually to revise the plan. Partners' collective monitoring, reporting progress and revising will ensure the plan remains relevant and effective.

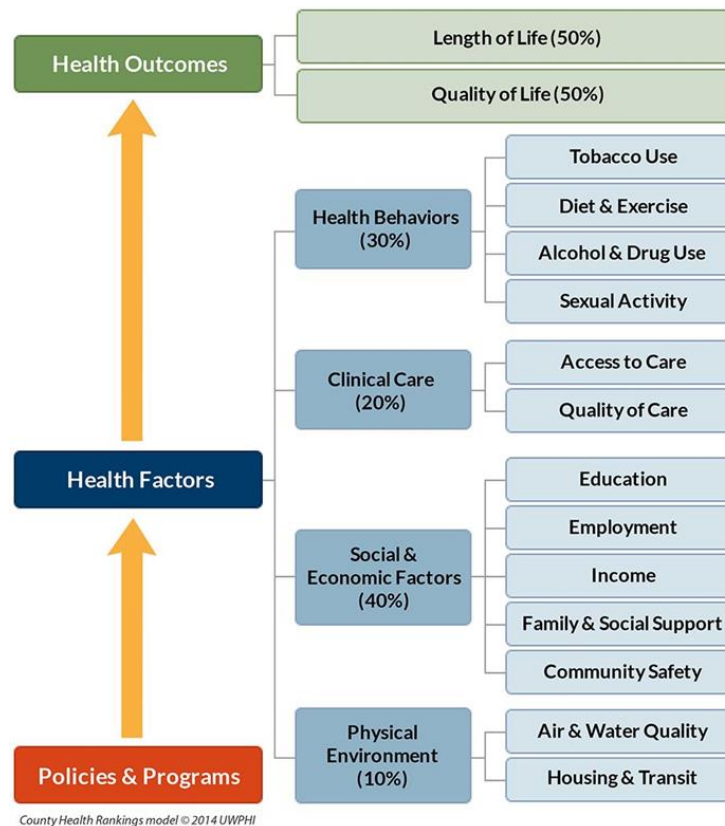
Potential Users of the SHIP

Potential partners and users of this plan include county health departments, health districts, health planning organizations, health and social service organizations, hospitals, federally qualified health centers, partner agencies, emergency responder organizations, state and local governments, the general public, elected officials, media, chambers of congress, employers, foundations, funding organizations, the business community and academic institutions. The plan can be used for state, regional, tribal and local community health improvement planning, regional, tribal and local community health assessment, agency strategic planning, operational planning, state, regional and local emergency preparedness, accountability, performance management, quality improvement, informing, educating and empowering residents about Florida's health issues, marketing, grant seeking and grant making, workforce assessment and planning and identifying research and innovation opportunities.

Introduction

What Produces Health?

County Health Rankings & Roadmaps (CHRR), an initiative of the University of Wisconsin Population Health Institute School of Medicine and Public Health, defines health as “living long and well.” (CHRR website, 2018). This definition points to the fact that health is shaped by the conditions in which people live, learn, work and play. Daily choices such as eating a balanced diet, physical activity, adequate rest, getting the recommended immunizations, avoiding smoking, washing hands and seeing a doctor when sick and for preventive care are necessary for health. Other factors also influence health: social and economic factors and the environment in which people live - the quality of schooling, the cleanliness of water, food and air, the quality of housing, the economy in which people work, the level of income earned, family and external relationships, the safety of neighborhoods and the community resources residents can access (CHRR website, 2018). The Florida SHIP addresses the conditions that produce our health and strengthen our well-being.



Understanding how health begins with the conditions under which people live, work and play – such as good housing, access to services, employment sufficient to support basic needs and clean drinking water – allow state partners to design interventions that facilitate the development of healthy people and their local economies. For example, adult vocational training provides the opportunity for job-specific skills through education, certification programs or on-the-job training which can increase earning potential and the ability to meet basic needs. This, in turn, influences health behaviors, which can boost physical well-being and prevent and reduce chronic disease. Similarly, healthy people have lower health care costs, fewer sick days and are more productive – all of which are critical to economic growth. In short, what is good for health is also good for business. Based on the science of what produces health, the Department designed a SHIP to leverage such

synergies so that individuals and organizations who do not usually consider public health concerns can see their stake in them. With these considerations in mind, the SHIP Steering Committee established a Health Equity priority area to address the identified inequities, disparities and advance health equity. This priority area aims to establish a shared understanding about health equity and social determinants of health and strengthen the capacity of the public health network to work with communities to reduce disparities. It also focuses on system-level changes for the alleviation of identified causes of health inequity for Florida's most vulnerable population – economic instability, poor access to quality education and medical care. The Health Equity priority emphasizes fiscal, environmental and policy approaches to increase affordable housing, improve neighborhood safety, opportunities for physical activities and access to healthy food. An additional health equity strategy fosters collaboration between health partners and community organizations to improve access to appropriate behavioral health services to address disparities in access to drug treatment and mental health treatment/counseling in Florida.

LIFE COURSE

**“Resilience to ill health
and the risk of ill health
accumulate throughout life
and across generations.”**

*Bulletin of the World Health Organization, Volume 96 (1):
2018, 1-76.*



Who Contributes to the Health and Well-Being of the People of Florida?

The Department bears statutory responsibility for protecting the public's health. Health is influenced by more than personal choices and a visit to the doctor, therefore Department staff convened partners from a broad spectrum to develop the SHIP. While Department staff is responsible for ongoing monitoring of the SHIP, the Department is only part of the public health system. Other agencies, non-governmental organizations, institutions and informal associations have critical roles in creating conditions in which people can be healthy. Department leadership realized that government entities alone cannot match the collective strength of individuals, communities and various social institutions working together to improve health. This collaborative process culminated in the 2017-2021 SHIP. The ongoing SHIP process and the plan itself both reflect the partnership, time and commitment of many with expertise in business, education, government, community members and public health to achieve sustainable changes for improving health in Florida.

How was this State Health Improvement Plan Developed?

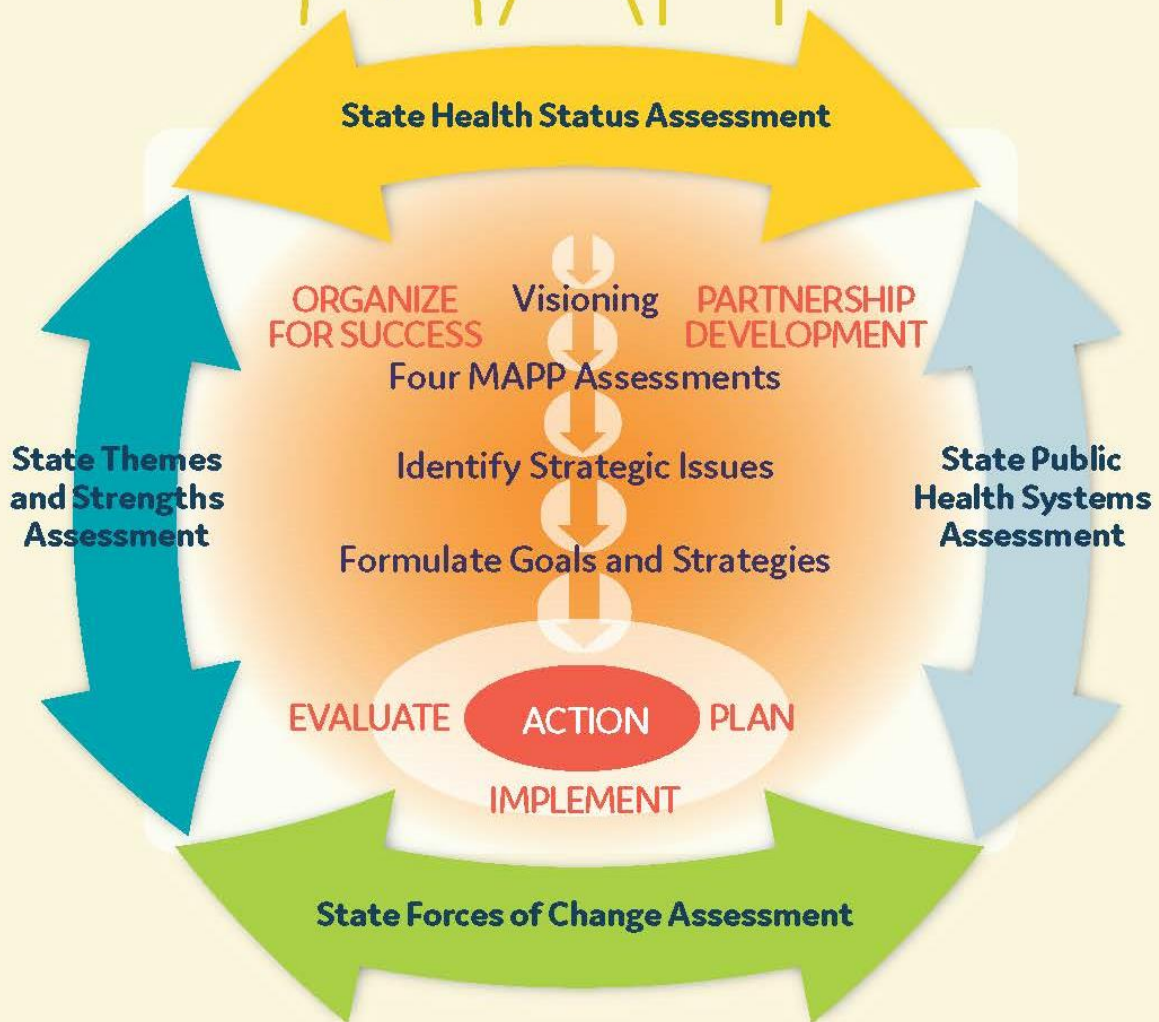
The Florida Department of Health led a diverse partnership, the SHIP Steering Committee, to build Florida's state health improvement plan for 2017-2021. The SHIP is a statewide plan for public health system partners and stakeholders to improve the health of Floridians.

To develop the SHIP, the partnership conducted a comprehensive State Health Assessment to identify the most important health issues affecting Floridians. A comprehensive assessment ensures that the priorities selected for the SHIP are shaped by data about the health status of our residents, the effectiveness of Florida's public health system, which includes the tribal and local communities, in providing essential public health services, residents' perceived quality of life and how factors outside of health might impact health now or in the future.

In January 2016, the Florida Department of Health, along with public and private partner organizations, began a state health improvement planning process using NACCHO's MAPP strategic planning model.

MAPP is a community-driven strategic planning process used for improving community health by identifying strategic issues from four assessments and using the issues to set priorities and implement evidence-based initiatives to advance health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness and ultimately the performance of local public health systems (NACCHO, 2016). In addition to using MAPP for the State Health Assessment, Florida's county health departments use this process for local community health assessments to develop community health improvement plans.

MAPP



The Four Mobilizing for Action through Planning and Partnerships Assessments

Subject-matter experts from a diverse group of partners conducted the four MAPP assessments. Individually, the assessments yield in-depth analyses of factors and forces that affect population health. Taken together, the four assessments create a comprehensive view of health and quality of life in Florida and constitute Florida's State Health Assessment. Following is a description of each assessment, including the assessment method—the State Health Status Assessment, State Public Health Systems Assessment, State Forces of Change Assessment and State Community Themes and Strengths Assessment. The SHIP Steering Committee members recommended State Health Assessment Advisory Group members to oversee the State Health Assessment process.

State Health Status Assessment

The State Health Status Assessment identifies priority health and quality of life issues. It answers questions such as “How healthy are our residents?” and “What does the health status of our state look like?”

The Health Status Assessment is a critical component in the MAPP process, and it is during this stage that specific health issues (e.g., high cancer rates or low immunization rates) are identified. A range of data that include risk factors, sub-populations and diseases and conditions serves as the foundation for analyzing and identifying state health issues and determining how Florida compares to other states.

ASSESSMENT METHOD:

The Health Status Assessment Workgroup comprises a group of Department subject-matter experts including epidemiology and surveillance system administrators who specialize in data collection and analysis and interpretation, initiated the assessment process. Using a list of indicators from the planning team that had been included in the prior State Health Assessment, the Health Status Assessment Workgroup determined which indicators to keep or delete and whether additional indicators were needed to determine health issues pertinent to Florida. Once the indicators were compiled, workgroup members selected 31 health issues for inclusion in the Health Status Assessment. Subject matter experts worked within their programs and gathered input from external partners to prepare narratives and data for the issues. A sub-group of five members from the Health Status Assessment Workgroup scored the health issues based on relevance and severity. For each issue considered, the group reviewed data that showed disproportionate impact based on race, ethnicity or economic status. The 31 issues were ranked and presented to the entire workgroup, who then prioritized the top seven issues: cancer; chronic disease and injury prevention; healthy weight; immunizations and influenza; maternal and child health; and substance abuse.

State Public Health System Assessment

The Department led a statewide effort to assess the state public health system and used a state-level instrument from the National Public Health Performance Standards Program. The goals of this assessment were to create stronger systems through collaboration; identify strengths, challenges and system-wide solutions; foster quality improvement by using national benchmarks to more fully inform state health improvement planning efforts; fulfill national voluntary public health agency accreditation requirements and positively impact health outcomes of Floridians.

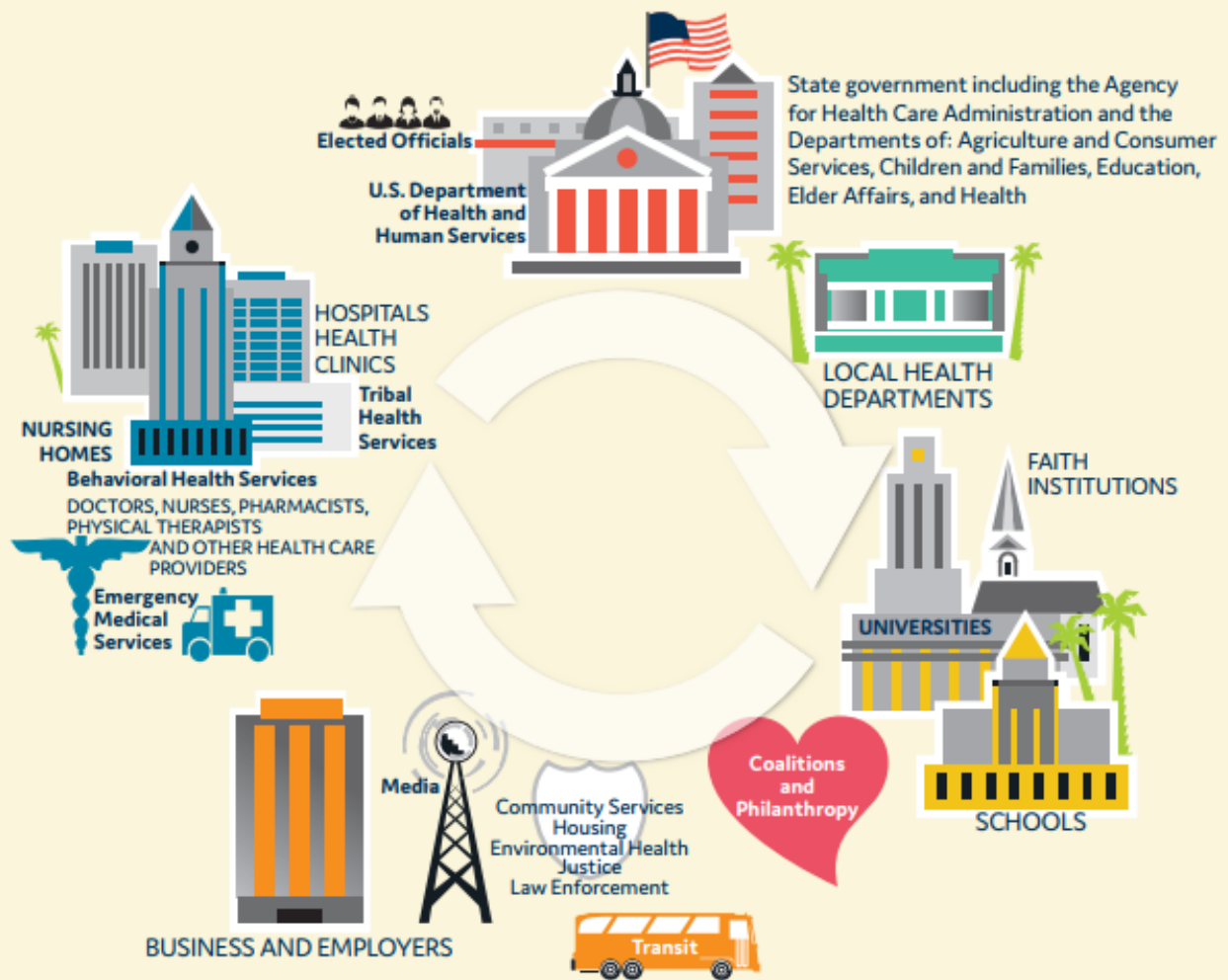
A public health system comprises public, private and non-profit entities that contribute to public health activities within a given area. Depicted as a network of entities, this framework recognizes the significant contributions and roles of partners in the health and well-being of communities and the state. The infographic “Public Health Network” presents the examples of organizations and groups in the network. Included in this partnership is the tribal community. Tribal communities play an intricate role in the functioning of Florida’s public health system. To ensure that health improvement planning considered issues pertinent to these communities, tribal representation was included at various levels of the State Health Improvement Planning process – on this Assessment group, the State Health Assessment Advisory Group and on the SHIP Steering Committee (please see member list on pg. ii) which directs the SHIP process and helps to determine goals and strategies proven effective in addressing health problems.

