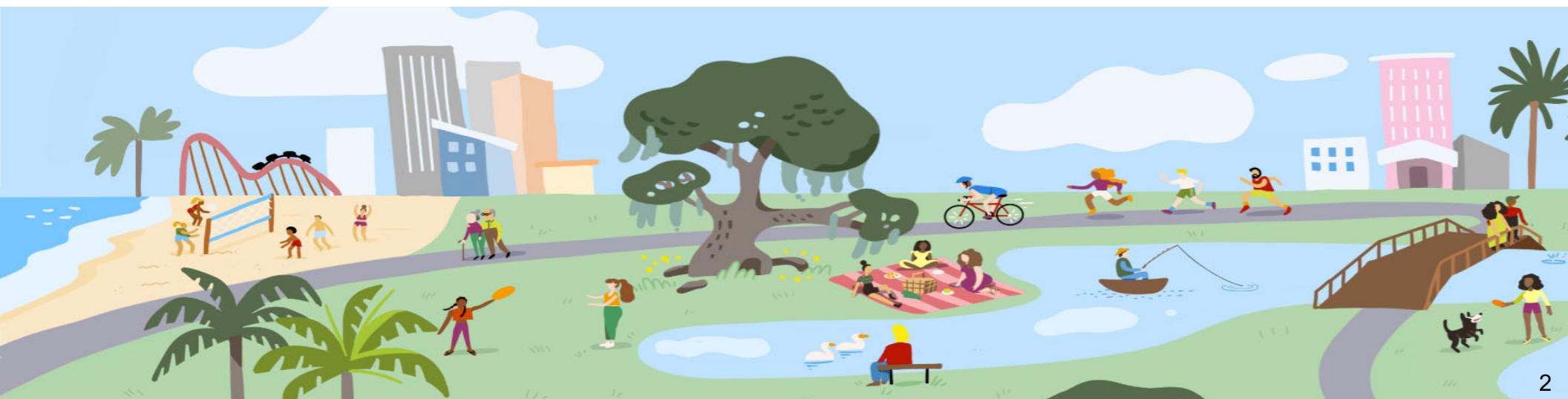# STATE HEALTH IMPROVEMENT PLAN

ANNUAL REVIEW MEETING

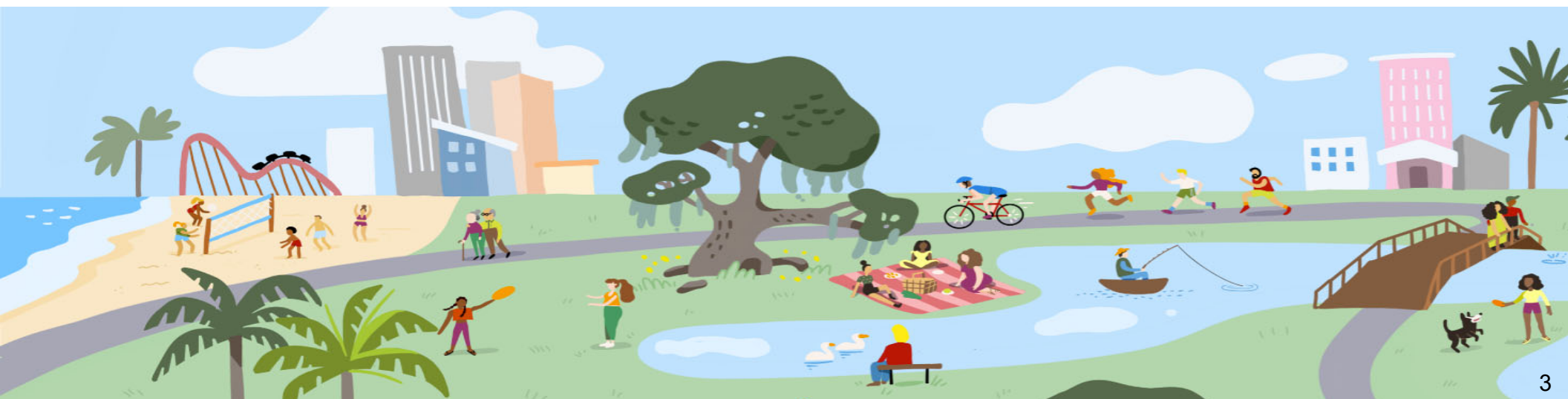January 24, 2024

Welcome and Open Meeting

Joseph A. Ladapo, MD, PhD
State Surgeon General
Florida Department of Health
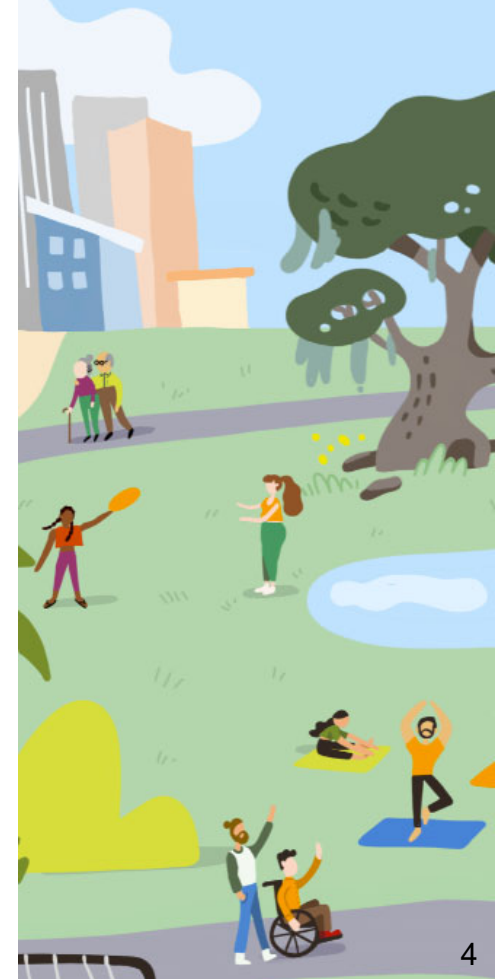
State Health Improvement Plan Overview and Updates

Emma C. Spencer, PhD, MPH
Director, Division of Public Health Statistics
and Performance Management
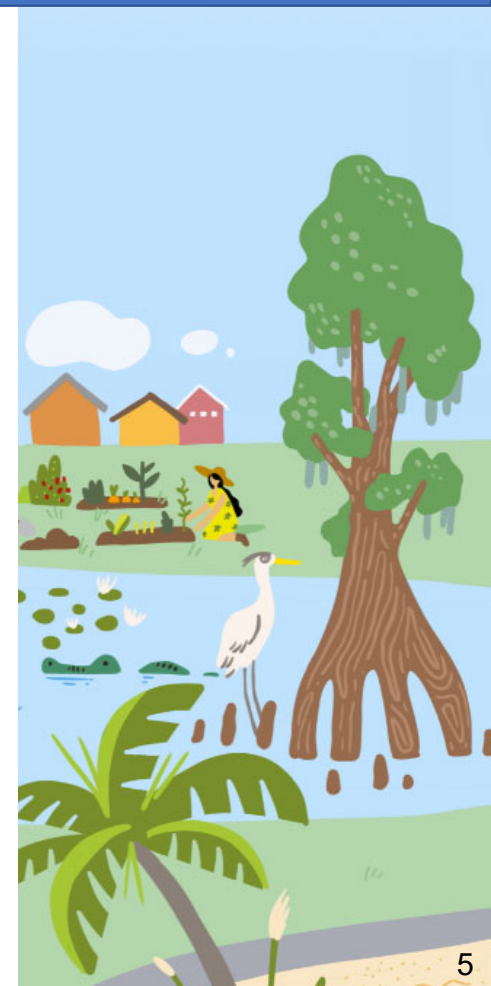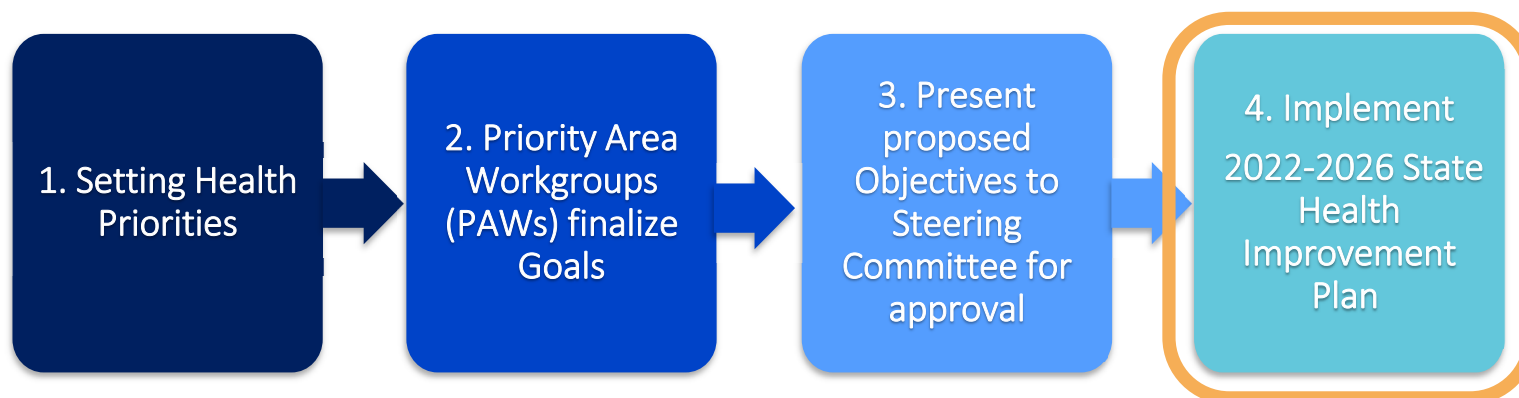Florida Department of Health

State Health Improvement Plan (SHIP) Resources

- State Health Improvement Plan Annual Review Presentation

- State Health Improvement Plan Proposed Goals and Objectives by Priority Area

- State Health Improvement Plan Steering Committee Charter

- [SHIP Website: Florida SHIP – State Health Improvement Plan – Florida's 2022-2026 State Health Improvement Plan](#)

SHIP Development

```
1. Setting Health Priorities  →  2. Priority Area Workgroups (PAWs) finalize Goals  →  3. Present proposed Objectives to Steering Committee for approval  →  4. Implement 2022-2026 State Health Improvement Plan
```

SHIP Priority Areas

1. Alzheimer's Disease and Related Dementias

2. Chronic Diseases and Conditions

3. Injury, Safety and Violence

4. Maternal and Child Health

5. Mental Well-being and Substance Abuse Prevention

6. Social and Economic Factors Contributing to Health

7. Transmissible and Emerging Diseases

SHIP Implementation Process

- Develop strategies and identify key activities.

- Plan workgroup meeting(s) where strategies and key activities are formulated; discuss each strategic issue in-depth and identify the goals, strategies and barriers.

- Obtain agency and community input into feasible and effective strategies.