ASSESSMENT METHOD:

Diverse groups of public health professionals and partners representing a wide range of fields gathered for two half-day forums to assess the performance and capacity of Florida’s public health system. The groups assessed six of the ten Essential Public Health Services. During each forum, a facilitator read aloud the essential service description, activities and model standard for each group of indicators. A brief discussion followed, during which participants shared how their organization contributed to meeting the standard and Florida’s overall performance in the area. Participants cast votes ranging from no activity to optimal. In addition, the Department planning team surveyed a group of Department staff and partners to assess the remaining four Essential Public Health Services. Department staff entered responses for all ten Essential Public Health Services into a standardized tool developed by the Centers for Disease Control and Prevention to obtain final results.

The National Public Health Performance Standards Program seeks to ensure that strong and effective public health systems are in place to deliver essential public health services. The ten Essential Public Health Services are the underlying framework for the performance assessment instruments. Each essential service is divided into several indicators, which represent major components of performance for the service. Each indicator has an associated model standard that describes aspects of optimal performance, along with a series of assessment questions that serve as measures of performance.

Public Health Network



State Forces of Change Assessment

In 2016, the Department led a coordinated, comprehensive and collaborative effort to conduct a State Forces of Change Assessment. The purpose of this process is to assess significant factors, events and trends that currently or may in the future affect the health of Floridians or the effectiveness of Florida's public health system. This assessment also includes challenges and opportunities associated with these forces.

ASSESSMENT METHOD:

A subgroup of the State Health Assessment Advisory Group completed the State Forces of Change Assessment. Participants were first invited to offer preliminary thoughts on Forces of Change from their individual perspectives in advance of the State Health Assessment Advisory Group meeting. Department staff organized the preliminary feedback into common themes. At the Advisory Group meeting, participants brainstormed trends, factors and events that influence the health and quality of life of the state and the efficacy of the public health system, either currently or in the foreseeable future.

State Themes and Strengths Assessment

The State Themes and Strengths Assessment answers key questions, drawing from a cross-section of the public health system that includes county health departments, state and community public health partners and Florida residents. It results in a strong understanding of state issues and concerns, perceptions about quality of life and a listing of assets. It answers the following questions:

- *What health-related issues are important to our state?*
- *How is quality of life perceived in our state?*
- *What assets do we have that can be used to improve Florida's health?*

ASSESSMENT METHOD:

Recognizing that any single approach would be insufficient to reach a broad cross-section of Florida's diverse population, three different perspectives – county health department strategic plans, community health improvement plans and the statewide Behavioral Risk Factor Surveillance System survey – were used to frame this assessment and produce a report of findings. As part of the Department's integrated approach to accreditation by the Public Health Accreditation Board (PHAB), all county health departments conduct strategic planning and community health improvement planning activities.

County health department strategic plans illustrate local health priorities, existing infrastructure and resource allocation. Data from this source reflect specific needs across county health departments that can best be addressed through agency action. Department staff reviewed strategic plans and queried county health departments to ascertain themes and strengths from their perspectives.

Community Health Improvement Plans (CHIPs) reflect concerns of a wide range of partners and residents of each county and are useful in understanding community themes and strengths. The Department used the CHIPs and queried all 67 community health improvement planners at the county health departments to inform this assessment about community and partner-perceived priorities and resources.

The Behavioral Risk Factor Surveillance System (BRFSS) is a statewide survey that asks respondents ages 18 and older about their health behaviors and preventive health practices related to the leading causes of morbidity and mortality; the Department administers this survey every year. In addition, participants provide responses about their perceived quality of life and the factors that impact health and well-being. The survey sample is structured so that collective responses are representative of the state's population and its key subgroups. The Department used data from the 2014 statewide survey to provide insight about how residents of our state perceive their quality of life.

State Health Assessment Key Findings

Upon completion of all four Assessments, subject-matter experts from the Department considered how they informed the top seven health issues recommended by the Health Status Assessment Workgroup and developed educational presentations for the State Health Assessment Advisory Group. The Advisory Group adopted all seven as key findings and added Behavioral Health as an eighth finding.

The infographics (Appendix A) represent data from across the four MAPP assessments for the following health issues:

- 1) Behavioral Health
- 2) Cancer
- 3) Chronic Diseases and Injury Prevention
- 4) Healthy Weight
- 5) Immunizations and Influenza
- 6) Maternal Health and Birth Outcomes
- 7) Sexually Transmitted Diseases
- 8) Tobacco, Alcohol and Substance Abuse

Following this process, the SHIP Steering Committee set priorities in nine areas by identifying cross-cutting strategic issues that emerged from the State Health Assessment key findings. For example, the SHIP Steering Committee merged issues from three key findings to set a strategic area for *Chronic Disease and Conditions – Includes Tobacco-Related Illnesses & Cancer*. In addition, while the key findings included Injury Prevention with Chronic Disease, the Steering Committee set a specific priority area for *Injury, Safety & Violence*. While health equity was weaved into all the strategic issues as areas for specific attention, the SHIP Steering Committee later decided that Health Equity needed to be a separate priority area. After a series of meetings, the SHIP Steering Committee reached consensus on the nine priority areas and on the associated goals, strategies and objectives for each priority area.

Each priority area contains goals, strategies and objectives prioritized for action by 2021, to provide a desired measurable outcome with a specific indicator for annual tracking.



State Health Improvement Plan Goals, Strategies & Objectives

SHIP PRIORITY 1

Health Equity

Health equity is the attainment of the highest level of health for all people and requires focusing on avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. It provides the foundation for success in all the other health-issue priorities.

Goal HE1 Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding health equity, cultural competency/sensitivity and how social determinants of health influence the health of Florida’s residents and communities.

Strategy HE1.1 Assess the knowledge, skills and abilities of members of state and local agencies, other organizations and stakeholders as they relate to health equity, cultural competency/sensitivity and social determinants of health mitigation strategies and approaches.

OBJECTIVES HE1.1.1 By December 31, 2019, identify health equity, cultural competency/sensitivity and social determinants of health knowledge, skills, and abilities assessments in identified organizations. *Objective achieved*

HE1.1.2 By December 31, 2021, conduct health equity, cultural competency/sensitivity and social determinants of health knowledge, skills, and abilities assessments in identified organizations.

Strategy HE1.2 Improve information sharing, availability and access to educational opportunities related to understanding and addressing health equity, cultural competency/sensitivity, and social determinants of health.

OBJECTIVES HE1.2.1 By June 30, 2020, develop a training repository that provides quick and easy access to a variety of trainings for a variety of audiences on health equity, cultural competency/sensitivity, and social determinants of health and monitor utilization.

HE1.2.2 By December 31, 2021, maintain the developed training repository that provides quick and easy access to a variety of trainings for a variety of audiences on health equity, cultural competency/sensitivity, and social determinants of health and monitor utilization.

Coordinating Agency: Florida Department of Health

Participating Partners: Big Bend Area Health Education Center, Florida Department of Education, Heathy Start Coalition of Jefferson, Madison & Taylor Counties, and Florida Department of Elder Affairs

Goal HE2 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in social determinants of health and advance health equity.

Strategy HE2.2 Expand documentation, dissemination and implementation of best practices to improve health equity and reduce disparities in social determinants of health to increase coordination and collaboration among county health departments, state and local governments, community organizations, school districts, the health care system, universities and other interested parties.

OBJECTIVES HE2.2.1 By June 30, 2020, develop a website that provides streamlined access to resources and best practice examples of working collaboratively to improve health equity and address social determinants of health.

HE2.2.3 By December 31, 2021, maintain the website that provides streamlined access to resources and best practice examples of working collaboratively to improve health equity and address social determinants of health.

Coordinating Agency: Florida Department of Health

Participating Partners: Florida Department of Elder Affairs, Florida Department of Education and Florida State University College of Medicine

Goal **HE3 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida’s most vulnerable population.**

Strategy	HE3.1	Promote opportunities for vulnerable individuals and their communities to achieve long-term economic stability.
OBJECTIVES	HE3.1.1	By December 31, 2018, develop 12 individualized plans for counties identified with greatest need to identify opportunities to improve economic stability. <i>Objective achieved</i>
	HE3.1.2	By December 31, 2021, partner with two of Florida’s most vulnerable communities to increase their capacity to address the economic challenges associated with the opioid epidemic and provide support, training and resources to assist Floridians in obtaining sustainable employment.
Strategy	HE3.2	Promote equity in educational access and outcomes.
OBJECTIVES	HE3.2.1	By December 31, 2020, reduce the graduation rate gap between White and Black students from 12.8% (2015-16) to 9.8%. <i>Objective achieved</i>
	HE3.2.2	By December 31, 2020, reduce the graduation rate gap between non-economically disadvantaged and economically disadvantaged students from 13.1% (2015-16) to 10.1%. <i>Objective achieved</i>
	HE3.2.3	By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015-16) to 15.7%. <i>Objective achieved</i>
Strategy	HE3.3	Promote coordination and collaboration between health care and affiliated industries, the business community and community organizations to increase utilization of innovative approaches to address disparities in preventative and primary care for underserved and uninsured populations.
Strategy	HE3.4	Promote fiscal, environmental and policy approaches that increase affordable housing, improve neighborhood safety and access to healthy foods, and encourage community design and development that enhances access to and availability of physical activity opportunities to improve health outcomes and equity.
OBJECTIVES	HE3.4.3	By December 31, 2021, decrease the proportion of renter households in Florida that spend 30 percent of more of their income on housing from 57.4% (2012-2016) to 51.7%.
	HE3.4.4	By December 31, 2021, increase the number of Florida communities in AARP’s Network of Age-Friendly Communities from 24 (2018) to 50.
Strategy	HE3.5	Promote the collaboration between local governments, health care partners, public health and community organizations to support cohesive communities.
OBJECTIVE	HE3.5.3	By December 31, 2021, establish a baseline of local health equity partnerships and collaborations.

Coordinating Agency: Florida Department of Health

Participating Partners: Florida Department of Economic Opportunity, Florida Department of Transportation, Florida Agency for Health Care Administration, Feeding Florida, Florida Department of Children and Families, Florida Department of Elder Affairs, Florida Department of Education, Paramore Kidz Zone, Florida Supportive Housing Coalition, Florida Association of Health Planning Agencies, Big Bend Area Health Education Center, Heathy Start Coalition of Jefferson, Madison & Taylor Counties, Orange County Primary Care Access Network, Florida Alliance of Boys and Girls Clubs and *Alzheimer’s Association

* Accepted responsibilities for implementing strategies

SHIP PRIORITY 2

Maternal & Child Health

The well-being of women, infants, children and families determines the health of the next generation. Events over the life course influence maternal and child health risks and outcomes. Differences in health outcomes such as infant mortality, by race and ethnicity, can predict future public health challenges for families, communities and the health care system.

Goal MCH1 Reduce infant mortality and related disparities.

Strategy MCH1.1 Advance safe sleep behaviors among families and infant caregivers with an emphasis on disparate populations.

OBJECTIVES MCH1.1.1 By December 31, 2021, reduce percentage of Black mothers in Florida whose infant sleeps in bed with a parent or anyone else from 26.4% (2014) to 24.8%.

MCH1.1.2 By December 31, 2021, increase percentage of Black mothers in Florida who place their infant on their back to sleep from 56.4% (2014) to 58.4%.

Strategy MCH1.2 Promote effective preterm birth prevention strategies for women of reproductive age with an emphasis on disparate populations.

OBJECTIVES MCH1.2.1 By December 31, 2021, reduce percentage of births in Florida to mothers who smoked during pregnancy from 5.8% (2015) to 4.0%.

MCH1.2.2 By December 31, 2021, reduce percentage of births in Florida with an inter-pregnancy interval less than 18 months from 34.3% (2015) to 30.0%.

Coordinating Agency: Florida Department of Health

Participating Partners: University of South Florida, March of Dimes, REACHUP, Inc., American College of Obstetricians and Gynecologists District XII, Florida Association of Healthy Start Coalitions, Federal Healthy Start Program, Agency for Health Care Administration, Gadsden County Healthy Start Coalition, Florida Keys Healthy Start Coalition, Florida Hospital Association, Centers for Disease Control and Prevention, the Children's Movement of Florida, Healthy Families Florida, Florida Maternal, Infant and Early Childhood Home Visiting Program, Association of Women's Health, Obstetric and Neonatal Nurses Florida, Charlie's Kids Foundation, Cribs for Kids, Harvard School of Public Health, National Institute for Children's Health Quality, Florida county health departments, Florida Medical Association, Florida Chapter of the American Academy of Pediatrics, St. George's University, Florida Agricultural and Mechanical University and Healthy Start Coalition of Hillsborough County

Goal MCH2 Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.

Strategy MCH2.1 Promote quality of care for maternal hypertension and hemorrhage among pregnant women.

OBJECTIVES MCH2.1.1 By December 31, 2021, decrease the rate of severe maternal morbidity (SMM) from 8.39 per 1,000 delivery hospitalizations (2015) to 7.72. *Objective achieved*

MCH2.1.2 By December 31, 2021, reduce the Black-White racial disparity in SMM rates from 5.00 per 1,000 delivery hospitalizations (2015) to 4.50. *Objective achieved*

Strategy MCH2.2 Promote preventive and primary health care utilization for women and men.

OBJECTIVE MCH2.2.1 By December 31, 2021, increase percentage of new mothers in Florida who received information about how to prepare for a healthy pregnancy and baby prior to pregnancy from 22.8% (2014) to 30.0%.

Strategy MCH2.3 Integrate health equity into the public health system and communities by incorporating elements of health equity into policies and programs that impact maternal and child health populations.

OBJECTIVE MCH2.3.1 By December 31, 2021, establish a process for formally assessing maternal and child health policies and programs from a health equity perspective.