- Implement and report findings.
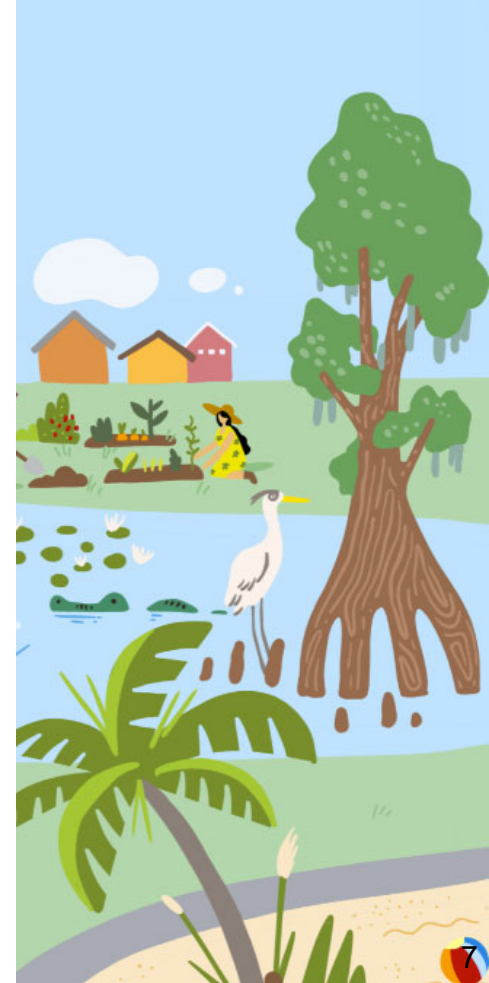
Overall SHIP Objective Performance

- Objectives Met
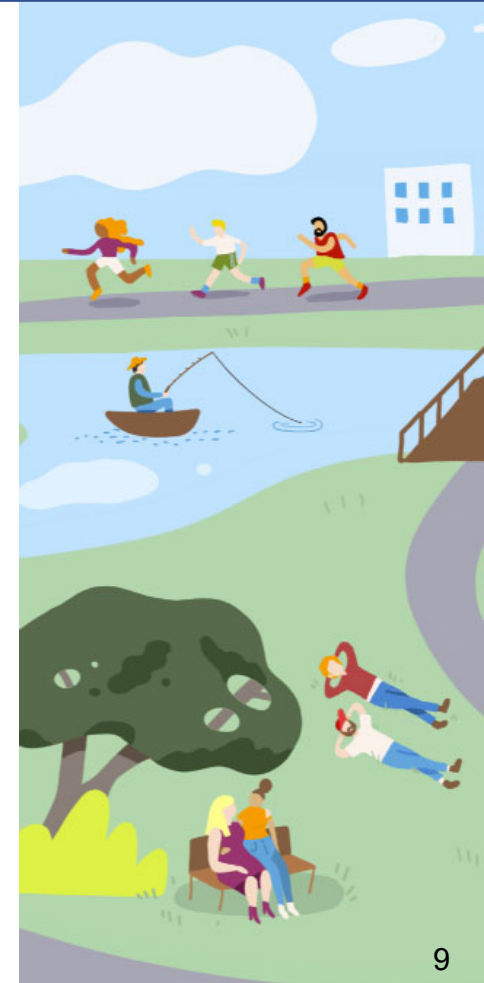- Objectives Unmet

13%

88%
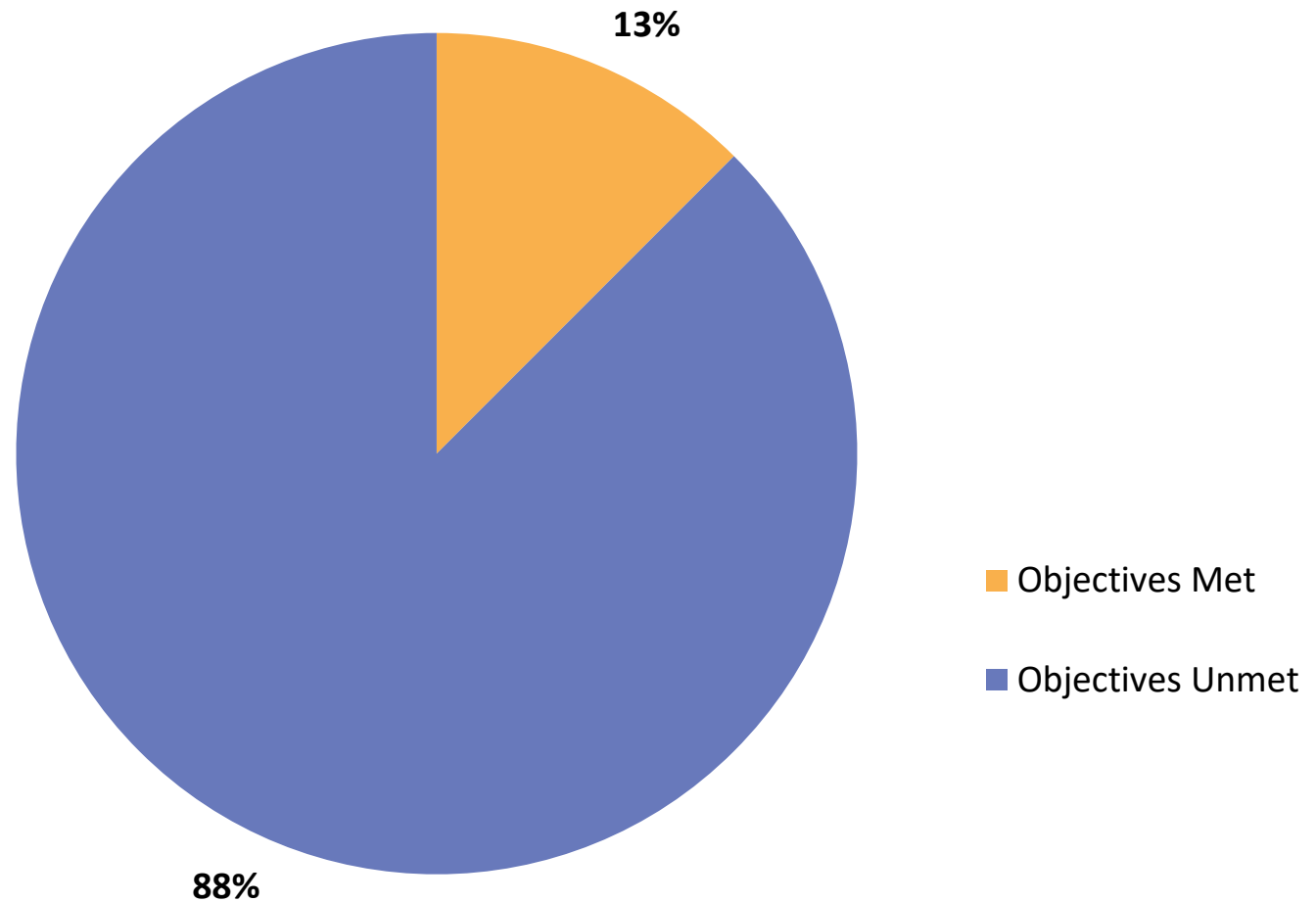
(n= 96 SHIP Objectives)

Opportunities for Improvement

- Increase State Health Improvement Plan awareness on the local level.

- Create alignment of efforts involving county health departments.

- Strengthen real-time reporting for health risks and outcomes.

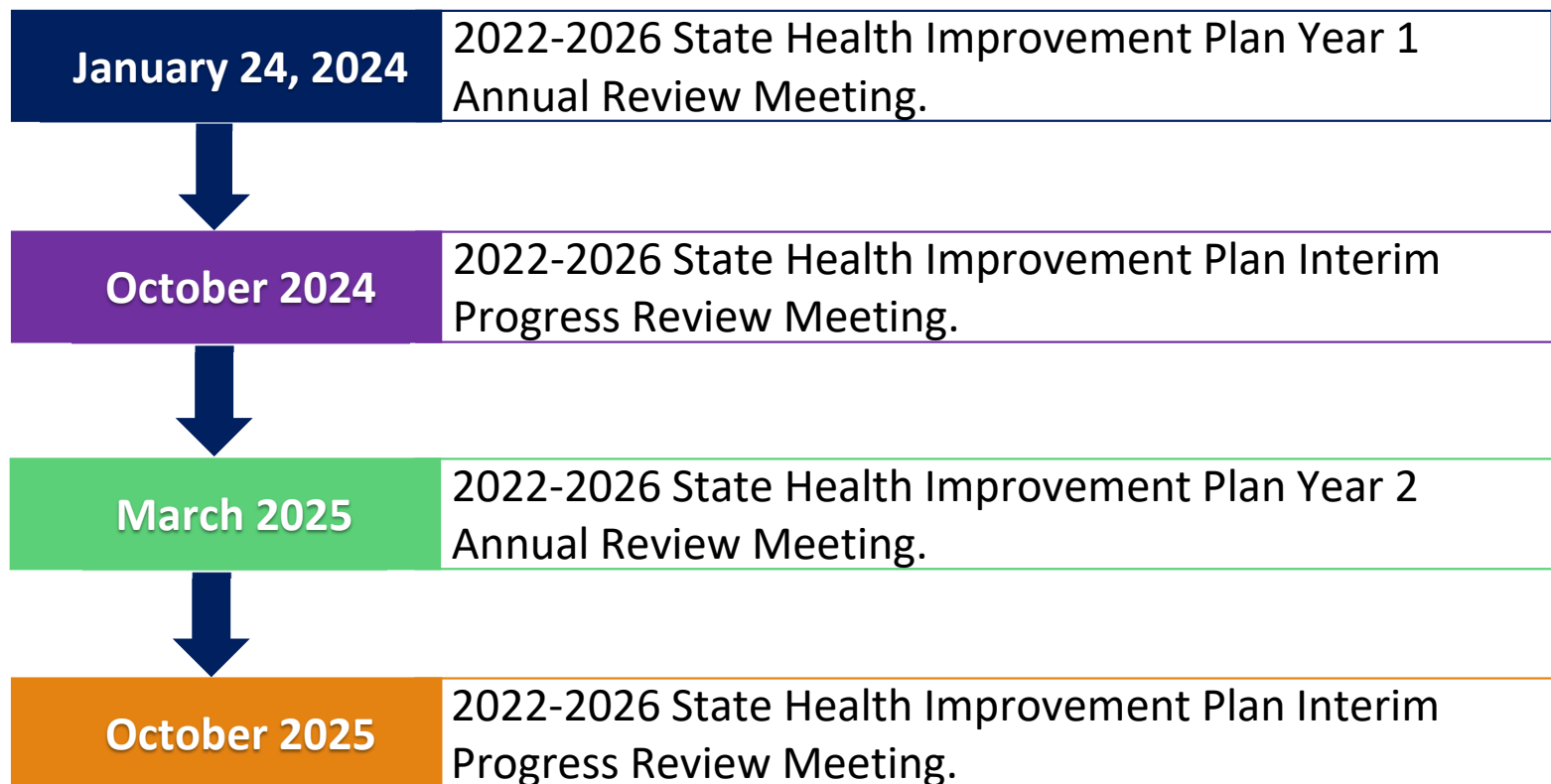- Build and maintain partner engagement.

Next Steps

- Strategically align state and local efforts to better address community needs.

- Coordinate efforts through the State Health Improvement Plan Data Subcommittee to promote data sharing among partner organizations.

- Foster an environment for innovative thought and engagement among partners.
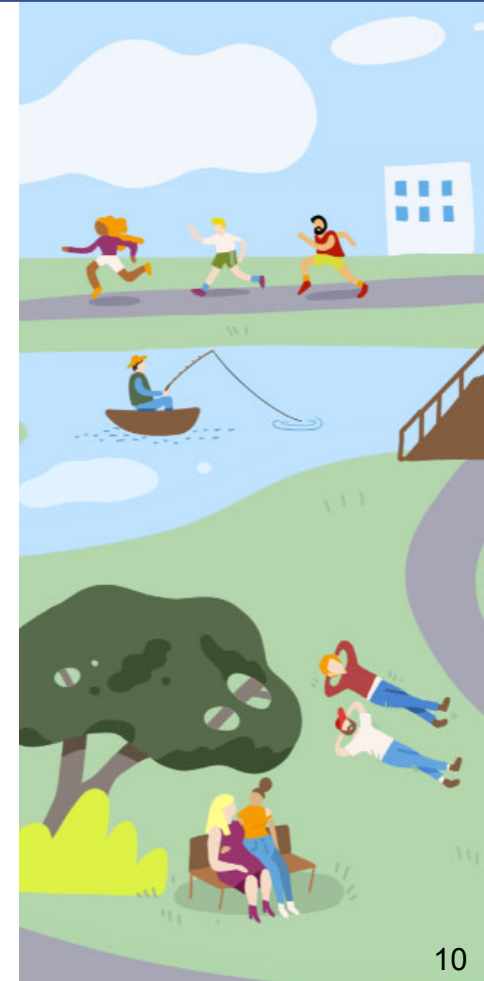
SHIP Data Subcommittee Timeline

January 24, 2024	2022-2026 State Health Improvement Plan Year 1 Annual Review Meeting.
January 30, 2024	Launch 2022-2026 State Health Improvement Plan Data Subcommittee Meetings.
July 30, 2024	Launch 2022-2026 State Health Improvement Plan Membership Portal and Data Dashboard.
March 2025	2022-2026 State Health Improvement Plan Year 2 Annual Review Meeting.

SHIP Steering Committee Meeting Cycle Timeline

| **January 24, 2024**	2022-2026 State Health Improvement Plan Year 1 Annual Review Meeting.
October 2024	2022-2026 State Health Improvement Plan Interim Progress Review Meeting.
March 2025	2022-2026 State Health Improvement Plan Year 2 Annual Review Meeting.
October 2025	2022-2026 State Health Improvement Plan Interim Progress Review Meeting.

Steering Committee Partners
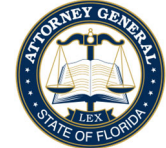
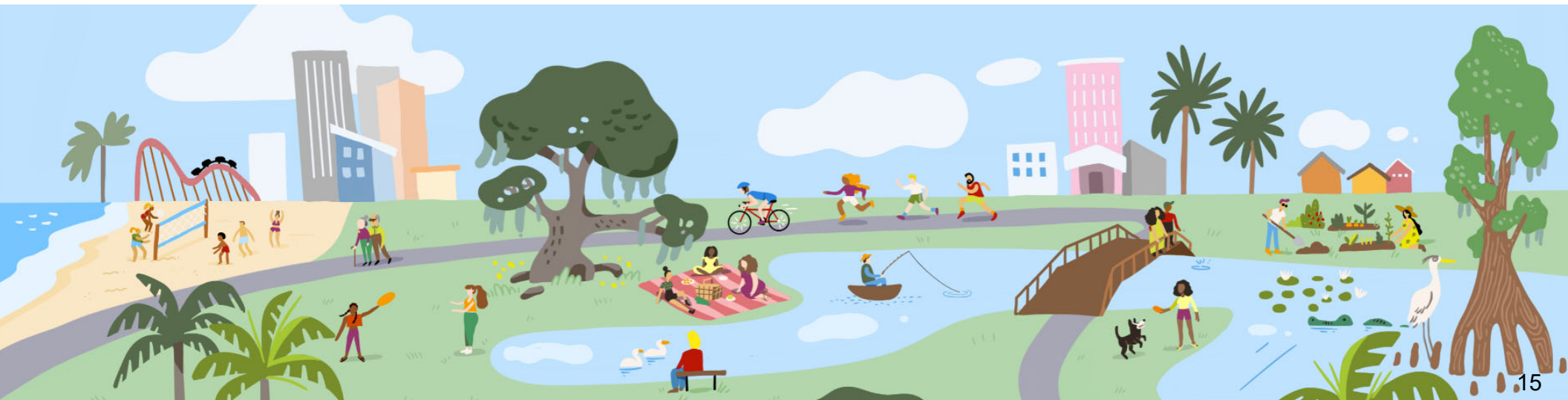# 2022-2026 State Health Improvement Plan Priority Area Workgroup Progress
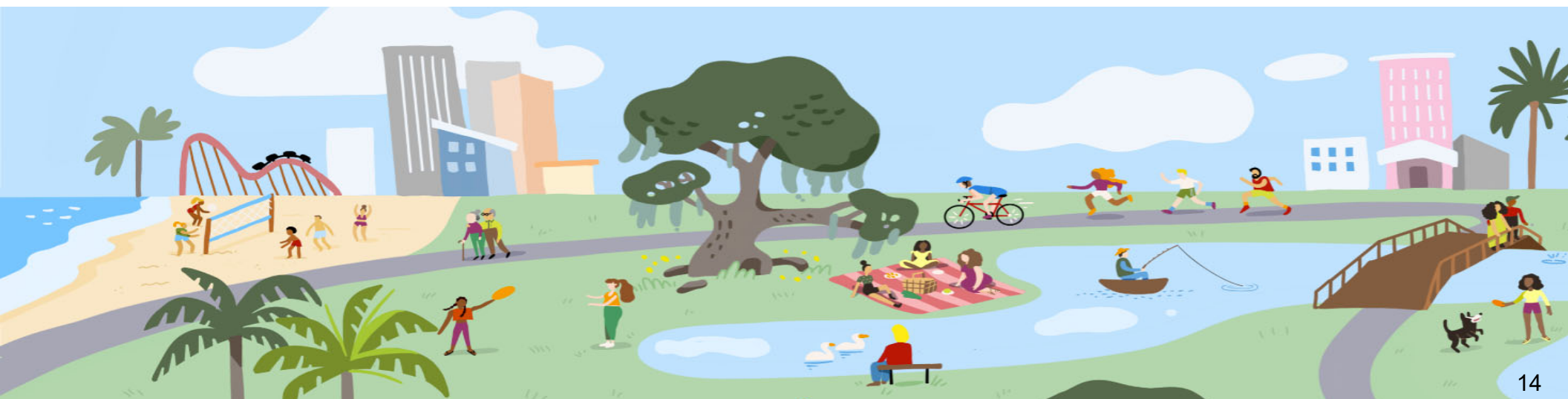
Alzheimer's Disease and Related Dementias (ADRD) Priority Area Workgroup Chairs

Myasha Graham
SHIP & ADAC Coordinator
Florida Department of Elder Affairs

Jennifer Braisted
Director of Government Affairs
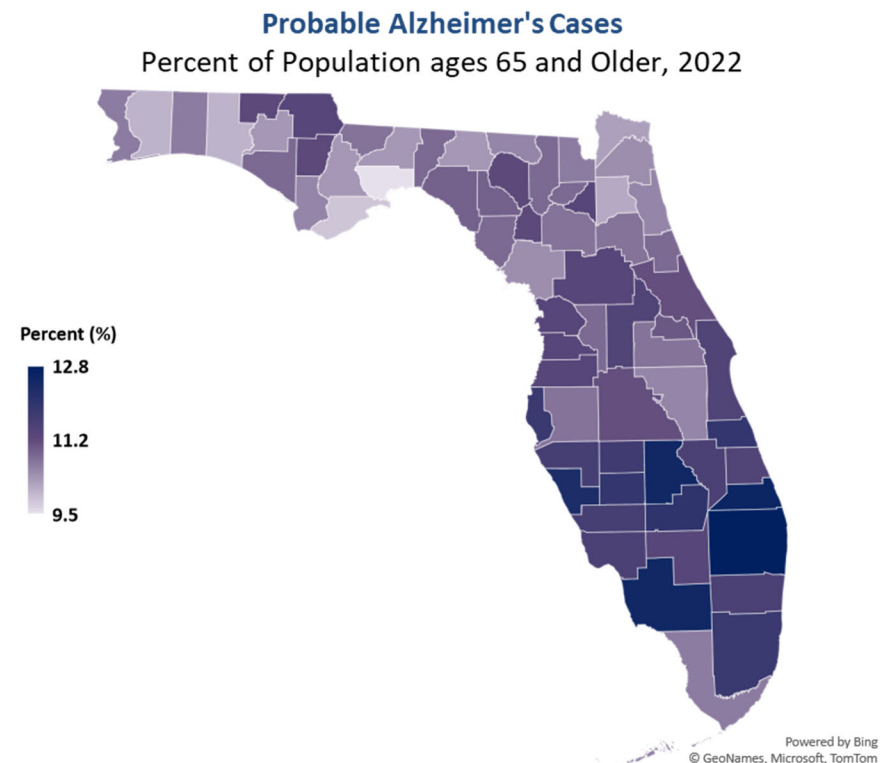Alzheimer's Association

Alzheimer's Disease and Related Dementias

In 2022,

- The estimated Alzheimer's cases were **537,478** or **11.4%** of the population age 65+.[1]

- The projected increase of Alzheimer's cases of the population age 65+ is **24.1%**, or **129,532** new cases, by 2025.[2]

- Caregivers provided **1.3 billion hours** of unpaid care valued at **$23.4 billion dollars**.[3]

Probable Alzheimer's Cases
Percent of Population ages 65 and Older, 2022

Percent (%)
12.8
11.2
9.5

Powered by Bing
© GeoNames, Microsoft, TomTom

Sources:
1: Estimated proportions of persons 65-74, 75-84, and 85+ with Alzheimer's Disease are provided by the Department of Elder Affairs.
 The proportions are multiplied by population estimates for the same groups from FLHealthCHARTS.gov.
2: 2023 Alzheimer's Disease Facts and Figures report at alz.org/facts
3: 2023 Alzheimer's Disease Facts and Figures report at alz.org/facts

Alzheimer's Disease and Related Dementias

Major Successes

- Created ADRD Resource Guide and the Caregiver Toolkit

- Updated AD2.1 Language

- Onboarded ADRD Training Specialist

- Developed surveys for all three Goals:
  - **Goal AD 1** - Outreach Survey
  - **Goal AD 2** - Training Survey
  - **Goal AD 3** - Caregiver Survey

Alzheimer's Disease and Related Dementias

Alzheimer's Disease and Related Dementias

Next Steps

- Increase Priority Area Workgroup (PAW) recruitment and participation from members.