Coordinating Agency: Florida Department of Health

Participating Partners: University of South Florida, March of Dimes, REACHUP, Inc., American College of Obstetricians and Gynecologists District XII, Florida Association of Healthy Start Coalitions, Federal Healthy Start Program, Agency for Health Care Administration, Gadsden County Healthy Start Coalition, Inc., Florida Keys Healthy Start Coalition, Florida Hospital Association, Centers for Disease Control and Prevention, the Children's Movement of Florida, Healthy Families Florida, Florida Maternal, Infant and Early Childhood Home Visiting Program, Association of Women's Health - Obstetric and Neonatal Nurses Florida, American College of Nurse-Midwives, Florida Perinatal Quality Collaborative, Ounce of Prevention Fund of Florida and Association of Maternal and Child Health Programs



Goal **MCH3** **Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.**

Strategy **MCH3.1** Develop and increase patient-centered medical home model amongst health care providers serving children and youth with special health care needs under the age 21 in Florida.

OBJECTIVE **MCH3.1.1** By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from 27.8% (2017) to 35%.

Strategy **MCH3.2** Implement regional behavioral health integration models in primary care settings amongst children and youth with special health care needs under the age of 21 in Florida.

OBJECTIVE **MCH3.2.1** By December 31, 2021, increase the number of children and youth who receive access to behavioral health services from 44.1% (2017) to 53%.

Coordinating Agency: Florida Department of Health

Participating Partners: University of Central Florida HealthARCH, Florida Department of Children and Families, Florida Agency for Health Care Administration, University of South Florida and Florida State University

** Accepted responsibilities for implementing strategies*

SHIP PRIORITY 3

Immunizations & Influenza

Immunizations protect adults and children from serious disease. Being immunized reduces the risk of complications from certain diseases, especially among those with compromised immune systems, and reduces the chance of passing on a serious disease to others.

Goal **IM1** Increase access to immunizations for infants and pregnant women.

Strategy **IM1.1** Promote increased access to and the rate of administration of vaccines among infants (birth to the end of the first year of life) and pregnant women in Florida, as recommended by CDC Advisory Committee on Immunization Practices (ACIP), through educational outreach events, vaccine distribution clinics, monitoring site visits and media campaigns.

OBJECTIVES **IM1.1.1** By December 31, 2021, increase the rate of infants who receive the hepatitis B vaccine within three (3) days of birth from 53.3% (2014) to 70%.

IM1.1.2 By December 31, 2021, increase the rate of pregnant women who receive the annual seasonal influenza vaccine from 34.5% (2015) to 50.0%.

Coordinating Agency: Florida Department of Health

*Participating Partners: Centers for Disease Control and Prevention, Brunet Garcia Advertising, Inc., Florida Health Care Plans, *Florida Association of Health Plans, *Florida Agency for Health Care Administration, Tommy Schechtman, MD, MSPH, FAAP, Dr. Debra Andree, MD and Dr. Julie Decesare, MD*

Goal **IM2** Increase access to immunizations for vaccine preventable disease in children and teens.

Strategy **IM2.1** Promote awareness and support community partnerships to increase access to immunizations to raise immunization rates for vaccine-preventable diseases in Florida's children and teens (birth through the end of the 17th year of life) through educational outreach events, vaccine distribution clinics, monitoring site visits and media campaigns.

OBJECTIVES **IM2.1.1** By December 31, 2021, increase the rate of teens (13–17 years of age) who have completed the first dose of HPV vaccine from 55.9% (2016) to 70%.

IM2.1.3 By December 31, 2021, increase the percentage of emergency medical services agencies offering immunization programs from 5.8% (2018) to 25%.

Coordinating Agency: Florida Department of Health

Participating Partners: Moffitt Cancer Center, Brunet Garcia Advertising, Inc., Florida Health Care Plans, Florida Association of Health Plans, Dr. Tommy Schechtman, MD, MSPH, FAAP, Dr. Debra Andree, MD and Dr. Julie Decesare, MD

** Accepted responsibilities for implementing strategies*



SHIP PRIORITY 4

Injury, Safety & Violence

Unintentional injuries such as falls and motor vehicle crashes, and intentional injuries such as intimate partner violence are a major cause of death for people ages 1 to 44; however, most events are predictable and preventable.

Goal	ISV1	Prevent and reduce intentional and unintentional injuries and deaths in Florida.
Strategy	ISV1.3	Promote the increased use of evidence-based falls prevention programs serving elders.
OBJECTIVES	ISV1.3.1	By December 31, 2021, increase the total number of counties with evidence-based falls prevention programs from 52 (2018) to 67.
	ISV1.3.2	By December 31, 2021, increase the number of Area Agencies on Aging (AAAs) that have evidence-based falls prevention program participant completion rates of 70% or above, from 6 (2018) to 11.
	ISV1.3.3	By December 31, 2021, increase the percentage of emergency medical services agencies conducting or participating in falls prevention programs from 33.2% to 50%.
Strategy	ISV1.4	Prevent child drowning injuries through the implementation of local-level prevention activities and media campaigns.
OBJECTIVES	ISV1.4.1	By December 31, 2021, reduce the rate of unintentional drowning fatalities among children ages 9 and younger from 3.4 per 100,000 population (2017) to 3.1.
	ISV1.4.3	By December 31, 2021, increase the percentage of emergency medical services agencies conducting or participating in drowning prevention programs from 20.5% to 50%.
Strategy	ISV1.5	Create partnerships to address multiple types of violence through common risk and protective factors.
OBJECTIVE	ISV1.5.1	By December 31, 2021, increase the number of partnerships addressing multiple types of violence using a public health approach, through the use of memorandum of understanding agreements, from 0 to 15.
Strategy	ISV1.6	Support the Florida Department of Transportation’s vision to serve the people of Florida by providing a transportation network that is well planned, supports economic growth, and has the goal of being congestion and fatality free.
OBJECTIVE	ISV1.6.1	By December 31, 2021, reduce the number of traffic fatalities from 2,688.2 based on a 5-year rolling average from 2012–2016, (FDOT Highway Safety Improvement Program Report published under the State Highway Safety Report (2018) – Florida, Federal Highway Administration, US Department of Transportation in support of the state’s goal of Vision Zero.
Strategy	ISV1.7	Decrease morbidity and mortality from injury through the effective support and monitoring of the emergency medical services (EMS) and Trauma Systems of Care.
OBJECTIVES	ISV1.7.1	By December 31, 2021, increase the percentage of trauma alert patients who were initially transported to a trauma center from 86% (2018) % to 90%.
	ISV1.7.2	By December 31, 2021, increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 83% to 90%.

Coordinating Agency: Florida Department of Health

Participating Partners: *Florida Department of Transportation, *Florida Department of Elder Affairs, local Safe Kids coalitions, Kendall Regional Medical Center, Florida State Alliance of YMCAs Foundation, Inc., Florida Teen Safe Driving Coalition, Florida Students Against Drunk Driving (SADD), Florida Occupant Protection Coalition, Lee Memorial Trauma Center, Johns Hopkins All Children’s Hospital, St. Joseph’s Children’s Wellness and Safety Center, Florida Department of Juvenile Justice, Palm Beach County Fire & Rescue, Florida Health Network, Pepper Institute on Aging and Public Policy / Safe Mobility for Life Resource Center, University of Florida Transportation Institute, Poison Control Center, Florida Fall Prevention and Rehabilitation, Florida Agency for People with Disabilities, Senior Resource Alliance, Alliance for Aging, Inc., Senior Connection Center, Area Agency on Aging for Southwest Florida, ElderSource, Florida Council Against Sexual Violence, Florida Coalition Against Domestic Violence and University of South Florida College of Public Health

*Accepted responsibilities for implementing strategies

SHIP PRIORITY 5

Healthy Weight, Nutrition & Physical Activity

Overweight and obesity are increasingly common conditions in the United States and in Florida. The accumulation of excess fat is a serious medical condition that can cause complications such as metabolic syndrome, high blood pressure, atherosclerosis, heart disease, type 2 diabetes, high blood cholesterol, cancers, and sleep disorders.

Goal	HW1	Improve the food environment and nutrition habits across the lifespan to increase healthy weight.
Strategy	HW1.1	Promote policy, systems and environmental changes to increase access to and equitable consumption of healthy foods statewide for Floridians of all ages.
OBJECTIVES	HW1.1.1	By December 31, 2021, increase the percentage of Florida adults who eat 2 or more vegetables per day from 41.2% (2015) to 45.4%.
	HW1.1.2	By December 31, 2021, increase the percentage of Florida high school students who eat 2 or more vegetables per day from 27.2% (2015) to 30.6%.
	HW1.1.4	By December 31, 2021, decrease the percentage of Floridians who lack adequate access to food from 15.1% (2015) to 8%.
	HW1.1.5	By December 31, 2021, increase the percentage of adults at a healthy weight from 33.9% (2015) to 37.8%.
	HW1.1.6	By December 31, 2021, increase the percentage of Floridians age 60 and older who participate in SNAP from 66.8% (2018) to 70%. <i>Objective achieved</i>
Strategy	HW1.2	Provide support and technical assistance to hospitals, workplaces and early care and education programs to implement breastfeeding policies and programs.
OBJECTIVES	HW1.2.1	By December 31, 2021, increase the number of Baby-Friendly Hospitals from 10 (2017) to 30.
	HW1.2.2	By December 31, 2021, increase the number of breastfeeding friendly workplaces from 111 (2017) to 220.
	HW1.2.3	By December 31, 2021, increase the number of breastfeeding friendly early care and education programs from 230 (2017) to 500. <i>Objective achieved</i>
	HW1.2.4	By December 31, 2021, increase the number of county-based breastfeeding coalitions from 14 (2019) to 17. <i>Objective achieved</i>

Coordinating Agency: Florida Department of Health

Participating Partners: Florida Department of Agriculture and Consumer Services, University of Florida Institute for Food and Agriculture, Florida Action for Healthy Kids, *Feeding Florida and *Florida Breastfeeding Coalition

Goal

HW2

Improve access to and participation in physical activity opportunities across the lifespan to increase healthy weight.

Strategy

HW2.1

Promote policy, systems and environmental approaches to increasing physical activity opportunities within the built environment for Floridians of all ages through coordination with local governments and stakeholders.

OBJECTIVES

HW2.1.1

By December 31, 2021, increase the percentage of Florida's population living within one mile of a bike lane and/or shared use paths from 42% (2015) to 45%. *Objective achieved*

HW2.1.2

By December 31, 2021, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.

HW2.1.3

By December 31, 2021, increase the number of Floridians who use Florida State Parks and Florida State Trails from 28,173,773 (2018) to 28,460,561. *Objective achieved*

HW2.1.4

By December 31, 2021, establish a baseline to increase the number of schools that complete the School Health Index.

HW2.1.5

By December 31, 2021, increase the number of early care and education centers (ECE) that receive the Florida ECE Recognition from 0 (2018) to 50.

Coordinating Agency: Florida Department of Health

*Participating Partners: Florida Department of Education, *Florida Department of Transportation, Florida Recreation and Parks Association, Florida Action for Healthy Kids, Palm Beach County Schools and Florida Department of Agriculture and Consumer Services*

** Accepted responsibilities for implementing strategies*



SHIP PRIORITY 6

Behavioral Health— Includes Mental Illness & Substance Abuse

Mental and emotional well-being enables individuals to realize their own abilities, cope with the normal stresses of life, work productively and contribute to his or her community.

Goal BH1 Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.

Strategy	BH1.1	Increase the number of child welfare-involved families with access to behavioral health services.
OBJECTIVES	BH1.1.1	By December 31, 2018, increase the percentage of enrollments of parents or caregivers with a substance use disorder who have children involved in the child welfare system into Family Intensive Treatment (FIT) Program by 10% from 866 (2015-2016) to 953. <i>Objective achieved</i>
	BH1.1.2	By December 31, 2021, increase the percentage of FIT participants who are retained and/or successfully complete the FIT program by 10% from a baseline of 66% (2017-2018) to 72%. <i>Objective achieved</i>
Strategy	BH1.2	Increase the number of people trained in mental health first aid to identify, understand and respond to signs of mental illness and substance use disorders in the community.
OBJECTIVE	BH1.2.1	By December 31, 2021, increase the number of people trained in mental health first aid from 34,937 (2016) to 167,616.

Coordinating Agency: Florida Department of Children and Families

Participating Partners: Florida Department of Health

Goal BH2 Decrease the number of newborns experiencing neonatal abstinence syndrome.

Strategy	BH2.1	Increase the number of pregnant women in treatment for opioid disorders.
OBJECTIVE	BH2.1.1	By December 31, 2021, reduce the number of newborns experiencing neonatal abstinence syndrome by 10% from a baseline rate of 69.2 (2013) to 62.3 per 10,000 live births.

Coordinating Agency: Florida Department of Children and Families

Participating Partners: *Florida Department of Health, Florida Drug and Alcohol Abuse Association and *Neonatal Abstinence Syndrome stakeholders.

Goal	BH3	Reduce the number of opioid overdose deaths among individuals with opioid use disorders.
Strategy	BH3.1	Increase access to naloxone to individuals at risk of witnessing or experiencing an opioid-related overdose by distribution of naloxone kits in emergency departments, among first responders, and emergency responders.
OBJECTIVES	BH3.1.1	By March 31, 2018, conduct five overdose prevention trainings to educate EMS/first responders, Substance Abuse and Mental Health treatment providers, community-based organizations, physicians, child welfare staff, future dentists, future pharmacists, and school administrators about the opioid epidemic and the value and safe use of naloxone. <i>Objective achieved</i>
	BH3.1.2	By March 31, 2018, begin implementation of an awareness campaign on the opioid epidemic and where and how to access naloxone throughout the state.
	BH3.1.3	By December 31, 2021, distribute 80,000 naloxone kits to community-based entities that might encounter individuals at risk of an opioid overdose such as emergency departments, homeless shelters, primary care physicians, pharmacies, first responders, substance use treatment providers, child welfare staff, and others at risk of experiencing or witnessing an opioid overdose.
	BH3.1.4	By December 31, 2021, increase the distribution of naloxone provided by the Helping Emergency Responders Obtain Support (HEROS) Program to emergency responder agencies that employ emergency medical technicians, paramedics, firefighters, or law enforcement officers from 53 (FY 2018/19) to 67 Florida counties.

Coordinating Agency: Florida Department of Children and Families

Participating Partners: Florida Drug and Alcohol Abuse Association

Goal	BH4	Reduce the number of deaths by suicide in Florida.
Strategy	BH4.1	Provide training on the prevention of suicide and related behaviors to community and clinical service providers.
OBJECTIVES	BH4.1.1	By December 31, 2019, the DCF suicide prevention website will include a training tab that will list best practices, trainings, and programs. <i>Objective achieved</i>
	BH4.1.2	By December 31, 2021, the DCF suicide prevention website will include a tab on grants and projects that have been awarded and implemented in Florida. <i>Objective achieved</i>
	BH4.1.3	By July 31, 2020, revise DCF's suicide prevention website to include an information tab on the Marjory Stoneman Douglas High School Public Safety Act and Youth Mental Health First Aid Training. <i>Objective achieved</i>
	BH4.1.4	By December 31, 2021, DCF, along with suicide prevention partners, will increase outreach from 0 (2019) to 500,000 individuals with a serious mental illness who may be at risk by integrating information specifically for individuals with a serious mental illness into public messaging campaigns.
Strategy	BH4.2	Increase suicide prevention efforts for high-risk populations.
OBJECTIVES	BH4.2.1	By December 31, 2018, establish and hold seven monthly meetings with the Peer Support Workgroup that focus on suicide prevention efforts with service members, veterans, and their families. <i>Objective achieved</i>
	BH4.2.2	By December 31, 2018, establish and hold quarterly meetings with the Strategic Leadership Workgroup that focuses on suicide prevention efforts with service members, veterans, and their families. <i>Objective achieved</i>
	BH4.2.3	By December 31, 2020, create an implementation plan that focuses on suicide prevention efforts with service members, veterans, and their families. <i>Objective achieved</i>
	BH4.2.4	By December 31, 2021, DCF and DOH will partner to convene five (5) workgroup meetings with diverse stakeholders to expand suicide prevention efforts among focus populations identified in the state suicide prevention plan.
Strategy	BH4.3	The Florida Department of Health, in partnership with the Florida Department of Children and Families, will quarterly convene a group of subject matter experts to develop messaging and initiatives around suicide surveillance data from the Florida Violent Death Reporting System.
OBJECTIVE	BH4.3.1	By December 31, 2021, increase the number of meetings held with the 2021-2023 Florida Suicide Prevention Interagency Action Committee from 7 (2019) to 10.

Coordinating Agency: Florida Department of Children and Families

Participating Partners: Florida Department of Health and Florida One Behavioral Health Association

* Accepted responsibilities for implementing strategies

SHIP PRIORITY 7

Sexually Transmitted Disease (STDs)—Includes Other Infectious Diseases

Infectious organisms that are primarily acquired and transmitted through sexual activity cause many harmful, often irreversible and costly clinical complications in reproductive, fetal and perinatal health. Other emerging infectious agents pose the threat of disease outbreaks. Prevention, treatment and diagnostic strategies are essential.

Goal	ID1	Reduce syphilis in Florida.
Strategy	ID1.1	Reduce the number of syphilis cases through provider and public awareness, enhanced surveillance and expanded quality improvement activities.
OBJECTIVES	ID1.1.1	By December 31, 2021, decrease the rate of early syphilis per 100,000 from 24.9 (2016) to 23.5.
	ID1.1.2	By December 31, 2021, decrease the number of syphilis cases among women ages 15-44 years from 1,051 (2016) to 898.
Strategy	ID1.2	Reduce congenital syphilis cases in Florida by reducing the transmission of syphilis among sexually active persons through expanded surveillance, enhanced partner services and increased awareness of appropriate sexually transmitted disease screening during pregnancy.
OBJECTIVES	ID1.2.1	By December 31, 2021, increase the percentage of women with syphilis diagnosed during pregnancy who receive adequate treatment from 80% (2016) to 96%.
	ID1.2.2	By December 31, 2021, Increase the percentage of pregnant women with a syphilis diagnosis who are treated within 14 days of specimen collection from 50% (2016) to 85%.

Coordinating Agency: Florida Department of Health

Participating Partners: Centers for Disease Control and Prevention, Healthy Start Coalitions of Miami-Dade, Broward, Orange and Duval Counties, The Gay, Lesbian, Bisexual, Transgender Community Center of Central Florida, BLISS Healthcare Services and Florida Department of Education

Goal	ID2	Reduce new HIV infections in Florida through a coordinated response across public health systems partners.
Strategy	ID2.1	Prevent new HIV infections in Florida through increased provider awareness of prescribing prophylaxis for high-risk populations, increase offering of routine HIV screening in all health care settings and increased public awareness of HIV through a statewide minority media campaign.
OBJECTIVE	ID2.1.1	By December 31, 2021, increase the proportion of persons living with HIV (PLWH) in Florida who know their serostatus from 87.6% (2015) to 91%.
Strategy	ID2.2	Foster improved health outcomes for people living with HIV/AIDS and reduce the chance of HIV transmission to others through expedited linkage of care, achievement of viral load suppression through retention in care and increased awareness of appropriate HIV screening during pregnancy.
OBJECTIVES	ID2.2.1	By December 31, 2021, increase the percentage of HIV+ persons linked to care from 91% (2015) to 97%.
	ID2.2.2	By December 31, 2021, increase the proportion of PLWH retained in care from 66% (2015) to 90%.
	ID2.2.3	By December 31, 2021, increase the proportion of PLWH with a suppressed viral load from 59% (2015) to 80%.

Coordinating Agency: Florida Department of Health

Participating Partners: Partnerships for Care, Centers for Disease Control and Prevention, Health Resources and Services Administration, Federally Qualified Health Centers, 211 Big Bend (Florida HIV/AIDS Hotline), Florida Agency for Health Care Administration, *Community AIDS Network, *Lutheran Social Services of Northeast Florida, University of Florida, University of Miami, *Homestead Hospital and *Gilead FOCUS Project

Goal **ID3** **Demonstrate readiness for existing and emerging infectious disease threats.**

Strategy **ID3.4** Improve antimicrobial prescribing and slow antimicrobial resistance by bolstering antimicrobial stewardship programs in Florida’s National Healthcare Safety Network participating facilities through their use of Florida-specific toolkit and implementation of all National Healthcare Safety Network core elements of antimicrobial stewardship.

OBJECTIVES **ID3.4.1** By December 31, 2021, increase the percentage of Florida’s National Healthcare Safety Network participating facilities meeting all seven core elements of antimicrobial stewardship from 89% (2017) to 95%.

ID3.4.2 By December 31, 2021, reduce the standardized infection ratio (SIR) for *Clostridioides difficile* in Florida’s National Healthcare Safety Network participating facilities from 0.68 (2017) to 0.45.

Coordinating Agency: Florida Department of Health

Participating Partners: Hospital laboratories, private commercial laboratories, hospitals and urgent care centers

** Accepted responsibilities for implementing strategies*

SHIP PRIORITY 8

Chronic Diseases & Conditions—Includes Tobacco Related Illnesses & Cancer

Heart disease, stroke, type 2 diabetes, cancer and illnesses related to tobacco use are among the most common health problems affecting people of all ages, socioeconomic statuses and ethnicities. Risk factors —lack of physical activity, poor nutrition, tobacco use, excessive alcohol use, the environment and social and economic factors—cause much of the illness, suffering and early death related to chronic diseases and conditions.

Goal **CD1** **Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.**

Strategy **CD1.1** Promote policy and systems change to health care providers to increase adherence to clinical best practices and national recommendations for chronic disease prevention and increase utilizations of available resources.

OBJECTIVES **CD1.1.1** By December 31, 2021, increase the number of referrals to Tobacco Free Florida Quit Services from 34,318 (2018) to 37,749 (annually).

CD1.1.2 By December 31, 2021, increase the number of individuals at risk of type 2 diabetes participating in the Centers for Disease Control and Prevention (CDC) Recognized Diabetes Prevention programs from 4,340 (2016) to 60,000.

CD1.1.3 By December 31, 2021, increase the percentage of adults age 50 to 75 who received colorectal screening based on the most recent guidelines from 65.7% (2014) to 70%.

Strategy **CD1.2** Promote policy and systems change to health care providers to increase team-based care and care coordination approaches for chronic disease treatment and management to ensure optimal and equitable care for all segments of the population

OBJECTIVES **CD1.2.1** By December 31, 2021, increase the percentage of Emergency Medical Services agencies with community paramedicine programs addressing cardiovascular health from 37.5% (2018) to 50%.

CD1.2.2 By December 31, 2021, reduce the age-adjusted asthma ED visit rate from 54.1 per 10,000 population (2017) to 44.4 per 10,000 population.

CD1.2.3 By December 31, 2021, increase the number of community health workers and other health care extenders trained on medication therapy management support from 40 (2016) to 250.

Strategy **CD1.3** Educate Floridians to empower them to be health champions for themselves, their families and their communities.

OBJECTIVES **CD1.3.1** By December 31, 2021, increase the Medical Quality of Care indicator “Adolescent Well-Care Visits” from 53% (2015) to 60%.

CD1.3.2 By December 31, 2021, increase the percentage of current Florida adult smokers who tried to quit smoking at least once in the past year from 64.9% (2015) 67%.

CD1.3.3 By December 31, 2021, increase the percentage of adults with diabetes who report having ever taken a course or class on diabetes management from 46.1% (2015) to 58%.

CD1.3.4 By December 31, 2021, increase the percentage of adults with hypertension served by Federally Qualified Health Centers (FQHCs) who have their blood pressure adequately controlled (<140/90) from 60.6% (2015) to 66.7%.

Coordinating Agency: Florida Department of Health

*Participating Partners: CareerSource Florida, University of Florida Health, National Association of Chronic Disease Directors, Florida Diabetes Alliance and Diabetes Advisory Council, Division of State Group Insurance, Florida Agency for Health Care Administration, Health Planning Council of Southwest Florida, Florida Association of Community Health Centers, Florida Hospital Association, Pasco County Schools, Florida State University College of Medicine, Florida Agricultural and Mechanical University, Florida Asthma Coalition, Tobacco Advisory Council, Professional Data Associates, American Cancer Society, American Heart Association, American Diabetes Association and *Florida Department of Elder Affairs*

Goal	CD2	Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.
Strategy	CD2.1	Expand documentation and dissemination of community-based best practices related to the incorporation of social determinants of health to increase implementation by county health departments, Area Agencies on Aging, local governments, community organizations and healthcare systems.
OBJECTIVES	CD2.1.1	By December 31, 2021, increase the number of chronic disease training opportunities for community health workers available from providers approved by the Florida Certification Board from 0 (2017) to 4.
	CD2.1.2	By December 31, 2021, determine and evaluate the utilization of chronic disease management and treatment programs by county for persons age 65 or older statewide from 0 to 67.
Strategy	CD2.2	Develop a standardized system of measurement and surveillance for Florida through collaboration, training and consensus building among public health professionals, academics and health care system partners to enhance the use of timely actionable data and improve chronic disease outcomes.
OBJECTIVE	CD2.2.1	By December 31, 2021, increase the number of FQHCs in Florida using patient registries to improve quality of care for patients with chronic diseases from 17 (2019) to 40.

Coordinating Agency: Florida Department of Health

Participating Partners: Florida Community Health Worker Coalition and Florida Asthma Coalition

** Accepted responsibilities for implementing strategies*

SHIP PRIORITY 9

Alzheimer's Disease & Related Dementias

Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks. It is the most common cause of dementia among the senior population. African Americans are twice as likely and Hispanics are one and a half times as likely as older whites to have Alzheimer's disease and other dementias. Prevalence is higher among women compared to men; two-thirds of Americans with Alzheimer's disease are women. There is no known cure, however, innovative research may provide hope for effective and novel treatment for this incapacitating disease.

Goal	AD1	Strengthen the capacity to address Alzheimer's disease and related dementias (ADRD) in Florida.
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Strategy	AD1.1	Promote early detection/early diagnosis, brain health, and ADRD support services in Florida.
OBJECTIVES	AD1.1.1	By June 1, 2021, increase the percentage of identified partners who have distributed an approved and current Early Detection/Early Diagnosis concern and awareness campaign and a Brain Health campaign from 0% (2020) to 55%.
	AD1.1.2	By November 1, 2021, increase the percentage of identified partners who have distributed an approved and current Caregiver Support Services concern and awareness campaign from 0% (2020) to 55%.

Coordinating Agency: Florida Department of Elder Affairs

Participating Partners: University of South Florida Morsani College of Medicine, Alzheimer's Association, Florida Department of Health, Mayo Clinic, University of South Florida Byrd Alzheimer's Center and Research Institute, Florida Association of Community Health Centers, Florida Atlantic University, Florida A&M University, Alzheimer's advocate and University of South Florida College of Public Health

Goal	AD2	Assure a competent ADRD workforce through education and training.
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Strategy	AD2.1	Enhance current education/training for all staff working in Assisted Living Facilities, Skilled Nursing Facilities, Adult Day Care Programs, Specialized Adult Day Care Programs, Hospice facilities and Home Health Agencies.
OBJECTIVES	AD2.1.1	By December 31, 2021, increase the percentage of facilities that have indirect staff receiving at least one hour of updated ADRD education/training on Alzheimer's care best practices from 0% (2020) to 50%.
	AD2.1.2	By December 31, 2021, increase the percentage of ADRD direct care workers who complete at least 4 hours of ADRD continuing education and training from 50% (2020) to 100%.

Coordinating Agency: Florida Department of Elder Affairs

Participating Partners: Mayo Clinic, Alzheimer's Association, University of South Florida Byrd Alzheimer's Center and Research Institute, University of Florida College of Medicine, Florida Association of Community Health Centers, Florida Department of Health, Alzheimer's advocate, Area Agency on Aging for North Florida, University of Florida, Big Bend DCCI Taskforce

Goal **AD3** **Enhance support for those living with ADRD and their caregivers in Florida.**

Strategy **AD3.1** Develop and administer campaigns or policies that support those living with ADRD and their caregivers in Florida.

OBJECTIVES **AD3.1.1** By June 30, 2021, increase the percentage of Area Agencies on Aging (AAAs), Dementia Care and Cure Initiatives (DCCIs), Memory Disorder Clinics (MDCs) and County Health Departments (CHDs) in Florida that provide a summary of how they plan to distribute a nationally-recognized, evidence-based, standardized ADRD caregiver toolkit to their networks from 0% (2020) to 75%.

AD3.1.2 By December 31, 2021, increase the percentage of AAAs, DCCIs, MDCs and CHDs in Florida that disseminate evidence-based, standardized ADRD caregiver toolkits to their networks from 0% (2020) to 75%.

AD3.1.3 By December 31, 2021, increase the number of families providing unpaid ADRD care that receive the Project VITAL "At-Home" edition from 0 (2020) to 200.

Coordinating Agency: Florida Department of Elder Affairs

Participating Partners: Hope Healthcare, Florida Division of Emergency Management, University of South Florida, Florida Department of Business and Professional Regulation, Tallahassee Senior Center, Florida A&M University, Department of Children and Families, Florida Association of Community Health Centers, Florida Bankers Association, Office of the Attorney General, Alzheimer's ambassador, Florida State College of Medicine, Alzheimer's advocate

** Accepted responsibilities for implementing strategies*

Appendix A: State Health Assessment Key Findings

state health assessment: maternal health & birth outcomes

The percent of preterm and low birth weight births in Florida is highest among Non-Hispanic Black infants.

AREAS OF CONCERN

37 weeks
less than 2,500

Prematurity, low birth weight, sudden unexpected infant death (SUID), birth defects and other perinatal conditions are the leading causes of infant death. **Prematurity, birth before 37 weeks, and low birth weight, less than 2,500 grams,** significantly increase the risk of cerebral palsy, developmental delay, vision problems, hearing impairment, neurodevelopmental disabilities and respiratory disorders.

16%

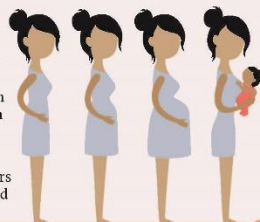
Percent of infant deaths due to prematurity and low birth weight from 2005 to 2014.

#1

Hemorrhage, infection and hypertensive disorders are the leading causes of pregnancy-related death—more than half of all the deaths from 2005 to 2014.

199

Number of infants who died as a result of disorders related to prematurity and low birth weight in 2014.



29.3

The rate of pregnancy-related death among Non-Hispanic Black women for every 100,000 live births.

For Non-Hispanic White women, the rate is 13.2 and for Hispanic women, 8.1.

IN FLORIDA

Sources:

Florida Pregnancy Risk Assessment Monitoring System (PRAMS), 2013.

Florida Vital Statistics.

National Center for Health Statistics, 2014.

National Center for Health, 2013.