- Ensure the guidelines of House Bill (HB) 299 are being met.

- Develop an online community resource library for assistance in communities

Alzheimer's Disease and Related Dementias

Changes to Objectives

- Update to Objective AD 2.1

    Current Objective: By June 30, 2026, increase the percentage of facilities, support agencies or partners that provide Alzheimer's and related dementias training, in various formats, to all of its direct care employees or staff from 0% (2021) to 100%.
    (Data Source: Florida Agency for Healthcare Administration and University of South Florida)

    New Objective: By June 30, 2026, increase the percentage of long-term care providers and direct care staff who have taken the new 1-hour training requirement for Alzheimer's and related dementias training, from 0% (2023) 100%.
    (Data Source: Florida Agency for Healthcare Administration and University of South Florida)
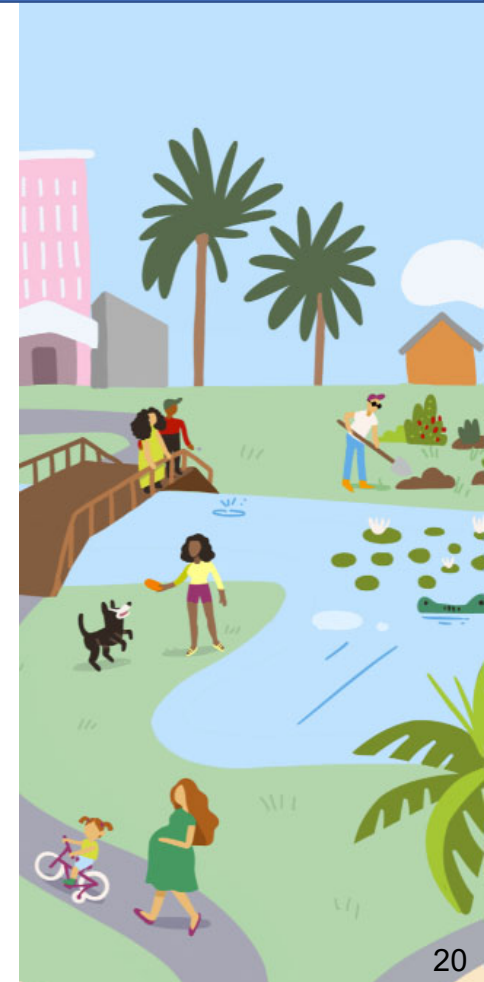
Alzheimer's Disease and Related Dementias

Changes to Objectives (continued)

- Update to Objective AD 2.2

  Current Objective: By December 31, 2026, increase the number of counties in Florida having at least one business that has achieved the Department of Elder Affairs Age and/or Dementia Friendly Business/Employer Designation from 1 (2022) to 67.
  (Data Source: Florida Department of Elder Affairs and American Association of Retired Persons)

  New Objective: By December 31, 2026, increase the number of counties in Florida having at least 100 businesses per county that have received the Department of Elder Affairs Age and/or Dementia Friendly Business/Employer training from their local Dementia Care and Cure Initiative task force from 1 (2022) to 67.
  (Data Source: Florida Department of Elder Affairs and American Association of Retired Persons)
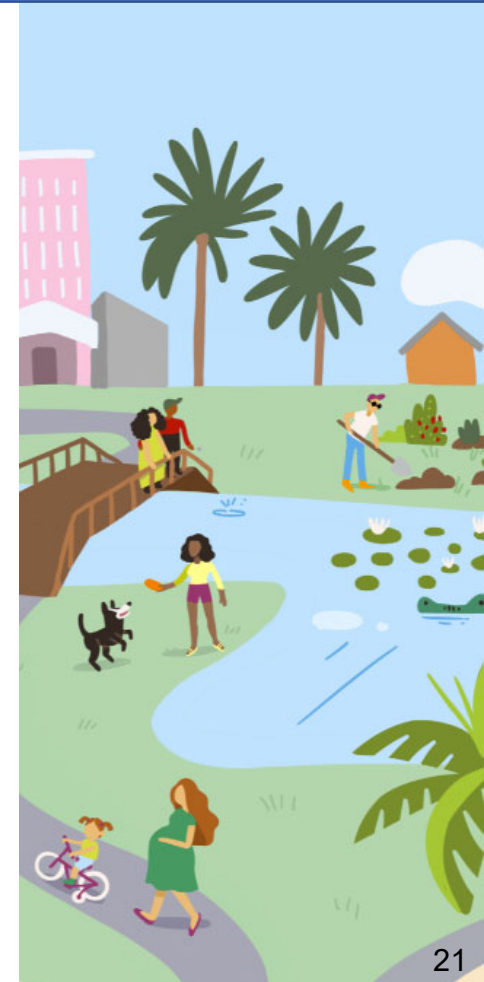
Chronic Diseases and Conditions
Priority Area Workgroup Chairs

Christopher R. Cogle, MD
Chief Medical Officer
Agency for Health Care Administration

Tara Hylton, MPH
Chief, Bureau of Chronic Disease Prevention
Florida Department of Health

Chronic Diseases and Conditions

In 2022,

- There were **138.8 deaths per 100,000 population** from cancer.[1]

- There were **22.8 deaths per 100,000 population** from diabetes.[2]

- There were **146.9 deaths per 100,000 population** from heart disease.[3]

Age-Adjusted Death Rate from Top 5 Chronic Diseases
2018-2022
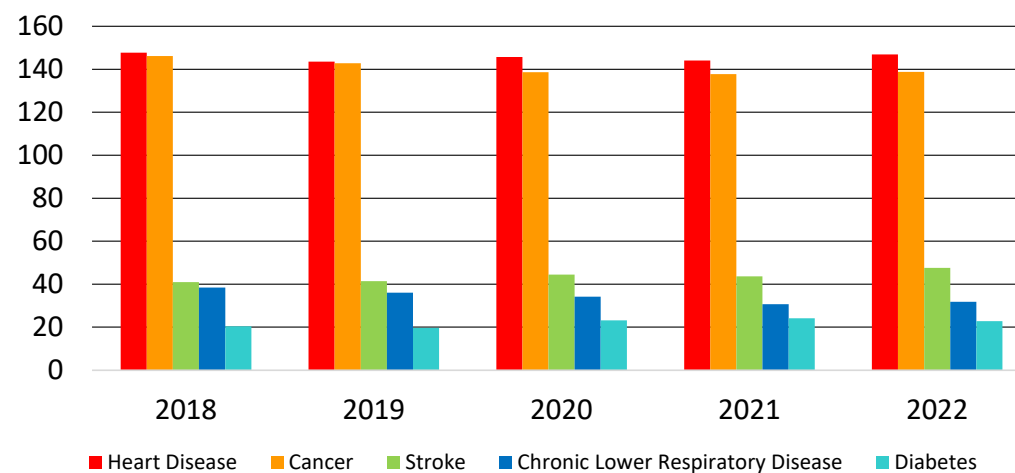
Legend: Heart Disease, Cancer, Stroke, Chronic Lower Respiratory Disease, Diabetes

Chronic Diseases and Conditions

Major Successes

- The Florida Cancer Control & Research Advisory Council and the Florida Regional Cancer Collaboratives raised awareness and education, based on recent changes in eligibility criteria, to increase screenings.

- Tobacco Free Florida (TFF) launched a Community Engagement Initiative "Set a Quit Date".

- The Heart Health Plus Program currently has a 79% completion rate among the fifteen CHDs that have implemented Heart Health Plus activities.

- Feeding Florida has increased food access and availability through legislative funding.

- School-based sealant programs received legislative funding which allowed for the opening, or expansion, of 25 programs and sites.

- The American Cancer Society's Extension for Community Healthcare Outcomes (ECHO) Program disseminated evidence-based strategies to improve cancer outcomes, increase prevention, and early detection efforts in health systems. Including efforts focused on the military veteran population.
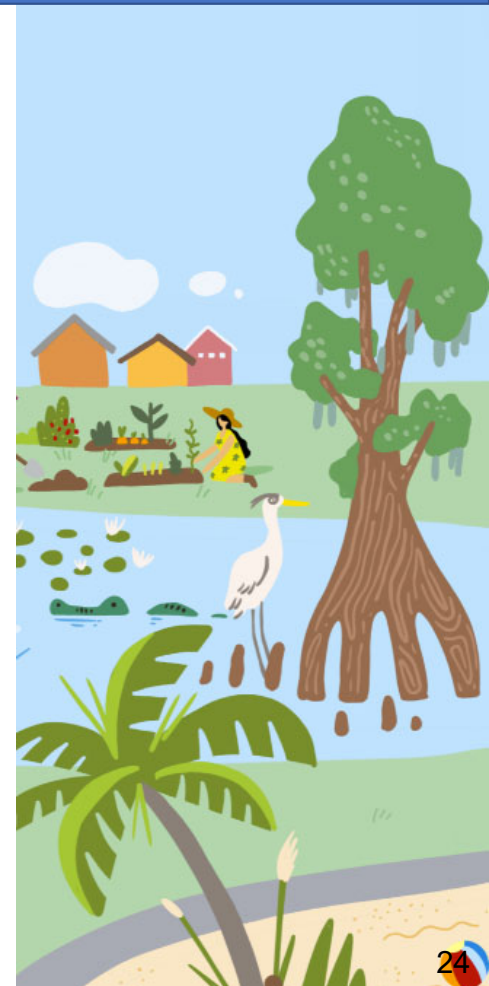
Chronic Diseases and Conditions

Next Steps

- Recruit advisory council chairs to form a Cardiovascular Advisory Council to address treatment and prevent gaps for cardiovascular disease.

- Promote TFF's Set a Quit Date and Suwanee River Area Health Education Center (SRAHEC) continuing medical education (CME) on pharmacologic options for tobacco cessation.

- Improve access to continuous glucose monitoring, affordable insulin, and diabetes self management education.

- Recruit groups of clinics within health systems to increase number of diabetes prevention programs.

- Increase research into choice treatment modalities for cancer, stroke, diabetes, and heart disease in diverse populations in Florida.

- Leverage local and state resources and funds to develop shared messaging on health promotion and disease prevention for those living with co-morbidities.