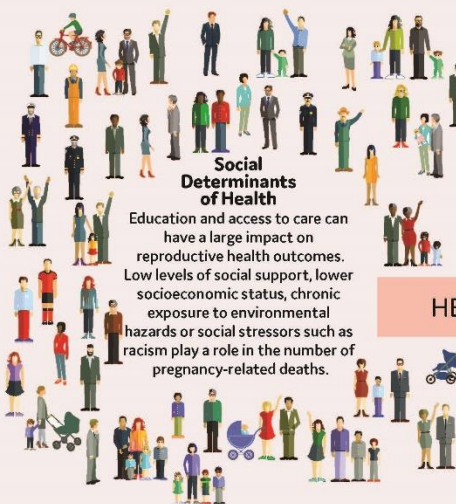
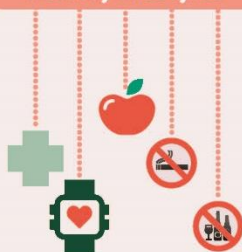
access to preconception health & prenatal care

UNINTENDED PREGNANCIES These account for about 46% of pregnancies at the time of conception. Preventing these pregnancies is a key strategy for preventing infant death and other infant health issues.

PRECONCEPTION HEALTH The health of women and men before getting pregnant is a major contributor to an infant's health. Preconception health can be improved with preventive health care, stress reduction and chronic disease management.

HEALTH CARE PROVIDERS Should provide preconception health care and educate clients about reproductive health plans and safe sleep practices for infants.

healthy lifestyles



Social Determinants of Health

Education and access to care can have a large impact on reproductive health outcomes. Low levels of social support, lower socioeconomic status, chronic exposure to environmental hazards or social stressors such as racism play a role in the number of pregnancy-related deaths.

HEALTH EQUITY—DISPARITIES IN FLORIDA

2x

For every 1,000 live births in 2014, Non-Hispanic Black infants died at more than twice the rate of Non-Hispanic White infants: 10.6 versus 4.1. The rate for Hispanic infants was 4.9.

From 2005 to 2014, rates of pregnancy-related deaths for Non-Hispanic Black women have been at least two times higher than the rates for Non-Hispanic White or Hispanic women.

PREVALENCE IN FLORIDA, 2013

ACCORDING TO THE FLORIDA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM, NEW MOTHERS REPORTED:

- 21%** Received preconception education and counseling.
- 22%** Were obese before becoming pregnant.
- 52%** Breastfed their baby for at least 3 months.
- 65%** Placed their baby on their back to sleep.

TRENDS FOR FLORIDA

	1990	1995	2000	2005	2010	2014
Births with adequate prenatal care:	62.6%	73.8%	74.0%	72.7%	71.3%	69.3%
Premature births (gestational age based on obstetric estimation):	8.6%	9.1%	10.3%	11.2%	10.5%	9.9%
Low birth weight births:	7.4%	7.7%	8.0%	8.8%	8.7%	8.7%

BENCHMARKS

U.S. Stats

- Premature births: 9.6%**
- Low birth weight births: 8.0%**
- Infant mortality rate: 5.96 infant deaths per 1,000 live births**
- Non-Hispanic Black infant mortality rate: 11.22 infant deaths per 1,000 live births**

state health assessment:

immunization

Immunization has reduced vaccine-preventable diseases (VPDs) by 99%. Research has identified it as among the most cost-effective public health interventions, saving \$295 billion in health care costs and \$1.38 trillion in indirect societal costs.

AREAS OF CONCERN

There is no link between vaccines and autism.



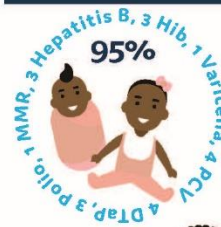
Religious and philosophical vaccine exemptions—which are often geographically clustered—have the potential to decrease herd immunity.

Threats to high vaccination rates and low VPDs.



80%
U.S. HP 2020 initiative goal for vaccination rate in U.S.

GOALS



Vaccines recommended by the age of 2:
4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib, 1 Varicella, 4 PCV series

Florida rates for completion: 2014, 88%; 2015, 91%; 2016, 93%
Goal: 95%

Vaccines required for kindergarten:
4 or 5 doses of DTaP; 3, 4 or 5 doses of Polio; 2 doses of MMR; 3 doses of Hepatitis B; 2 doses of Varicella

Florida rates for completion: 2013–14, 93.2%; 2014–15, 93.3%; 2015–16, 93.7%
Goal: 95%

Children must be immunized in order to attend any Florida public school as well as any private school, or child or day care center.



Sources:
Florida Department of Health's Immunization, Kindergarten and Seventh Grade Status Reports;
The Florida State Health Online Tracking System (Florida SHOTS);
The Center for Disease Control and Prevention: www.cdc.gov/vaccinesafety/concerns/autism.html.
National Institute of Health: www.nlm.nih.gov/news/science-news/2012/autism-risk-unrelated-to-total-vaccine-exposure-in-early-childhood.shtml.
JAMA. 2007; 298 (18): 2155–2163.
MMWR: 63 (16): 352–355.

influenza

Influenza (flu) has the largest burden of disease of any vaccine-preventable disease in Florida.

AREAS OF CONCERN

Annual vaccination is the best protection against flu.

IN FLORIDA, PEOPLE MOST AT RISK OF SEVERE ILLNESS OR DEATH FROM FLU AND FLU-LIKE ILLNESS:



pregnant women

600+ every year On average, the number of pregnant women who visit emergency departments in Florida every flu season. The flu is more likely to cause severe illness in pregnant women than in women who are not pregnant, and it may be harmful to a developing baby.



people age 65+

Flu and pneumonia are also leading causes of death for the American elderly population.

46% every year

On average, 46% of all reported outbreaks occur in settings serving people over the age of 65.

on average, **12,500+** every year

The number of emergency departments visits across Florida due to flu and flu-like illness.

That's a visit every hour and a half.



children under age 5

30% every year On average, 30% of all reported outbreaks occur in settings that serve children.

on average, **1,000+** every week Children who visit emergency departments across Florida due to flu and flu-like illness. On average, five children die every year.

Sources:
Florida Department of Health, Florida Flu Review: www.floridahealth.gov/floridaflu.
Centers for Disease Control and Prevention

state health assessment: chronic disease

Chronic diseases and conditions—such as heart disease, asthma, cancer, type 2 diabetes, obesity and arthritis—are among the most common, costly and preventable of all health problems.

AREAS OF CONCERN

IN THE U.S.

Most health care-related costs in the U.S. are associated with chronic disease conditions.

Chronic diseases are among the leading causes of morbidity, mortality and disability.

Treating people with chronic diseases accounts for 86 cents of every dollar spent on health care.

Lack of exercise or physical activity, poor nutrition, tobacco and alcohol use can lead to chronic disease.

Chronic disease self-management can improve quality of life and health care costs.

Chronic diseases are largely preventable by engaging in healthy behaviors.

IN FLORIDA

In 2014, nearly 7 out of 10 deaths were attributed to chronic diseases.

PREVALENCE IN FLORIDA, 2015

13.1 million

People with at least 1 chronic disease.

5.6 million

People with 2+ chronic diseases.

The percentage of children with chronic health conditions has risen dramatically.

GOALS

Healthy People 2020 (HP 2020) Objectives

REDUCE CORONARY HEART DISEASE DEATHS PER 100,000

HP 2020 Target: 103.4 → Florida Target: 96.9

REDUCE THE ANNUAL NUMBER OF NEW CASES OF DIAGNOSED DIABETES PER 1,000 ADULTS

HP 2020 Target: 7.2 → Florida Target: 7.2

REDUCE DIABETIC DEATHS PER 100,000

HP 2020 Target: 66.6 → Florida Target: 47.8

REDUCE EMERGENCY DEPARTMENT VISITS FOR ASTHMA PER 100,000 CHILDREN UNDER AGE 5

HP 2020 Target: 95.7 → Florida Target: 150.3

Risk of most chronic diseases increases with age—Florida has the highest per capita elderly population in the U.S.

Certain racial and ethnic groups are disproportionately burdened.

HEALTH EQUITY—DISPARITIES IN FLORIDA

Sources:

Florida Health CHARTS, 2014, www.floridacharts.com.

Partnership to Fight Chronic Disease Florida White Paper, www.fightchronicdisease.org/sites/default/files/downloads/FFCD_White_Paper_Florida_V2.pdf.

Partnership to Fight Chronic Disease Florida Fact Sheet, www.fightchronicdisease.org/sites/default/files/downloads/FFCD_FL_FactSheet_FINAL1.pdf.

injury prevention

Injuries are the leading cause of death for residents ages 1–44 and the third leading cause of death overall, after cancer and heart disease.

PREVALENCE IN FLORIDA, 2013

Adults <65: males had more non-fatal hospitalizations than females.

Adults 65+: females had more non-fatal hospitalizations than males.

12,727 Number of injury related deaths.

4,236 Number of injury related deaths (33%); 66,219 (52%) non-fatal hospitalizations.

8,486 males Number of injury related deaths (67%); 57,987 (47%) non-fatal hospitalizations.

124,224 Number of hospitalizations for non-fatal injuries. Whites represented 99,648 non-fatal hospitalizations and 10,832 deaths; Blacks, 13,335 non-fatal hospitalizations and 1,543 deaths; and other/non-white races, 9,746 non-fatal hospitalizations and 315 deaths.

9,559 Hospitalizations for non-fatal self-inflicted injuries.

all injuries

3 days Average hospital stay of an injury patient.

\$42,970 Median hospital admission for a patient who has sustained an injury.

\$7.9 billion+ Total dollars spent in hospitals on all injury patients.

51% Hospitalizations paid by Medicare.

21% Hospitalizations paid by commercial insurance.

13% Hospitalizations self-paid/under-insured.

HOSPITALIZATIONS	
YEAR	RATE
2009	647.2
2010	650.6
2011	670.9
2012	643.8
2013	643.0

PER 100,000

DEATHS	
YEAR	RATE
2009	69.1
2010	67.7
2011	68.3
2012	68.4
2013	65.9

HEALTH EQUITY—DISPARITIES IN FLORIDA

Adults, 85+ Highest rates of fatal injuries and non-fatal hospitalizations.

Males 67% of all injury deaths, and in all age groups, the fatality rate was higher than females.

Injuries are unintentional or intentional:

Child Drownings

Falls

Firearms

Fire-Related Injury

Homicide

Motor Vehicle Crashes

Poisoning

Suffocation

Suicides

Traumatic Brain Injury

LEADING CAUSES OF INJURY FOR ALL AGES

1. Falls
2. Poisoning
3. Motor Vehicle Crashes
4. Firearms
5. Suffocation
6. Drowning

83% unintentional injuries

HOSPITAL REPORTS ON INTENTIONAL INJURIES

9% Self-inflicted injuries and hospitalizations —includes suicides.

4% Assault injuries —includes homicides.

4% Undetermined.

state health assessment

For both adults and children, healthy weight is defined as having a body-mass index (BMI) from 18.5 to 24.9.

healthy weight

Florida had the lowest obesity rate in the southeast in 2016.

AREAS OF CONCERN/HEALTH PRIORITIES

IN THE U.S.

34.9% More than one-third, or 34.9%, of adults are obese.
\$147-\$210 billion Current per year health care cost estimates due to obesity. Obesity is one of the biggest drivers of preventable chronic diseases and health care costs.

IN FLORIDA

35.7% Adults at a healthy weight in 2014.
69.5% About 7 out of 10, or 69.5%, of high school students were at a healthy weight in 2015.

The Florida Department of Transportation adopted a **Complete Streets Policy** and engaged with statewide partners to implement it. Complete Streets are designed and operated to enable safe access for everyone: pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops and bicycle to work, and will ultimately support healthy weight through exercise.



PREVALENCE IN FLORIDA



2014: More than 3 out of 5 adults, 62.2%, were overweight or obese.



2015: More than 1 out of 4 high school students, 26.8%, were overweight or obese.

co-morbidity

The presence of 2 chronic diseases or conditions.

Common co-morbidity among Floridians who are obese:
 diabetes
 hypertension
 cardiovascular disease
 stroke
 certain types of cancers

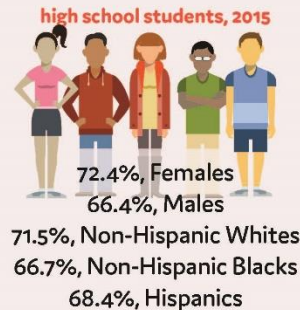
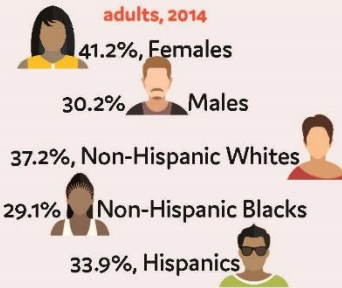
Source: Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey.

An unhealthy diet and a sedentary lifestyle increase the risk of becoming obese.



HEALTH EQUITY—DISPARITIES IN FLORIDA

who has a healthy weight?



Healthy Weight Outreach & Education Tools



obese
BMI >30.0



overweight
BMI 25.0-29.9



healthy
BMI 18.5-24.9



underweight
BMI <18.5

Healthiest Weight Florida initiative Ongoing interventions promoting nutrition and physical activity throughout the community.

Let's Move! Child Care's 5 Healthy Goals Helps prevent childhood obesity and ensures that kids are healthy in child care and early education programs.

Healthier U.S. Schools Challenge Improves the health of the nation's children by promoting healthier school environments.

Healthy District Award Recognition to school districts that have met standards to become a Florida Healthy School District.

Centers for Disease Control and Prevention Worksite Health ScoreCard An assessment tool for employers to prevent heart disease, stroke and related health conditions.

BENCHMARKS

Increase the proportion of adults at a healthy weight
 2014:
 U.S., 33.4%
 Florida, 35.7%

Reduce the proportion of adults who are obese
 2014:
 U.S., 29.6%
 Florida, 26.2%

state health assessment:

behavioral health

The prevention of mental, emotional and behavioral disorders, physical disorders, and the promotion of mental health and physical health are inseparable. Young people who grow up in good physical health are more likely to also have good mental health. Similarly, good mental health often contributes to maintenance of good physical health.

National Research Council and Institute of Medicine

mental health interconnected

Behavioral health disorders, mental illness, substance abuse and other general medical conditions are often interconnected.

AREAS OF CONCERN

Integrating services for behavioral health disorders with mainstream health care is necessary.



cost effective

Delivering services in mainstream health care can be cost-effective and may reduce intake and treatment wait times at substance-use disorder treatment facilities.



Behavioral health disorders increase the risk of many major causes of death in Florida and are the leading cause of years lived with disability worldwide.

mental illness

13% Untreated mental health disorders account for 13% of the total global burden of disease.

25 Individuals with serious mental illness die on average 25 years earlier than the average American.

substance abuse

behavioral health disorders include substance abuse

Among opioids drugs, there was a 90.1% increase in deaths due to Buprenorphine (71 to 135) and an 80.4% increase due to Fentanyl (911 to 1,644) between 2015 and 2016.



Common reasons why people do not seek treatment for substance abuse.

1. Not ready to stop using the substance.
2. No health care coverage or cannot afford it.
3. Might have a negative impact on their job.
4. Do not know where to go for treatment.
5. Do not have transportation, and programs are too far away or hours are inconvenient.

PREVALENCE IN FLORIDA



11% Approximate percent of children who experienced a major depressive episode.
30% Received treatment or counseling.

17% Approximate percent of adults who experienced any mental illness in the past year.
36% Received treatment or counseling.

4% Approximate percent of adults who experienced a serious mental illness in the past year.

6% & 8% Approximately 6% of children ages 12-17 and 8% of adults experienced alcohol or illicit drug dependence or abuse.
85-90% Did not receive treatment in the past year.

HEALTH EQUITY—DISPARITIES IN FLORIDA

Integrating services has the potential to reduce health disparities.