Chronic Diseases and Conditions

Changes to Objectives

- Update to Objective CD 2.2

  Current Objective: By December 31, 2026, increase the percentage of stroke centers providing thrombolytic treatment to a stroke patient within 45 minutes of arrival to a Florida stroke hospital from 75% (2020) to 85%.
  (Data Source: Florida Stroke Registry)

  New Objective: By December 31, 2026, increase the percentage of stroke patients receiving thrombolytic treatment within 45 minutes of arrival to a Florida stroke hospital from 75% (2020) to 85%.
  (Data Source: Florida Stroke Registry)
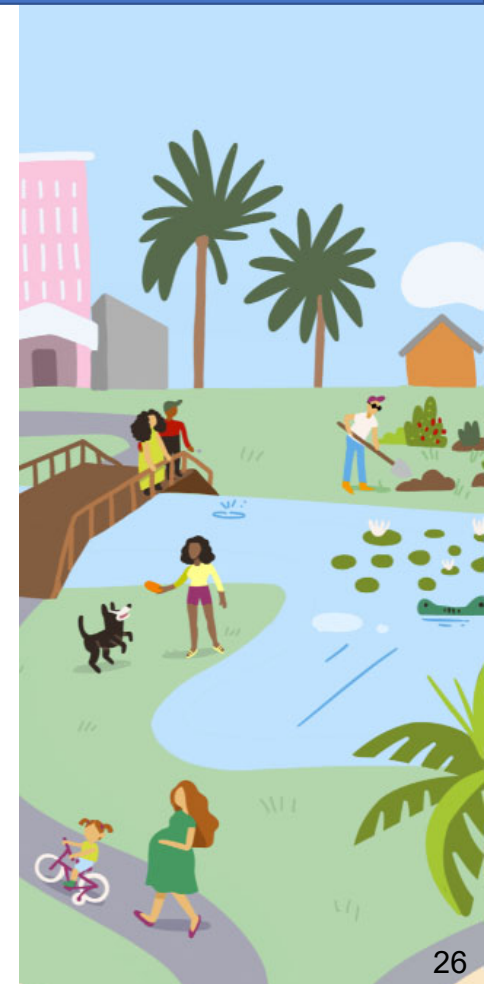
Injury, Safety and Violence
Priority Area Workgroup Chairs

Joseph D. Pepe, EdD, MSA
Health Officer
Florida Department of Health in Charlotte County

Robert D. Karch, MD, MPH, FAAP
Health Officer
Florida Department of Health in Orange County
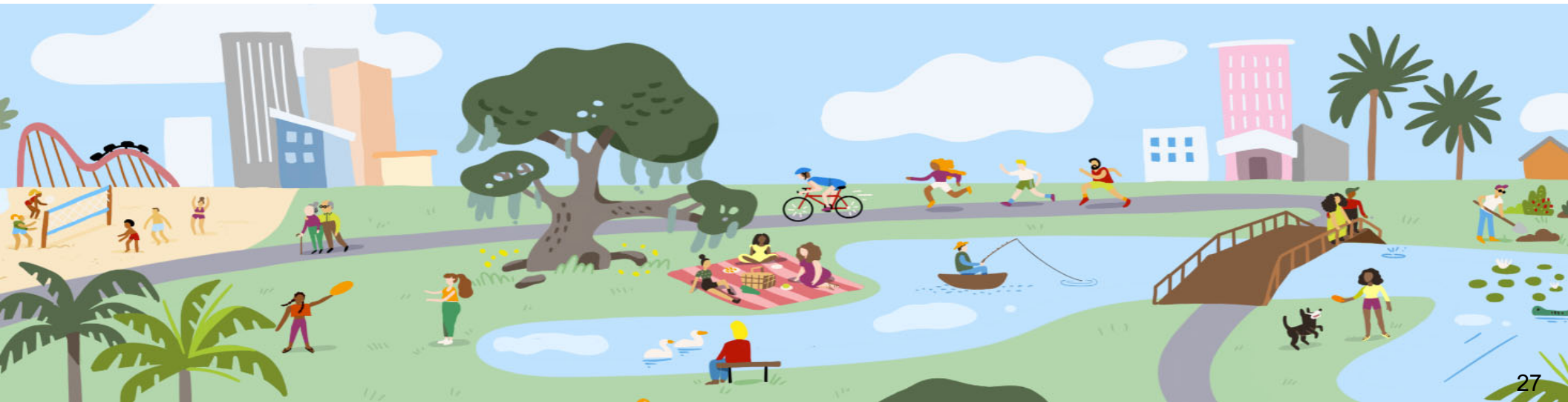
Injury, Safety and Violence

In 2022,

- There were **2.1 deaths per 100,000 population** from unintentional drowning in children aged 17 years or younger.[1]

- There were **19.6 deaths per 100,000 population** from motor vehicle crashes ages 19 years or older. [2]

- There were **63.9 deaths per 100,000 population** from falls in adults aged 60 years or older. [3]

Unintentional Injury Deaths
Age-adjusted Deaths Rate Per 100,000 Population
2018-2022

Death Rate (y-axis: 0 to 100)
Year (x-axis): 2018, 2019, 2020, 2021, 2022

Data points: 53.8, 55.5, 67.4, 72.8, 69.4

Source:
1,2,3: Florida Department of Health, Bureau of Vital Statistics

28
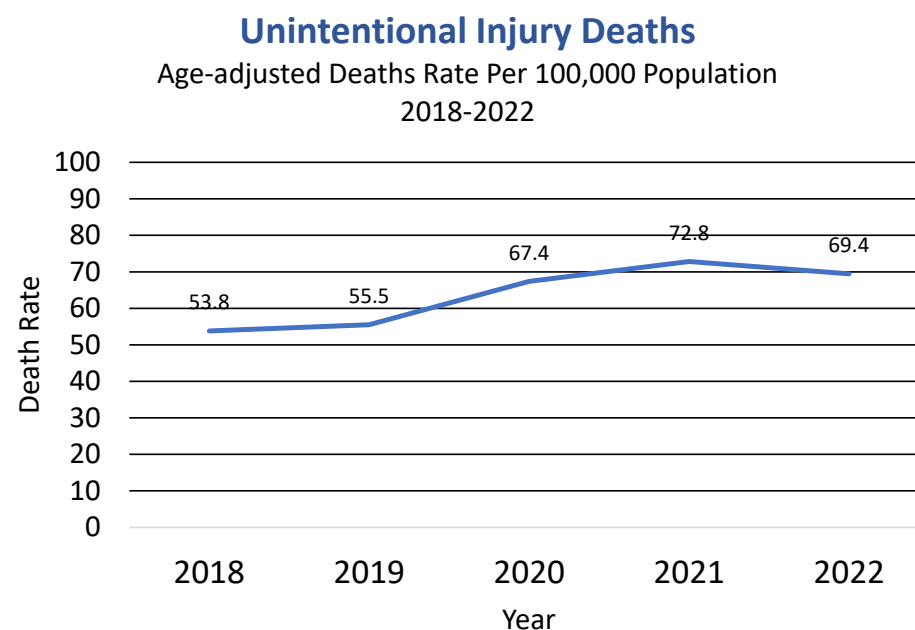
Injury, Safety and Violence

Major Successes

- Developed a partnership between Area Agencies on Aging (AAA), the Florida Department of Health (FDOH) and the Department of Elder Affairs (DOEA) to create a statewide Falls Coalition and support older adult driving initiatives.

- Implemented and supported Keep Kids Safe From Drowning program (KKSFD), which is dedicated to water safety and preventing child drowning incidents in conjunction with local Child Abuse and Death Review Committee (CADR) regions.

- Implemented and expanded the Sleep Baby Safely initiative from 8 original counties in Fiscal Year (FY) 2022-23 to 16 counties in FY 2023-24.

- Connected Florida State University, local service providers and coalitions, and CHDs to strengthen capacity to support survivors of human trafficking.

Injury, Safety and Violence

Next Steps

- Recruit representatives of the Department of Transportation, Ounce of Prevention, and experts in the field of traumatic brain injuries (TBI).

- Integrate trauma informed education into crisis training for law enforcement.

- Exploring the intersection between domestic violence, sexual violence and human trafficking with state partners.

- Developing an infographic to accompany whiteboard and Adverse Childhood Experiences (ACEs) education and prevention strategy toolkit for professionals.

- Proposed Bills for 2024 Legislative Session:

  - HB 591/SB 554 Hot Car Death Prevention

  - HB 581/SB 544 Swimming Lesson Vouchers

Injury, Safety, and Violence

Changes to Objectives

- Removal of Objective ISV 1.4
  By December 31, 2026, reduce suicides in youth ages 10 to 17 years from 4.6 per 100,000 population (2020) to less than 3.7 per 100,000 population.
  (Data Source: Florida Department of Health, Bureau of Vital Statistics via FLHealthCHARTS.gov)

- Removal of Objective ISV 3.5
  By December 31, 2026, reduce incidence rates of abuse and neglect associated hospitalizations for children ages 0-17 years from 13.5 per 100,000 to 12.2 per 100,000.
  (Data Source: Agency for Health Care Administration)
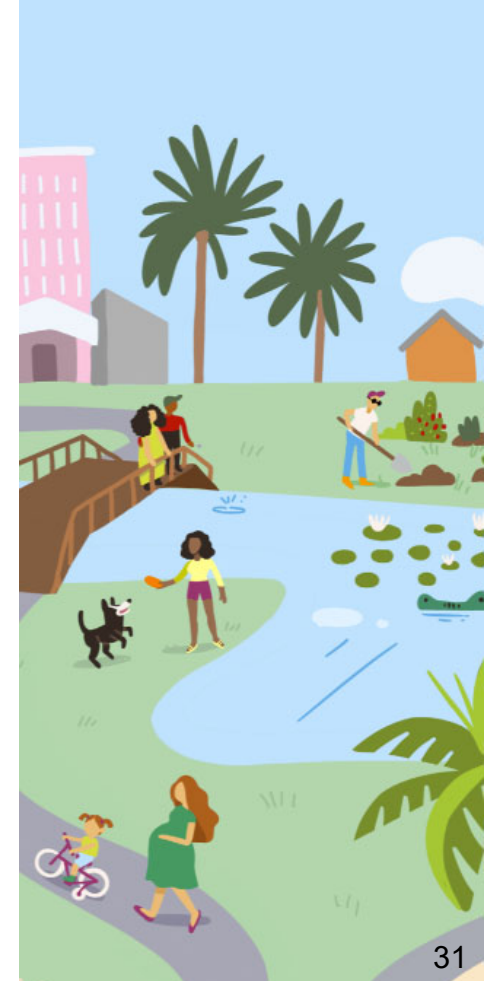
Maternal and Child Health
Priority Area Workgroup Chair

Joni Hollis MSN, RN, CNL, CCM
Bureau Chief Specialty Programs
Office of Children's Medical Services
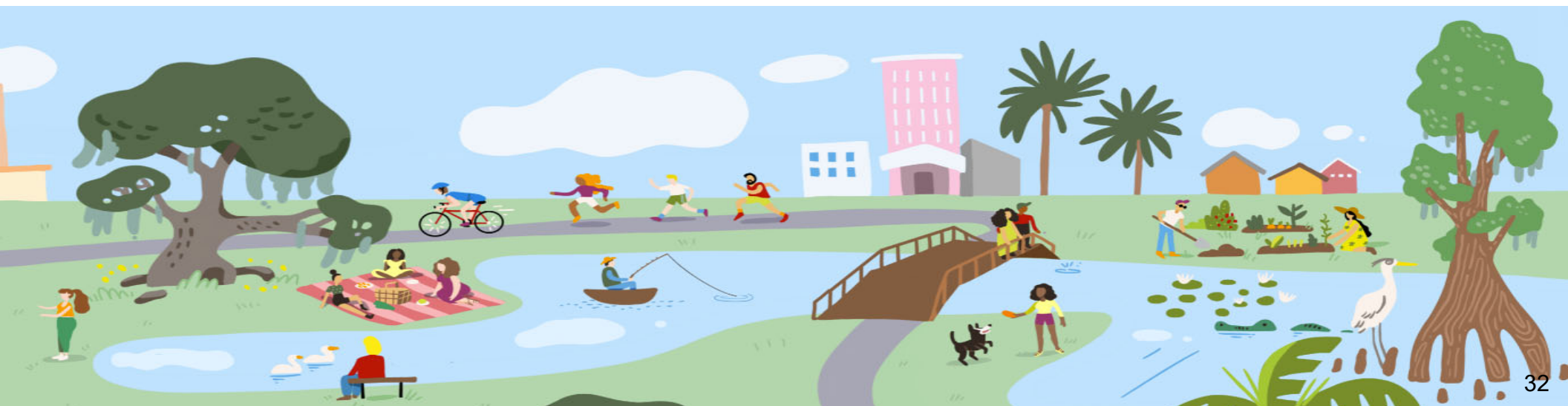
Maternal and Child Health

In 2022,

- The Black infant mortality rate was 11.2 per 1,000 live births compared to the overall infant mortality rate of 6.0 per 1,000 live births. [1]

- The rate of congenital syphilis was 122.2 per 100,000 Resident Births (Live and Stillbirths). [2]

Infant Mortality (Aged 0-364 Days)
Rate Per 1,000 Live Births
2018-2022
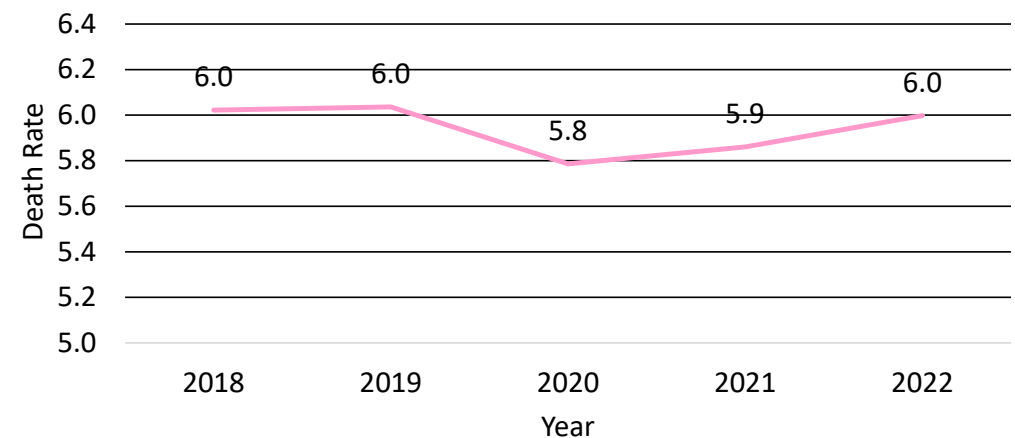
Maternal and Child Health

Major Successes

- Recruited PAW leadership to champion Goal MCH 1.5

- Implemented Fetal and Infant Mortality Review (FIMR) Committees throughout the state per Section 383.21625, Florida Statutes.

- Piloting the Universal Prenatal Risk Screen in a fully electronic platform.

- Established a Maternal Morality Review Committee, Mental Health Subcommittee

- Completed Year 1 of Florida American College of Obstetrics and Gynecologists Levels of Maternal Care (LOMC) verification process.

- Documented improvement in hospital postpartum care through the Florida Perinatal Quality Collaborative, Postpartum Access & Continuity of Care Initiative.

Maternal and Child Health
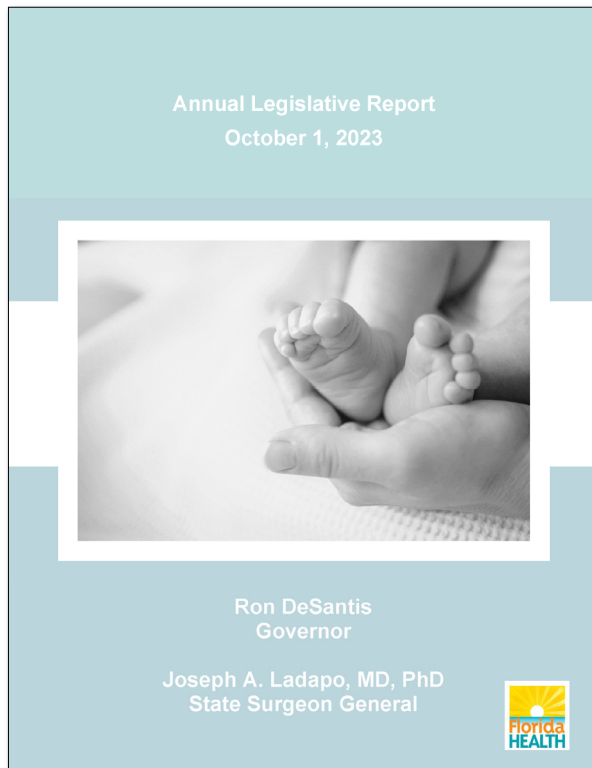
FIMR Annual Legislative Report

FPQC Levels of Maternity Care Playbook

Maternal and Child Health

Next Steps

- Providing in-state training to dental providers on caring for patients with intellectual and developmental disabilities.

- Implementing the digital Universal Prenatal Risk Screen statewide by July 1, 2024.

- Developing a media campaign for hospitals to self-promote their LOMC verification status.

- Beginning informant interviews to develop better understanding of contributing factors to maternal mortality cases.

- Renewing and expanding the Maternal Mortality Physician Ambassador Outreach program.

Maternal and Child Health

Changes to Objectives

- Removal of Objective MCH 2.1
  By December 31, 2026, increase the percentage of very low birth-weight infants*
  born in a Level III or higher hospital from 78.1% (2020) to 86.3%.
  *Infants are aged 12 months or younger
  *(Data Source: Florida Department of Health Bureau of Vital Statistics via
  FLHealthCHARTS.gov)*

- Removal of Objective MCH 2.5
  By December 31, 2026, increase the percentage of maternity service hospitals
  with 100% of written breastfeeding policy elements identified on the Maternity
  Practices in Infant Nutrition and Care survey from 37% (2020) to 100%.
  *(Data Source: Centers for Disease Control and Prevention national survey of
  Maternity Practices in Infant Nutrition and Care)*
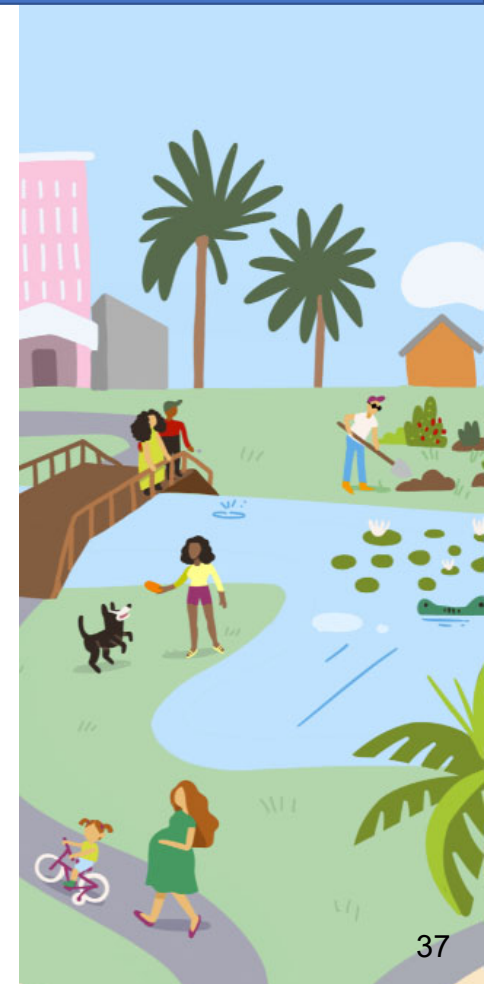
Maternal and Child Health

Changes to Objectives (continued)

- Update to MCH 3.3
  Current Objective: By December 31, 2026, increase the percentage of mothers with Medicaid who attend a postpartum care visit with a health care provider from 7 to 84 days after delivery from 72.4% (2020) to 80%.
  (Data Source: Pregnancy Risk Assessment Monitoring System; Agency for Health Care Administration; Healthcare Effectiveness Data and Information Set measure)

  New Objective: By December 31, 2026, increase the percentage of mothers with Medicaid who attend a postpartum care visit with a health care provider from 7 to 84 days after delivery from **70.4% (2021)** to 80%.
  (Data Source: Pregnancy Risk Assessment Monitoring System; Agency for Health Care Administration; Healthcare Effectiveness Data and Information Set measure)
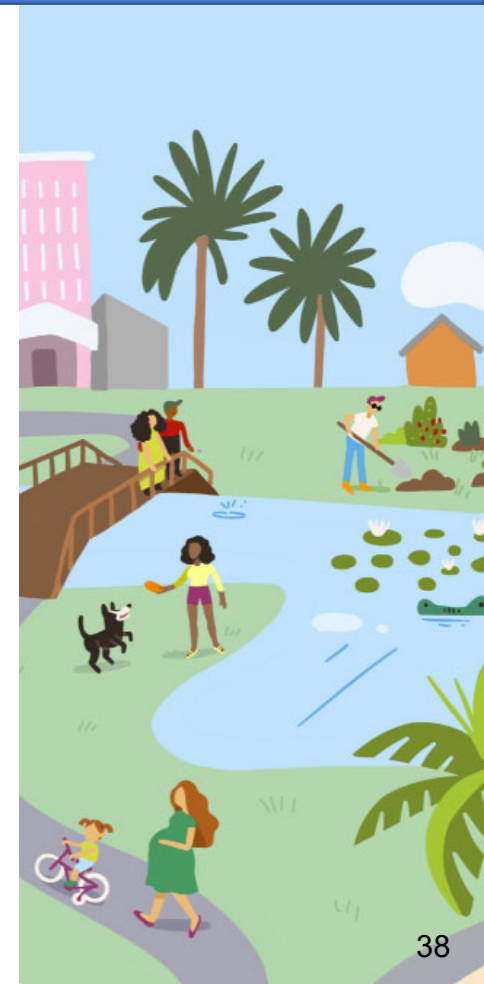
Mental Well-being and Substance Abuse Prevention Priority Area Workgroup Chairs

Jennifer Johnson, MPH
Senior Director, Public Policy
Florida Behavioral Health Association