Hispanics are more likely than non-Hispanics to need drug treatment, and they are less likely than non-Hispanics to receive drug treatment.

Approximately 73% of non-Hispanic whites with serious mental illness received mental health treatment/counseling in the past year, compared to 62% of Hispanics and 54% of Blacks.



Sources:

addiction.surgeongeneral.gov/surgeon-generals-report1.pdf

www.samhsa.gov/data/sites/default/files/State-BHBBarometer_2014_17/BHBBarometer-FL.pdf

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2012). The NSDUH Report: Need for and Receipt of Substance Use Treatment among Hispanics. Retrieved on October 7, 2015 from www.samhsa.gov/data/sites/default/files/NSDUH17/NSDUH17/NSDUHSR17/HispanicTreatmentNeeds2012.pdf

Substance Abuse and Mental Health Services Administration (2015). Results from the 2014 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved on October 10, 2015 from www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.pdf

World Health Organization (2011). Global Burden of Mental Disorders and the Need for a Comprehensive, Coordinated Response from Health and Social Sectors at the Country Level. Retrieved from apps.who.int/gb/ebwha/pdf_files/E130/E130_9_en.pdf

2015 Medical Examiners' Commission Drug Report. http://www.fde.state.fl.us/MEC/Publications-and-Forms/Document s/Drugs-in-Deceased-Persons/2015-Annual-Drug-Report.aspx

state health assessment: sexually transmitted diseases

There are 345 sexually transmitted disease (STD) infections diagnosed each day in Florida—each hour, there are over 14 STD infections.

In 2015, there were 10,387 STD infections diagnosed among pregnant women.



AREAS OF CONCERN

HIV IN FLORIDA

4,900 Number of newly diagnosed cases of HIV infection in 2015.

\$350,000 Lifetime cost of HIV-related medical care for each person.

HIV/CAUSES/RISKS FACTORS/CONTRIBUTING FACTORS:
High risk sexual contact and IV drug use (IDU).

SYPHILIS IN FLORIDA

2,090 Number of people with infectious syphilis.

38 Number of congenital syphilis cases in 2015.

40% Percent of infant or fetal deaths if infected in utero.

36% Percent increase of infectious syphilis in women.

SYPHILIS/CAUSES/RISKS FACTORS/CONTRIBUTING FACTORS:
40% co-infected with HIV and late or no prenatal care.

people with infectious syphilis:

40% are HIV positive.

3-5 times more likely to transmit or acquire HIV.

PREVALENCE IN FLORIDA, 2015

HIV 112,000 persons are known to be diagnosed and living with HIV. As many as 127,900 people may be living with HIV through 2015.

112,000

SYPHILIS

Infectious syphilis:
10.52 per 100,000 people.

Congenital syphilis:
16.8 per 100,000 live births.



In Florida, there were 4,708 cases of HIV diagnosed in 2015. That averages out to 91 new HIV cases each week and approximately 13 new cases each day.

HEALTH EQUITY—DISPARITIES IN FLORIDA

people living with HIV in Florida, adults ages 13+, 2015



NON-HISPANIC BLACKS
1 in 38 males and 1 in 61 females.



NON-HISPANIC WHITES
1 in 171 males and 1 in 1,048 females.



HISPANICS
1 in 97 males and 1 in 424 females.

HIV/AIDS Cases

42% HIV

51% AIDS

NON-HISPANIC BLACKS—15% OF THE ADULT POPULATION, YET:

Syphilis Cases

34% INFECTIOUS SYPHILIS

56% FEMALE INFECTIOUS SYPHILIS

60% CONGENITAL SYPHILIS

BENCHMARKS/GOALS

FLORIDA HIV, 2015

93
Average number of new HIV infections diagnosed each week.

13
Average number of new HIV infections diagnosed each day.

1 in 8
HIV-infected persons who do not know they are infected.

9
Number of babies born infected with HIV.

873
Number of HIV-infected Floridians who died.

HIV/AIDS

2014 estimated case rate of HIV infection per 100,000:
U.S., 13.9
Florida, 26.9

HP2020 U.S. goal for new HIV infections for adolescents and adults by 2020:
reduce to 36,450.

FLORIDA'S GOALS BY 2020

Reduce the number of new HIV infections per 100,000 for adolescents and adults: **from 4,613 in 2014 to 4,086.**

Goal to reduce the number of new HIV infections per 100,000 people:
from 23.6 in 2014 to 20.9.

SYPHILIS

2014 rate of infectious syphilis:
U.S., 2.2 per 100,000 people.

2014 rate of congenital syphilis:
U.S., 11.6 per 100,000 live births.

2015 rate of infectious syphilis:
Florida, 10.52 per 100,000 people.

2015 rate of congenital syphilis:
Florida, 16.8 per 100,000 live births.

Healthy People 2020 U.S. goals to reduce rates of syphilis infection by 2020:
congenital syphilis, **9.6 per 100,000 live births;**
infectious syphilis among males, **6.7 per 100,000;**
infectious syphilis among females, **1.3 per 100,000.**

FLORIDA'S GOALS BY 2018

Reduce the number of early syphilis cases (primary/secondary/early latent): **from 22.08 per 100,000 in 2015 to 17.9.**

Reduce the number of congenital syphilis cases:
from 38 per 100,000 in 2015 to 24.

Sources:

Florida HIV Surveillance Data: Florida Department of Health, HIV/AIDS Section, 2016.

U.S. HIV Surveillance Report, 2014, Vol. 26, Table 22.

Florida Health CHARTS, 2017.

state health assessment: tobacco, alcohol & substance abuse

Sources:

Florida Department of Health's Youth Risk Behavior Surveys, 2014 and 2015.

Centers for Disease and Control and Prevention's Behavioral Risk Factor Surveillance System, 2014.

National Survey on Drug Use and Health, 2014.

Tobacco-Free Florida Strategic Plan.

2016 Medical Examiners Commission Drug Report: [http://www.flhs.state.fl.us/MEC/Publications and Forms/Documents/Drugs in Deceased Persons/2016 Annual Drug Report.aspx](http://www.flhs.state.fl.us/MEC/Publications%20and%20Forms/Documents/Drugs%20in%20Deceased%20Persons/2016%20Annual%20Drug%20Report.aspx).

www.flhs.gov/ash/6ah/adolescent-health-topics/substance-abuse/tobacco/risk-and-protective-factors.

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. **Excessive alcohol use** can lead to chronic diseases and other serious problems: high blood pressure, cancers, learning, memory and social problems, and alcohol dependence and alcoholism. **Substance use** can increase the risk of developing chronic diseases, contracting infectious diseases and triggering or intensifying mental disorders.



AREAS OF CONCERN **400%+**

Emergence of Electronic Nicotine Delivery Systems (ENDS)

E-cigarettes, vape pens, e-hookah and other vaping devices produce an aerosolized mixture containing flavored nicotine inhaled by the user.

ENDS use by Florida high school students has increased by more than 400%: from 3.1% in 2011 to 15.8% in 2015.



PREVALENCE IN FLORIDA

2014: 17.6% of adults 18 years+ were smokers.

2015: 6.9% of high school students were smokers.

3.1%

According to the 2014 National Survey on Drug Use and Health, the percent of U.S. adults 18 years and older who reported drug use, other than marijuana, in the past 30 days. Drugs included cocaine, crack, heroin, hallucinogens, inhalants and prescription drugs used non-medically.



17% Adults 18 years+ who reported being heavy or binge drinkers.

2014 **7.6%** of adults 18 years+ reported using marijuana during the past 30 days.

2014 **21.5%** reported using marijuana one or more times during the past 30 days.

13.0% reported "ever taking" prescription drugs—OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin or Xanax—without a doctor's prescription.

33% High school students who reported having at least one drink of alcohol on one day during the past 30 days.

2016

Total drug-related deaths increased by **22%** (2,126 more) over 2015.

5,725 opioid-related deaths were reported—a **35%** increase (1,483 more) over 2015.

Opioids were identified as either being the cause of death or present in the decedent.



Adults Higher rates of smoking among males; people with lower levels of education, who live in rural areas or are unemployed; and the lesbian, gay, bisexual and transgender (LGBT) population.

High school students Higher rates of smoking among Non-Hispanic White students and 11th and 12th graders.

Contributing factors for adolescents who are more likely to smoke or use other tobacco products: They are older; male; they are Non-Hispanic White, American Indian, Alaska Native or multi-racial; and they lack college plans or have parents who are not college educated.

Adults Higher rates of heavy or binge drinking among males, Non-Hispanic White and Hispanic adults, and those with higher levels of education.

High school students Higher rates of current alcohol use among Non-Hispanic White and Hispanic students, and 11th and 12th graders.



High school students 11th and 12th graders have higher rates of current marijuana use and ever taking prescription drugs without a doctor's prescription than 9th and 10th graders.

root causes of substance abuse
Causes are complex and often involve co-occurring mental health issues and adverse childhood events. Many people self-medicate to cope with psychological stress.



FLORIDA DOLLARS
about **\$17,259,100,000**
Annual cost of tobacco use.

\$21,085,357,042
Annual cost of alcohol-attributable adverse events.
Excessive alcohol use has immediate short-term health risks: injuries, violence, alcohol poisoning, risky sexual behaviors and miscarriage or fetal alcohol spectrum disorders.

\$22,681,284,691+
Annual cost of illicit drug-attributable adverse events.
Using drugs at an early age may impede brain development, affecting learning, critical thinking, memory and emotions; it can also increase the risk of developing substance abuse behaviors as an adult.

smokers
2-4 times more likely
Smokers are 2-4 times more likely than non-smokers to develop heart disease and have a stroke. They are 25 times more likely to develop lung cancer.

90%
Percent of adult smokers who began smoking in their teens, or earlier. Two-thirds become regular, daily smokers before 19.

32,000+ each year
Number of Florida adults who die from smoking.

10,300 each year
Number of Florida youth under age 18 who become new daily smokers.

270,000
Number of youth now under 18 who will die prematurely from smoking.

GOALS

Current cigarette smoking among adults, 15.8% (2015), and high school students, 5.2% (2016).

FLORIDA GOALS BY 2020:
Adults, **14.3%**
High school students, **3.4%**

state health assessment:

The term cancer covers not one but many diseases that share the common feature of abnormal cell growth. It can occur in almost any part of the body.

cancer

Early detection through routine health and cancer screenings, and timely, quality treatment and care may improve prognosis and survival.

AREAS OF CONCERN

IN THE U.S.

1 out of 3

The latest information shows that approximately one out of three Americans will develop cancer in their lifetime, and cancer will affect three out of four families.

IN FLORIDA

Florida ranks second in the nation in the number of newly diagnosed cancer cases.

42,000+

Cancer is one of two leading causes of death, with more than 42,000 deaths each year.

110,000+

Over 110,000 new cancers are diagnosed each year.

\$5 billion+

Cancer presents an enormous economic burden on Floridians, with more than \$5 billion in hospital charges for in-patient hospital care in which cancer is the primary diagnosis.

CANCER BURDEN IN FLORIDA, 2013

MOST COMMON CANCERS

Newly Diagnosed

Lung & Bronchus.....	16,306
Female Breast	15,268
Prostate	11,396
Colorectal.....	9,545
Melanoma	5,810

Deaths

Lung & Bronchus.....	11,730
Colorectal.....	3,662
Pancreas	2,750
Female Breast	2,736
Prostate	2,110



ALL CANCERS COMBINED:

Age-Adjusted Rates per 100,000

	INCIDENCE	MORTALITY
Florida	425.8	158.6
Male	463.8	191.0
Female	397.7	133.3
Non-Hispanic White	444.9	162.6
Non-Hispanic Black	397.9	163.7
Hispanic	322.5	116.7

Source: Florida Department of Health's Cancer Data System and Bureau of Vital Statistics.



people age 65+

Approximately 60% of newly diagnosed cancers and 70% of cancer deaths occur in people age 65 and older—approximately one-fifth of Florida's total population.



RISK FACTORS
Each cancer type develops differently and has different risk factors.

age

The number one risk factor for all cancers—cancer risks increase with age. As the population ages, there will be more cases of cancer in our communities.

diet & physical activity

20% of cancers are caused by being overweight and obese—often a result of unhealthy eating and lack of physical activity.

hpv

HPV causes 70% of oropharyngeal cancers in the U.S., and men are twice as likely to develop these cancers than women.

tobacco

Tobacco use can cause cancer anywhere in the body, including: lung, larynx, mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon, rectum and cervix.

sun exposure

Unprotected sun exposure is the main risk factor for skin cancer.

unknown risks

The cause of some common cancers like breast cancer are still unknown.



RISK FACTORS CAN BE CLASSIFIED AS:

BIOLOGICAL

Age
Race/Ethnicity
Gender

FAMILY HISTORY

Family History

BEHAVIORAL

Alcohol Use
Diet
Physical Activity
Tobacco Use

ENVIRONMENTAL

Hazardous Agent
Carcinogen

HEALTH EQUITY—DISPARITIES IN FLORIDA



Over the 10-year period of 2004–2013 for all cancers combined:

Men have higher cancer incidence and death compared to females.



Black females have a lower cancer incidence than White females, but there is no significant difference in the rate of death.

For breast cancer, Black females have a lower incidence but a higher death rate compared to White females.



Historically, Black males have had both a higher incidence and death due to cancer. In most recent years, the racial gap between Black and White males has decreased, but it remains that Black males have both cancer incidences and deaths at twice the rate of White males.

GOALS

Reduce cancer incidence and increase cancer survival.

Using 2012 data, by December 31, 2018, the Department's Agency Strategic Plan targets the following reductions per 100,000 people:

424.6 to 400

The rate of new cancer.

41.3 to 40.2

The rate of late- and advanced-stage female breast cancer.

8.4 to 8.0

The rate of invasive cervical cancer.

36.5 to 33.7

The rate of invasive colorectal cancer.



Appendix B: Alignment with National & State Goals, Strategies & Objectives

Health Equity

Alignment

Goal	HE1	Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding health equity, cultural competency/sensitivity and how social determinants of health influence the health of Florida’s residents and communities.	
Strategy	HE1.1	Assess the knowledge, skills, and abilities of members of state and local agencies, other organizations, and stakeholders as it relates to health equity, cultural competency/sensitivity and social determinants of health mitigation strategies and approaches.	
OBJECTIVES	HE1.1.1	By December 31, 2019, identify health equity, cultural competency/sensitivity and social determinants of health knowledge, skills, and abilities assessments. <i>Objective achieved</i>	<i>Florida Department of Health Agency Strategic Plan: 1.1.3</i>
	HE1.1.2	By December 31, 2021, conduct health equity, cultural competency/sensitivity and social determinants of health knowledge, skills, and abilities assessments in identified organizations.	<i>Florida Department of Health Agency Strategic Plan: 1.1.3, Objective B</i>
Strategy	HE1.2	Improve information sharing, availability, and access to educational opportunities related to understanding and addressing health equity, cultural competency/sensitivity, and social determinants of health.	
OBJECTIVES	HE1.2.1	By June 30, 2020, develop a training repository/inventory that provides quick and easy access to a variety of trainings for a variety of audiences on health equity, cultural competency/sensitivity and social determinants of health.	<i>Florida Department of Health Agency Strategic Plan: 1.1.3, Objective A</i>
	HE1.2.2	By December 31, 2021, maintain the developed training repository/inventory that provides quick and easy access to a variety of trainings for a variety of audiences on health equity, cultural competency/sensitivity and social determinants of health.	<i>Florida Department of Health Agency Strategic Plan: 1.1.3, Objective A</i>
Goal	HE2	Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in social determinants of health and advance health equity.	
Strategy	HE2.2	Expand documentation, dissemination, and implementation of best practices to improve health equity and reduce disparities in social determinants of health to increase coordination and collaboration among county health departments, state and local governments, community organizations, school districts, the health care system, universities and other interested parties.	
OBJECTIVES	HE2.2.1	By June 30, 2020, develop a website that provides streamlined access to resources and best practice examples of working collaboratively to improve health equity and address social determinants of health.	
	HE2.2.3	By December 31, 2021, maintain the website that provides streamlined access to resources and best practice examples of working collaboratively to improve health equity and address social determinants of health.	