Lisa Spector, MD, FAAP
Developmental Behavioral Pediatrician
Nemours Children's Health
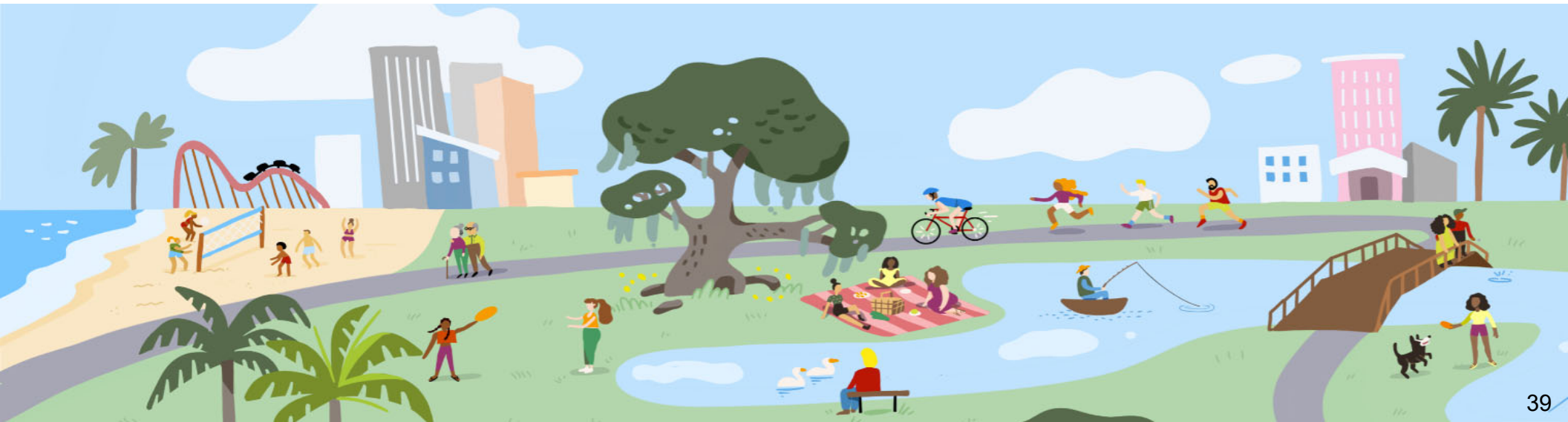
Mental Well-being and Substance Abuse Prevention

In 2022,

- There were **51,752** Naloxone administrations.[1]

- There were **45.3 Veteran suicide deaths** per 100,000 Veteran population. [2]

- There were **135,814** adult and **34,234** child Baker Act examinations.[3]
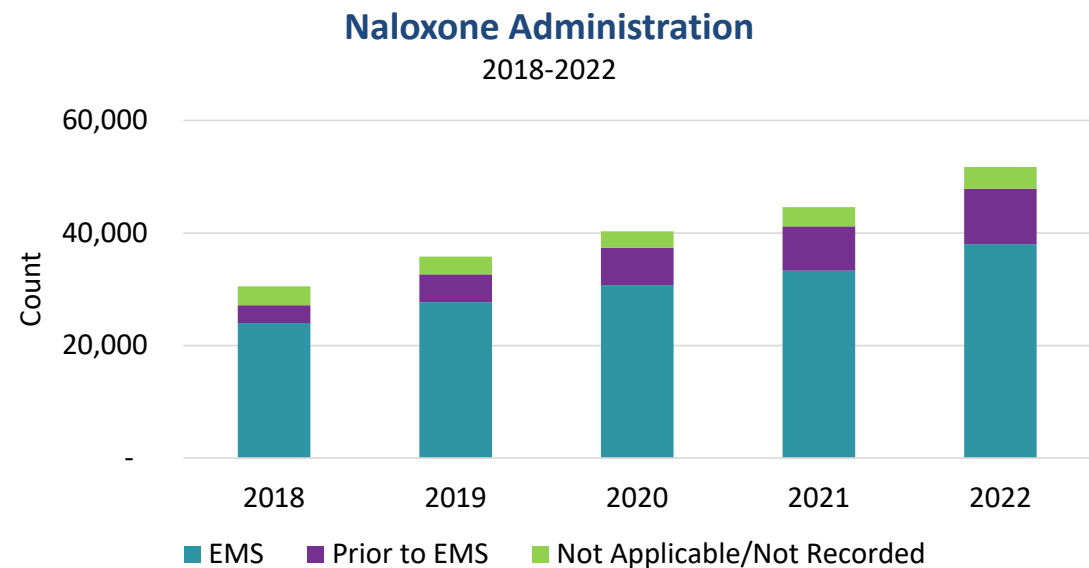
Naloxone Administration
2018-2022

Legend: EMS, Prior to EMS, Not Applicable/Not Recorded

Mental Well-being and Substance Abuse Prevention

Major Successes

- Initiated implementation of Certified Community Behavioral Health Clinic as a Medicaid service.

- Awarded funding to build out model of integrated collaborative care support in Behavioral Health Hubs

- Implemented Electronic Baker Act Data Collection System.

- Promoted Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT) practices in obstetrical, family practice residency programs, and emergency departments.

- Increased the number of organizations distributing naloxone into communities across the state.

- Secured $26M in Opioid Settlement funds to add 17 counties to the Coordinated Opioid Recovery (CORE) Network, for a total of 29 counties.

Mental Well-being and Substance Abuse Prevention

Florida Governor's Challenge

https://floridavets.org/governors-challenge/
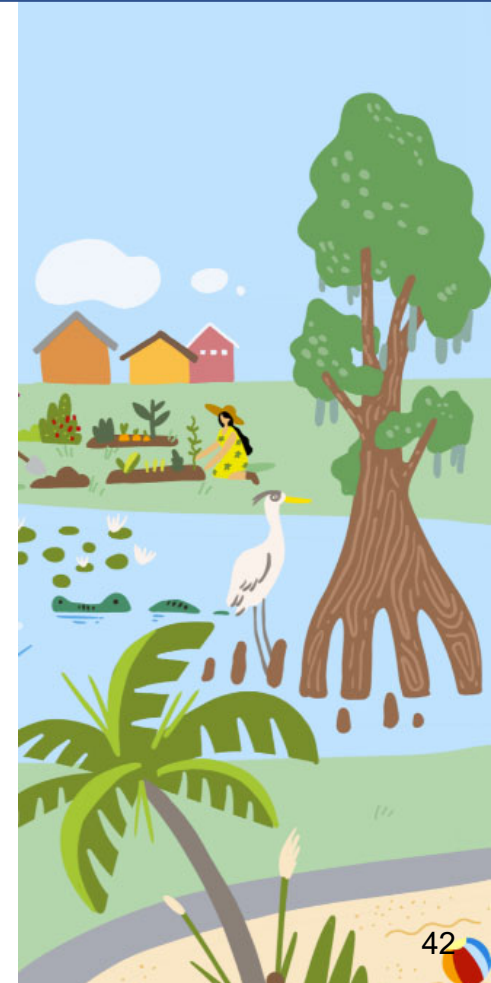
Mental Well-being and Substance Abuse Prevention

Next Steps

- Conducting focus groups to identify gaps in access to pediatric Patient-Centered Medical Homes for parents of Black children with special health care needs.

- Incorporate recommendations from the Commission on Mental Health and Substance Use Disorders' Interim Report.

- Develop awareness campaigns to increase mind-body connection, self-screening for mental health conditions, stigma reduction.

- Develop partnerships with post-secondary institutions to promote training to staff on identification and referral to services for mental health and substance use conditions.

Mental Well-being and Substance Abuse Prevention

Changes to Objectives

- Update to Objective MW 4.1
  Current Objective: By December 31, 2026, reduce the number of high-school students who indicate they have attempted suicide from 7.9% (2019) to 5.4%.
  (Data Source: Youth Risk Behavioral Survey)

  New Objective: By December 31, 2026, reduce the percentage of high-school students who indicate they have attempted suicide within the last 12 months from 9.1% (2022) to 6.6%.
  (Data Source: Florida Youth Substance Abuse Survey)

Social and Economic Factors Contributing to Health Priority Area Workgroup Chairs

Justin Baldwin
North Florida Trail Planner
Office of Green Ways and Trails
Florida Department of Environmental Protection

Nicholas A. Alford, MPH
Section Administrator
Health Improvement Planning
Florida Department of Health

Social and Economic Factors Contributing to Health

In 2022,

- The percentage of uninsured children in Florida was **7.4%.**[1]

- The graduation rate gap between students with physical and/or developmental disabilities and students without physical and/or developmental disabilities was **4.3%.**[2]

- The prevalence rate of food insecurity in Florida was **11.4%.**[3]

Factors of Health

- Education Access and Quality
- Health Care Access and Quality
- Social and Community Context
- Neighborhood and the Built Environment
- Economic Stability

Social and Economic Factors Contributing to Health

Major Successes

- Restructured PAW leadership, membership, and objectives.

- Met Objective SEC1.2- By December 31, 2026, reduce the graduation rate gap between students with physical and/or developmental disabilities and students without physical and/or developmental disabilities from 8.9% (2021) to 6.8%.

- Met and increased Objective SEC3.2- By December 31, 2026, increase the number of trail towns* in the state from 11 (2021) to 20.

Social and Economic Factors Contributing to Health

Next Steps

- Incorporate Minority Health Liaisons at CHDs to host outreach activities to promote resources and partnerships to increase health literacy, access to services, and preventive health care.

- Promote PACE-EH programs among our CHDs to assess community infrastructure to improve physical and mental health.

- Collaboration with Veteran's Affairs and veteran-related services to focusing on unhoused individuals.

Social and Economic Factors Contributing to Health

Changes to Objectives

- Replacement to Objective SEC 2.1
  Current Objective: By December 31, 2026, increase the rate of licensed Florida physicians from 314.0 per 100,000 population (2021) to 376.8 per 100,000 population.
  (Data Source: Florida Department of Health, Division of Medical Quality Assurance)

  New Objective: By December 31, 2026, decrease the percentage of uninsured children in Florida from 7.3% (2021) to 5.0%.
  (Data Source: US Census Bureau American Community Survey table HIC-5)
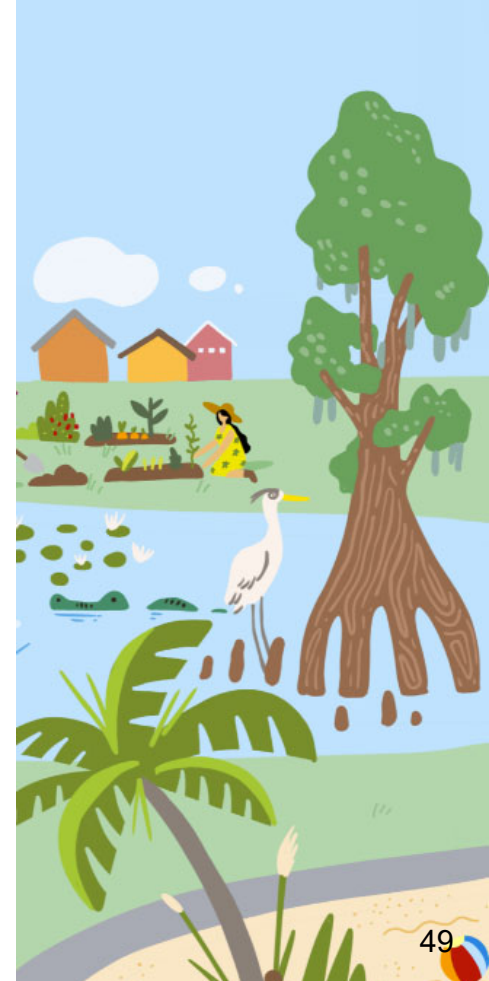
Social and Economic Factors Contributing to Health

Changes to Objectives (continued)

- Update to Objective SEC 3.2
  Current Objective: By December 31, 2026, increase the number of trail towns* in the state from 11 (2021) to 15.
  (Data Source: Florida Department of Environmental Protection)

  New Objective: By December 31, 2026, increase the number of trail towns* in the state from 11 (2021) to **20**.
  (Data Source: Florida Department of Environmental Protection)

*Trail towns are vibrant, walkable communities that support healthy residents and economic vitality.