Alignment

Goal	HE3	Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida’s most vulnerable populations.	
Strategy	HE3.1	Promote opportunities for vulnerable individuals and their communities to achieve long-term economic stability.	
OBJECTIVE	HE3.1.1	December 31, 2018, develop 12 individualized plans for counties identified with greatest need to identify opportunities to improve economic stability. <i>Objective achieved</i>	<i>Florida Strategic Plan for Economic Development: 5-3</i>
Strategy	HE3.2	Promote equity in educational access and outcomes.	
OBJECTIVES	HE3.2.1	By December 31, 2020, reduce the graduation rate gap between White and Black students from 12.8% (2015-16) to 9.8%. <i>Objective achieved</i>	<i>State Board of Education Strategic Plan</i>
	HE3.2.2	By December 31, 2020, reduce the graduation rate gap between non-economically disadvantaged and economically disadvantaged students from 13.1% (2015-16) to 10.1%. <i>Objective achieved</i>	<i>State Board of Education Strategic Plan</i>
	HE3.2.3	By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015-16) to 15.7%. <i>Objective achieved</i>	<i>State Board of Education Strategic Plan</i>
Strategy	HE3.4	Promote fiscal, environmental, and policy approaches that increase affordable housing, improve neighborhood safety and access to healthy foods, and encourage community design and development that enhances access to and availability of physical activity opportunities to improve health outcomes and equity.	
OBJECTIVES	HE3.4.3	By December 31, 2021, decrease the proportion of renter households in Florida that spend >30% of their income on housing from 57.4% (2012 – 2016) to 51.7%.	<i>Healthy People 2020: SDOH-4.1.1</i>
	HE3.4.4	By December 31, 2021, increase the number of Florida communities in AARP’s Network of Age-Friendly Communities from 24 (2018) to 50.	<i>Florida Department of Elder Affairs Long-Range Program Plan: Goal 2</i>
Strategy	HE3.5	Promote collaboration between health care partners, community organizations and managing entities (and their contracted agencies) to improve access to appropriate behavioral health services for all Floridians.	
OBJECTIVE	HE3.5.3	By December 31, 2021, establish a baseline of local health equity partnerships and collaborations.	<i>Healthy People 2020: MHMD-9.1</i>

Maternal & Child Health

Alignment

Goal	MCH1	Reduce infant mortality and related disparities.	
Strategy	MCH1.1	Advance safe sleep behaviors among families and infant caregivers with an emphasis on disparate populations.	
OBJECTIVES	MCH1.1.1	By December 31, 2021, reduce percentage of Black mothers in Florida whose infant sleeps in bed with a parent or anyone else from 26.4% (2014) to 24.8%.	
	MCH1.1.2	By December 31, 2021, increase percentage of black mothers in Florida who placed their infant on their back to sleep from 56.4% (2014) to 58.4%.	<i>Healthy People 2020: MICH-20</i>
Strategy	MCH1.2	Promote effective preterm birth prevention strategies for women of reproductive age with an emphasis on disparate populations.	
OBJECTIVES	MCH1.2.1	By December 31, 2021, reduce percentage of births in Florida to mothers who smoked during pregnancy from 5.8% (2015) to 4%.	<i>Healthy People 2020: MICH-16.3</i>
	MCH1.2.2	By December 31, 2021, reduce percentage of births in Florida with an inter-pregnancy interval less than 18 months from 34.3% (2015) to 30%.	<i>Healthy People 2020: FP-5</i>
Goal	MCH2	Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.	
Strategy	MCH2.1	Promote quality of care for maternal hypertension and hemorrhage among pregnant women.	
OBJECTIVES	MCH2.1.1	By December 31, 2021, decrease the rate of severe maternal morbidity (SMM) from 8.39 per 1,000 delivery hospitalizations (2015) to 7.72. <i>Objective achieved</i>	<i>Florida Department of Health Long Range Program Plan: Goal 1, Objective 1A</i>
	MCH2.1.2	By December 31, 2021, reduce the Black-White racial disparity in SMM rates from 5.00 per 1,000 delivery hospitalizations (2015) to 4.50. <i>Objective achieved</i>	<i>Florida Department of Health Long Range Program Plan: Goal 1, Objective 1B</i>
Strategy	MCH2.2	Promote preventive and primary health care utilization for women and men.	
OBJECTIVES	MCH2.2.1	By December 31, 2021, increase percentage of new mothers in Florida who received information about how to prepare for a healthy pregnancy and baby prior to pregnancy from 22.8% (2014) and 30.0%.	<i>Healthy People 2020: MICH-16.1</i>

Alignment

Strategy	MCH2.3	Integrate health equity into the public health system and communities by incorporating elements of health equity into policies and programs that impact maternal and child health populations.	
OBJECTIVE	MCH2.3.1	By December 31, 2018, establish a process for formally assessing maternal and child health policies and programs from a health equity perspective.	<i>Florida Department of Health Long Range Program Plan: Goal 1, Objective 1B</i>
Goal	MCH3	Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.	
Strategy	MCH3.1	Develop and increase patient-centered medical home model amongst health care providers serving children and youth with special health care needs under the age of 21 in Florida.	
OBJECTIVE	MCH3.1.1	By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from 27.8% (2017) to 35%.	<i>Healthy People 2020: MICH-30.2 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2C</i>
Strategy	MCH3.2	Implement regional behavioral health integration models in primary care settings amongst children and youth with special health care needs under the age of 21 in Florida.	
OBJECTIVE	MCH3.2.1	By December 31, 2021, increase the number of children and youth that receive access to behavioral health services from 44.1% (2017) to 53%.	<i>Healthy People 2020: MHMD-6 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2F</i>

Immunizations & Influenza

Alignment

Goal		IM1 Increase access to immunizations for infants and pregnant women.	
Strategy	IM1.1	Promote increased access to and the rate of administration of vaccines among infants (birth to the end of the first year of life) and pregnant women in Florida, as recommended by CDC Advisory Committee on Immunization Practices (ACIP), through educational outreach events, vaccine distribution clinics, monitoring site visits and media campaigns.	
OBJECTIVES	IM1.1.1	By December 31, 2021, increase the rate of infants who receive the hepatitis B vaccine within three (3) days of birth from 53.3% (2014) to 70%.	Healthy People 2020: IID-7.9
	IM1.1.2	By December 31, 2021, increase the rate of pregnant women who receive the annual seasonal influenza vaccine from 34.5% (2015) to 50%.	Healthy People 2020: IID-12.14
Goal		IM2 Increase access to immunizations for vaccine preventable disease in children and teens.	
Strategy	IM2.1	Promote awareness and support community partnerships to increase access to immunizations to raise immunization rates for vaccine-preventable disease in Florida's children and teens (birth through the end of the 17th year of life) through educational outreach events, vaccine distribution clinics, monitoring site visits and media campaigns.	
OBJECTIVES	IM2.1.1	By December 31, 2021, increase the rate of teens (13-17 years of age) who have completed the first dose of HPV vaccine from 55.9% (2016) to 70%.	Healthy People 2020: IID-11.4 & IID-11.5 Florida Department of Health Agency Strategic Plan: 3.1.1, Objective B
	IM2.1.3	By December 31, 2021, increase the percentage of Emergency Medical Services agencies offering immunization programs from 5.8% (2018) to 25%.	Healthy People 2020: IID-1 Florida Department of Health Emergency Medical Services State Plan: 5.5, Objective A Florida Department of Health Agency Strategic Plan: 3.1.1

Injury, Safety & Violence

Alignment

Goal	ISV1	Prevent and reduce intentional and unintentional injuries and deaths in Florida.	
Strategy	ISV1.3	Promote the increase use of evidence-based falls prevention programs serving elders.	
OBJECTIVES	ISV1.3.1	By December 31, 2021, increase the total number of counties with evidence-based falls prevention programs from 52 (2018) to 67.	<i>Healthy People 2020: OA-11 & IVP-23</i>
	ISV1.3.2	By December 31, 2021, increase the number of Area Agencies on Aging (AAAs) that have evidence-based falls prevention program participant completion rates of 70% or above, from 6 (2018) to 11.	<i>Healthy People 2020: OA-11 & IVP-23</i>
	ISV1.3.3	By December 31, 2021, increase the percentage of Emergency Medical Services agencies conducting or participating in falls prevention programs from 33.2% to 50%.	<i>Healthy People 2020: OA-11 & IV-P23</i> <i>Florida Department of Health</i> <i>Emergency Medical Services State Plan:</i> <i>5.1, Objective A</i>
Strategy	ISV1.4	Prevent child drowning injuries through the implementation of local-level prevention activities and media campaigns.	
OBJECTIVES	ISV1.4.1	By December 31, 2021, reduce the rate of unintentional drowning fatalities among children ages 9 and younger from 3.4 per 100,000 population (2017) to 3.1.	<i>Healthy People 2020: IVP-25</i>
	ISV1.4.3	By December 31, 2021, increase the percentage of Emergency Medical Services agencies conducting or participating in drowning prevention programs from 20.5% to 50%.	<i>Florida Department of Health</i> <i>Emergency Medical Services State Plan:</i> <i>5.1, Objective D</i>
Strategy	ISV1.5	Create partnerships to address multiple types of violence through common risk and protective factors.	
OBJECTIVE	ISV1.5.1	By December 31, 2021, increase the number of partnerships addressing multiple types of violence using a public health approach, through the use of MOUs, from 0 to 15.	
Strategy	ISV1.6	Support the Florida Department of Transportation’s vision to serve the people of Florida by providing a transportation network that is well planned, supports economic growth and has the goal of being congestion and fatality free.	
OBJECTIVE	ISV1.6.1	By December 31, 2021, reduce the number of traffic fatalities from 2,688.2 based on a 5-year rolling average from 2012–2016, (FDOT Highway Safety Improvement Program Report published under the State Highway Safety Report (2018) – Florida, Federal Highway Administration, US Department of Transportation in support of the state’s goal of Vision Zero.	<i>Healthy People 2020: IVP-13.2</i> <i>Florida’s Intelligent Transportation</i> <i>Systems Strategic Plan: Goal 1.2</i>

Alignment

Strategy	ISV1.7 Decrease morbidity and mortality from injury through the effective support and monitoring of the Emergency Medical Services (EMS) and Trauma Systems of Care.	
OBJECTIVES	ISV1.7.1 By December 31, 2021, increase the percentage of trauma alert patients that were initially transported to a trauma center from 86% (2018) to 90%.	<i>Healthy People 2020: IVP-1 Florida Department of Health Emergency Medical Services State Plan: 2.2, Objective H</i>
	ISV1.7.2 By December 31, 2021, increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 83% (2018) to 90%.	<i>Healthy People 2020: IVP-1 Florida Department of Health Emergency Medical Services State Plan: 2.2, Objective G</i>

Healthy Weight, Nutrition & Physical Activity

Alignment

Goal	HW1	Improve the food environment and nutrition habits across the lifespan to increase healthy weight.	
Strategy	HW1.1	Promote policy, systems, and environmental changes to increase access to and equitable consumption of healthy foods statewide for Floridians of all ages.	
OBJECTIVES	HW1.1.1	By December 31, 2021, increase the percentage of Florida adults who eat 2 or more vegetables per day from 41.2% (2015) to 45.4%.	<i>Healthy People 2020:</i> NWS-14 & NWS-15.1
	HW1.1.2	By December 31, 2021, increase the percentage of Florida high school students who eat 2 or more vegetables per day from 27.2% (2015) to 30.6%.	<i>Healthy People 2020:</i> NWS-14 & NWS-15.1
	HW1.1.4	By December 31, 2021, decrease the percentage of Floridians who lack adequate access to food from 15.1% (2015) to 8%.	<i>Healthy People 2020:</i> NWS-13
	HW1.1.5	By December 31, 2021, increase the percentage of adults at a healthy weight from 33.9% (2015) to 37.8%.	<i>Healthy People 2020:</i> NWS-8 <i>Florida Department of Health Long Range Program Plan:</i> Goal 2
	HW1.1.6	By December 31, 2021, increase the percentage of Floridians age 60 and older who participate in SNAP from 66.8% (2018) to 70%. <i>Objective achieved</i>	<i>Healthy People 2020:</i> NWS-13
Strategy	HW1.2	Provide support and technical assistance to hospitals, work places and early care and education programs to implement breastfeeding policies and programs.	
OBJECTIVES	HW1.2.1	By December 31, 2021, increase the number of Baby-Friendly Hospitals from 10 (2017) to 30.	<i>Healthy People 2020:</i> MICH-21 <i>Florida Department of Health Agency Strategic Plan:</i> 2.1.1, Objective B
	HW1.2.2	By December 31, 2021, increase the number of breastfeeding-friendly work places from 111 (2017) to 220.	<i>Healthy People 2020:</i> 2020: MICH-21 & MICH-22
	HW1.2.3	By December 31, 2021, increase the number of breastfeeding friendly early care and education programs from 230 (2017) to 500. <i>Objective achieved</i>	<i>Healthy People 2020:</i> MICH-21

Alignment

	HW1.2.4	By December 31, 2021, increase the number of county-based breastfeeding coalitions from 14 (2019) to 17. <i>Objective achieved</i>	<i>Healthy People 2020: MICH-21</i>
Goal	HW2	Improve access to and participation in physical activity opportunities across the lifespan to increase healthy weight.	
Strategy	HW2.1	Promote policy, systems, and environmental approaches to increasing physical activity opportunities within the built environment for Floridians of all ages through coordination with local government and stakeholders.	
OBJECTIVES	HW2.1.1	By December 31, 2021, increase the percentage of Florida’s population within one mile of bike lane and/or shared use paths from 42% (2015) to 45%. <i>Objective achieved</i>	<i>Florida’s Intelligent Transportation Systems Strategic Plan: Goal 2.3</i>
	HW2.1.2	By December 31, 2021, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.	<i>Florida Department of Health Agency Strategic Plan: 2.1.1, Objective A</i>
	HW2.1.3	By December 31, 2021, increase the number of visits to Florida State Parks and Florida State Trails from 28,173,773 (2018) to 28,460,561. <i>Objective achieved</i>	
	HW2.1.4	By December 31, 2021, establish a baseline to increase the number of schools that complete the School Health Index.	
	HW2.1.5	By December 31, 2021, increase the number of early care and education centers (ECE) that receive the Florida ECE Recognition from 0 (2018) to 50.	

Behavioral Health— Includes Mental Illness & Substance Abuse

Alignment

		Alignment
Goal	BH1 Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.	
Strategy	BH1.1 Increase the number of child welfare-involved families with access to behavioral health services.	
OBJECTIVES	BH1.1.1 By December 31, 2018, increase the percentage of enrollments of parents or caregivers with a substance use disorder who have children involved in the child welfare system into Family Intensive Treatment (FIT) Program by 10% from 866 (2015-16) to 953. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 3.1, Objective 3.1.6</i>
	BH1.1.2 By December 31, 2019, increase the percentage of FIT participants that are retained and/or successfully complete the FIT program by 10% from a baseline of 66% (2017-18) to 72%. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 3.1, Objective 3.1.6</i>
Strategy	BH1.2 Increase the number of people trained in mental health first aid to identify, understand, and respond to signs of mental illness and substance use disorders in the community.	
OBJECTIVE	BH1.2.1 By December 31, 2021, increase the number of people trained in mental health first aid from 34,937 (2016) to 167,616.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.2, Objective 2.2.1</i>
Goal	BH2 Decrease the number of newborns experiencing neonatal abstinence syndrome.	
Strategy	BH2.1 Increase the number of pregnant women in treatment for opioid disorders.	
OBJECTIVE	BH2.1.1 By December 31, 2021, reduce the number of newborns experiencing neonatal abstinence syndrome by 10% from a baseline rate of 69.2 (2013) to 62.3 per 10,000 live births.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.3, Objective 2.3.1</i>

Alignment

Goal	BH3 Reduce the number of opioid overdose deaths among individuals with opioid use disorders.	
Strategy	BH3.1 Increase access to naloxone to individuals at risk of witnessing or experiencing an opioid-related overdose by distribution of naloxone kits in emergency departments, among first responders and emergency responders.	
OBJECTIVES	BH3.1.1 By March 31, 2018, conduct five overdose prevention trainings to educate EMS/first responders, Substance Abuse and Mental Health treatment providers, community-based organizations, physicians, child welfare staff, future dentists, future pharmacists and school administrators about the opioid epidemic and the value and safe use of naloxone. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.3, Objective 2.5.1</i>
	BH3.1.2 By March 31, 2018, begin implementation of an awareness campaign on the opioid epidemic and where and how to access naloxone throughout the state.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.3, Objective 2.5.1</i>
	BH3.1.3 By December 31, 2021, distribute 80,000 naloxone kits to community-based entities that might encounter individuals at risk of an opioid overdose such as emergency departments, homeless shelters, primary care physicians, pharmacies, first responders, substance use treatment providers, child welfare staff and others at risk of experiencing or witnessing an opioid overdose.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.5</i>
	BH3.1.4 By December 31, 2021, increase the distribution of naloxone provided by the Helping Emergency Responders Obtain Support (HEROS) Program to emergency responder agencies that employ Emergency Medical Technicians, paramedics, firefighters or law enforcement officers from 53 (FY 2018/2019) to 67 Florida counties.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.5</i>
Goal	BH4 Reduce the number of deaths by suicide in Florida.	
Strategy	BH4.1 Provide training on the prevention of suicide and related behaviors to community and clinical service providers.	
OBJECTIVES	BH4.1.1 By December 31, 2019, the DCF suicide prevention website will include a training tab that will list best practices, trainings and programs. <i>Objective achieved</i>	<i>Healthy People 2020: MHMD-1 Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.1.2 By December 31, 2021, the DCF suicide prevention website will include a tab on grants and projects that have been awarded and implemented in Florida. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.1.3 By July 31, 2020, revise DCF's suicide prevention website to include an information tab on the Marjory Stoneman Douglas High School Public Safety Act and Youth Mental Health First Aid Training. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.1.4 By December 31, 2021, DCF, along with suicide prevention partners, will increase outreach from 0 (2019) to 500,000 individuals with a serious mental illness who may be at risk by integrating information specifically for individuals with a serious mental illness into public messaging campaigns.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.2, Objective 2.2.2</i>

Alignment

Strategy	BH4.2	Increase suicide prevention efforts for high-risk populations.	
OBJECTIVES	BH4.2.1	By December 31, 2018, establish and hold seven monthly meetings with the Peer Support Workgroup that focus suicide prevention efforts with service members, veterans and their families. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.2.2	By December 31, 2018, establish and hold quarterly meetings with the Strategic Leadership Workgroup that focuses on suicide prevention efforts with service members, veterans and their families. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.2.3	By December 31, 2020, create an implementation plan that focuses on suicide prevention efforts with service members, veterans, and their families. <i>Objective achieved</i>	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
	BH4.2.4	By December 31, 2021, DCF and DOH will partner to convene five (5) workgroup meetings with diverse stakeholders to expand suicide prevention efforts among focus populations identified in the state suicide prevention plan.	<i>Florida Department of Children and Families Long Range Program Plan: Goal 2.4, Objective 2.4.1</i>
Strategy	BH4.3	The Florida Department of Health, in partnership with the Florida Department of Children and Families, will quarterly convene a group of subject matter experts to develop messaging and initiatives around suicide surveillance data from the Florida Violent Death Reporting System.	
OBJECTIVE	BH4.3.1	By December 31, 2021, increase the number of meetings held with the 2021-2023 Florida Suicide Prevention Interagency Action Committee from 7 (2019) to 10.	

Sexually Transmitted Disease (STDs)— Includes Other Infectious Diseases

Alignment

Goal	ID1	Reduce syphilis in Florida.	
Strategy	ID1.1	Reduce the number of syphilis cases through provider and public awareness, enhanced surveillance and expanded quality improvement activities.	
OBJECTIVES	ID1.1.1	By December 31, 2021, decrease the rate of early syphilis per 100,000 from 24.9 (2016) to 23.5.	<i>Healthy People 2020: STD-8</i> <i>Florida Department of Health</i> <i>Long Range Program Plan:</i> Goal 1, Objective 1D <i>Florida Department of Health</i> <i>Agency Strategic Plan:</i> 2.1.5, Objective E
	ID1.1.2	By December 31, 2021, decrease the number of syphilis cases among women ages 15-44 years from 1,051 (2016) to 898.	<i>Healthy People 2020: STD-7.1</i> <i>Florida Department of Health</i> <i>Long Range Program Plan:</i> 1, Objective 1D
Strategy	ID1.2	Reduce congenital syphilis cases in Florida by reducing the transmission of syphilis among sexually active persons through expanded surveillance, enhanced partner services and increased awareness of appropriate sexually transmitted disease screening during pregnancy.	
OBJECTIVES	ID1.2.1	By December 31, 2021, increase the percentage of women with syphilis diagnosed during pregnancy who receive adequate treatment from 80% (2016) to 96%.	<i>Healthy People 2020: STD-7.1</i> <i>Florida Department of Health</i> <i>Long Range Program Plan:</i> Goal 1, Objective 1D <i>Florida Department of Health</i> <i>Agency Strategic Plan:</i> 2.1.5, Objective E
	ID1.2.2	By December 31, 2021, increase the percentage of pregnant women with a syphilis diagnosis who are treated within 14 days of specimen collection from 50% (2016) to 85%.	<i>Healthy People 2020: STD-8</i> <i>Florida Department of Health</i> <i>Long Range Program Plan:</i> Goal 1, Objective 1D

Alignment

Goal			Alignment
Goal	ID2	Reduce new HIV infections in Florida through a coordinated response across public health systems partners.	
Strategy	ID2.1	Prevent new HIV infections in Florida through increased provider awareness of prescribing prophylaxis for high-risk populations, increased offering of routine HIV screening in all health care settings and increased public awareness of HIV through a statewide minority media campaign.	
OBJECTIVE	ID2.1.1	By December 31, 2021, increase the proportion of persons living with HIV (PLWH) in Florida who know their serostatus from 87.6% (2015) to 91%.	<i>Healthy People 2020: HIV-13 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2B</i>
Strategy	ID2.2	Foster improved health outcomes for people living with HIV/AIDS and reduce the change of HIV transmissions to others through expedited linkage to care, achievement of viral load suppression through retention in care and increased awareness of appropriate HIV screening during pregnancy.	
OBJECTIVES	ID2.2.1	By December 31, 2021, increase the percentage of HIV+ persons linked in care from 91% (2015) to 97%.	<i>Healthy People 2020: HIV-19 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2B</i>
	ID2.2.1	By December 31, 2021, increase the proportion of PLWH retained in care from 66% (2015) to 90%.	<i>Healthy People 2020: HIV-20 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2B</i>
	ID2.2.3	By December 31, 2021, increase the proportion of PLWH with a suppressed viral load from 59% (2015) to 80%.	<i>Healthy People 2020: HIV-22.1 Florida Department of Health Long Range Program Plan: Goal 2, Objective 2B Florida Department of Health Agency Strategic Plan: 2.1.5, Objective D</i>
Goal	ID3	Demonstrate readiness for existing and emerging infectious disease threats.	
Strategy	ID3.4	Improve antimicrobial prescribing and slow antimicrobial resistance by bolstering antimicrobial stewardship programs in Florida's National Healthcare Safety Network participating facilities through their use of a Florida-specific toolkit and implementation of all National Healthcare Safety Network core elements of antimicrobial stewardship.	
OBJECTIVES	ID3.4.1	By December 31, 2021, increase the percentage of Florida's National Healthcare Safety Network participating facilities meeting all seven core elements of antimicrobial stewardship from 89% (2017) to 95%.	
	ID3.4.2	By December 31, 2021, reduce the standardized infection ratio (SIR) for <i>Clostridioides difficile</i> infections in Florida's National Healthcare Safety Network participating facilities from 0.68 (2017) to 0.45.	

Chronic Diseases & Conditions— Includes Tobacco-Related Illnesses & Cancer

Alignment

Goal	CD1	Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.	
Strategy	CD1.1	Promote policy and systems change to health care providers to increase adherence to clinical best practices and national recommendations for chronic disease prevention and increase utilization of available resources.	
OBJECTIVES	CD1.1.1	By December 31, 2021, increase the number of referrals to Tobacco Free Florida Quit Services from 34,318 (2018) to 37,749 (annually).	<i>Healthy People 2020: TU-4 Florida Department of Health Long Range Program Plan: Goal 3, Objective 3B</i>
	CD1.1.2	By December 31, 2021, increase the number of individuals at risk of type 2 diabetes participating in the Centers for Disease Control and Prevention (CDC) Recognized Diabetes Prevention programs from 4,340 (2016) to 60,000.	<i>Healthy People 2020: D-14</i>
	CD1.1.3	By December 31, 2021, increase the percentage of adults ages 50 to 75 who receive colorectal screening based on the most recent guidelines from 65.7% (2014) to 70%.	<i>Healthy People 2020: C-16</i>
Strategy	CD1.2	Promote policy and systems change to health care providers to increase team-based care and care coordination approaches for chronic disease treatment and management to ensure optimal and equitable care for all segments of the population.	
OBJECTIVES	CD1.2.1	By December 31, 2021, increase the percentage of emergency medical services agencies with community paramedicine programs addressing cardiovascular health from 37.5% (2018) to 50%.	<i>Florida Department of Health Emergency Medical Services State Plan: 5.2, Objective A</i>
	CD1.2.2	By December 31, 2021, reduce the age-adjusted asthma ED visit rate from 54.1 per 10,000 population (2017) to 44.4 per 10,000 population.	<i>Healthy People 2020: RD-3</i>
	CD1.2.3	By December 31, 2021, increase the number of community health workers and other health care extenders trained on medication therapy management support from 40 (2016) to 250.	

Alignment

Strategy	CD1.3 Educate Floridians to empower them to be health champions for themselves, their families and their communities.	
OBJECTIVES	CD1.3.1 By December 31, 2021, increase the Medical Quality of Care indicator ‘Adolescent Well-Care Visits’ from 53% (2015) to 60%.	<i>Healthy People 2020: AH-1</i>
	CD1.3.2 By December 31, 2021, increase the percentage of current Florida adult smokers who tried to quit smoking at least once in the past year from 64.9% (2015) to 67%.	<i>Healthy People 2020: TU-4.1</i>
	CD1.3.3 By December 31, 2021, increase the percentage of adults with diabetes who report having ever taken a course or class on diabetes management from 46.1% (2015) to 58%.	<i>Healthy People 2020: D-14</i>
	CD1.3.4 By December 31, 2021, increase the percentage of adults with hypertension served by Federally Qualified Health Centers (FQHC) who have their blood pressure adequately controlled (<140/90) from 60.6% (2015) to 66.7%.	<i>Healthy People 2020: HDS-12</i> <i>Florida Department of Health Agency Strategic Plan: 2.1.2, Objective A</i>
Goal	CD2 Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.	
Strategy	CD2.1 Expand documentation and dissemination of community-based best practices related to the incorporation of social determinants of health to increase implementation by county health departments, local governments, community organizations and healthcare systems.	
OBJECTIVES	CD2.1.1 By December 31, 2021, increase the number of chronic disease training opportunities for community health workers available from providers approved by the Florida Certification Board from 0 (2017) to 4.	
	CD2.1.2 By December 31, 2021, determine and evaluate the utilization of chronic disease management and treatment programs by county for persons age 65 or older statewide from 0 to 67.	
Strategy	CD2.2 Develop a standardized system of measurement and surveillance for Florida through collaboration, trainings, and consensus building among public health professionals, academics and health care system partners to enhance the use of timely actionable data and improve chronic disease outcomes.	
OBJECTIVE	CD2.2.1 By December 31, 2021, increase the number of FQHCs in Florida using patient registries to improve quality of care for patients with chronic diseases from 17 (2019) to 40.	

Alzheimer's Disease & Related Dementias

Alignment

Goal	AD1 Strengthen the capacity to address Alzheimer's disease and related dementias (ADRD) in Florida.	
Strategy	AD1.1 Promote early detection/early diagnosis, brain health, and ADRD support services in Florida.	
OBJECTIVES	AD1.1.1 By June 1, 2021, increase the percentage of identified partners who have distributed an approved and current Early Detection/Early Diagnosis concern and awareness campaign and a Brain Health campaign from 0% (2020) to 55%.	<i>Florida State Plan on Aging Goal 1, Objective 1.2</i>
	AD1.1.2 By November 1, 2021, increase the percentage of identified partners who have distributed an approved and current Caregiver Support Services concern and awareness campaign from 0% (2020) to 55%.	<i>Florida State Plan on Aging Goal 2, Objective 2.7</i>
Goal	AD2 Assure a competent ADRD workforce through education and training.	
Strategy	AD2.1 Enhance current education/training for all staff working in Assisted Living Facilities, Skilled Nursing Facilities, Adult Day Care Programs, Specialized Adult Day Care Programs, Hospice facilities, and Home Health Agencies.	
OBJECTIVES	AD2.1.1 By December 31, 2021, increase the percentage of facilities that have indirect staff receiving at least one hour of updated ADRD education/training on Alzheimer's care best practices from 0% (2020) to 50%.	<i>Florida State Plan on Aging Goal 2, Objective 2.3</i>
	AD2.1.2 By December 31, 2021, increase the percentage of ADRD direct care workers who complete at least 4 hours of ADRD continuing education and training from 50% (2020) to 100%.	<i>Florida State Plan on Aging Goal 2, Objective 2.3</i>

Alignment

Goal	AD3 Enhance support for those living with ADRD and their caregivers in Florida.		
Strategy	AD3.1	Develop and administer campaigns or policies that support those living with ADRD and their caregivers in Florida.	
OBJECTIVES	AD3.1.1	By June 30, 2021, increase the percentage of Area Agencies on Aging (AAAs), Dementia Care and Cure Initiatives (DCCIs), Memory Disorder Clinics (MDCs) and County Health Departments (CHDs) in Florida that provide a summary of how they plan to distribute a nationally-recognized, evidence-based, standardized ADRD caregiver toolkit to their networks from 0% (2020) to 75%.	<i>Florida State Plan on Aging</i> Goal 1, Objective 1.6; Goal 2, Objective 2.7
	AD3.1.2	By December 31, 2021, increase the percentage of AAAs, DCCIs, MDCs and CHDs in Florida that disseminate evidence-based, standardized ADRD caregiver toolkits to their networks from 0% (2020) to 75%.	<i>Florida State Plan on Aging</i> Goal 1, Objective 1.6; Goal 2, Objective 2.7
	AD3.1.3	By December 31, 2021, increase the number of families providing unpaid ADRD care who receive the "Project VITAL At-Home" edition from 0 (2020) to 200.	<i>Florida State Plan on Aging</i> Goal 1, Objective 1.6

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