Social and Economic Factors Contributing to Health

Changes to Objectives (continued)

- Update to Objective SEC 3.1
  Current Objective: By December 31, 2026, increase livable communities* in Florida from 44 (2021) to 100.
  (Data Source: American Association of Retired Persons)

  New Objective: By December 31, 2026, increase livable communities* in Florida from 44 (2021) to **75**.
  (Data Source: AARP (Age-Friendly Communities, Challenge Grant Implementation), Florida Department of Transportation (Safe Mobility for Life Program, Vision Zero, Complete Streets))

*A livable community is one that is safe and secure. It offers choices in where to live and how to get around. And it equitably serves residents of all ages, ability levels, incomes, races, ethnicities, and other backgrounds.
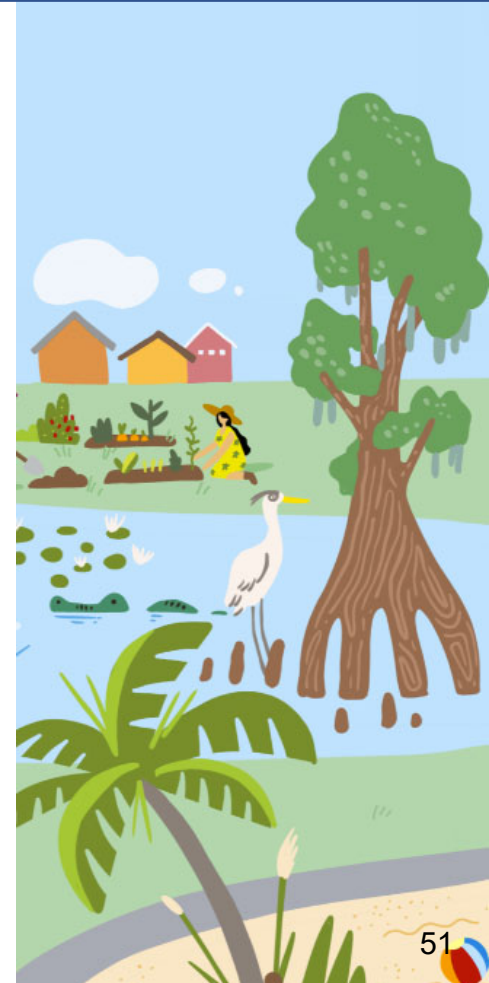
Social and Economic Factors Contributing to Health

Changes to Objectives (continued)

- Update to Objective SEC 3.4
  Current Objective: By December 31, 2026, increase the number of new data sources accessible to the public that address Florida environmental public health concerns from 0 (2021) to 4.
  (Data Source: Florida Department of Health, Division of Disease Control and Health Protection)

  New Objective: By December 31, 2026, increase the number of new data sources accessible to the public that address Florida environmental public health concerns from 0 (2021) to **20**.
  (Data Source: Florida Department of Health, Division of Disease Control and Health Protection)
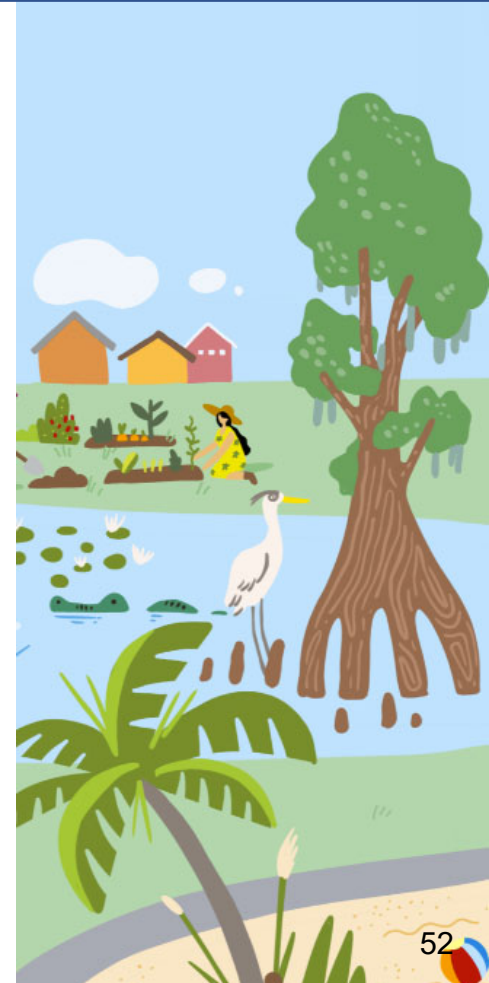
Social and Economic Factors Contributing to Health

Changes to Objectives (continued)

- Replacement to Objective SEC 4.2

  Current Objective: By December 31, 2026, decrease the percentage of renter-occupied housing units with gross rent costing 30% or more of household income from 56.3% (2019) to 53.5%.
  (Data Source: United States Bureau of the Census, American Community Survey)

  New Objective: By December 31, 2026, decrease the number of individuals who experience sheltered and unsheltered homelessness from 30,809 (2023) to 27,728.
  (Data Source: Florida Council on Homelessness)
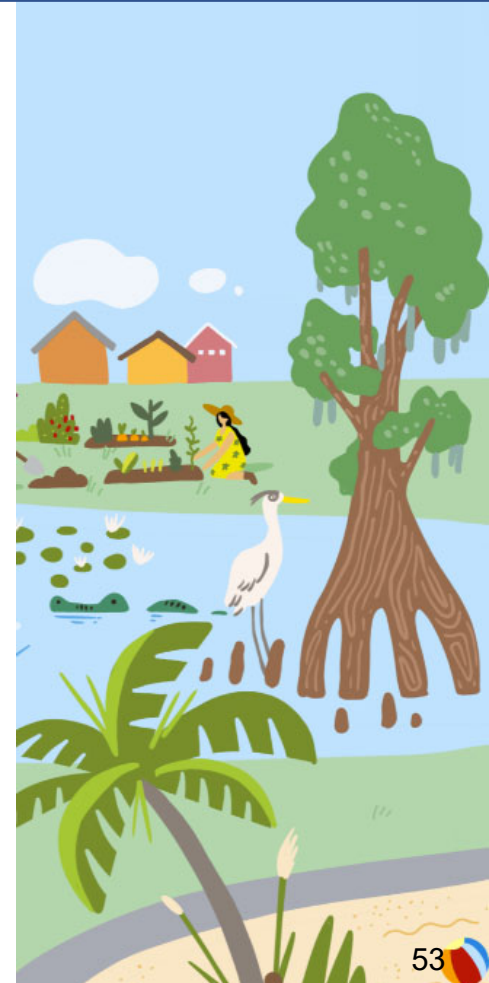
Social and Economic Factors Contributing to Health

Changes to Objectives (continued)

- Removal of Objective SEC 4.3
  By June 30, 2026, increase the percentage of qualified dwelling needs met for weatherization assistance from 11% (2021) to 30%.
  (Data Source: United States Bureau of the Census, American Community Survey)

- Removal of Objective SEC 4.4
  By June 30, 2026, increase the percentage of government loan funds obligated compared to total funds available at the beginning of the reporting period for small business and targeted industries from 19% (2021) to 75%.
  (Data Source: Florida Department of Economic Opportunity)

Transmissible and Emerging Diseases
Priority Area Workgroup Chair

Craig Wilson
Chief, Bureau of Communicable Diseases
Florida Department of Health

Transmissible and Emerging Diseases

In 2022,

- The proportion of all Floridians with newly diagnosed HIV linked to HIV medical care within one month was **82%.**[1]

- The rate of early syphilis was **47.7 per 100,000 population.**[2]

- The incidence rate of clinical cases of Candida auris in reporting health care facilities was **2.06 per 100,000 population**[3]

Early Syphilis
Rate Per 100,000 Population
2018-2022

Year	Rate
2018	32.6
2019	34.7
2020	36.5
2021	46.5
2022	47.7
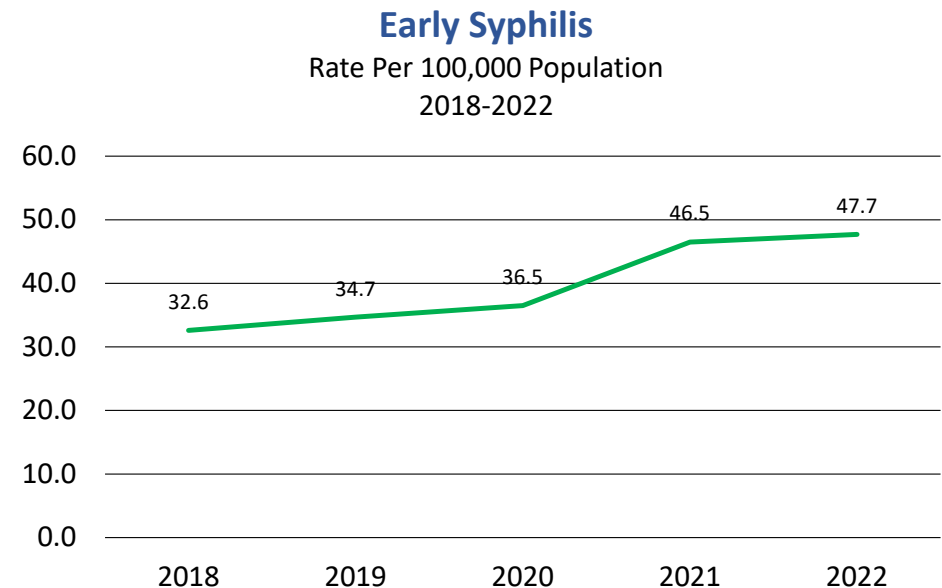
Sources:
1: Florida HIV Surveillance System
2: Florida Department of Health, Bureau of Communicable Diseases
3: United States Census

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Transmissible and Emerging Diseases

Major Successes

- FOCUS Program now has 28 healthcare institution partners across the state.

- Ryan White Part B and six Ryan Part A jurisdictions aligned policies for reciprocal eligibility.

- Urgent care facilities submitting data to ESSENCE increased from 91 to 122.

- Statewide C. auris Workgroup Stakeholders were engaged to develop a statewide action plan.

- Developed a Ventilator Associated Events (VAE) prevention and education toolkit to promote the use of bundles and increase access to prevention resources for health care facilities.
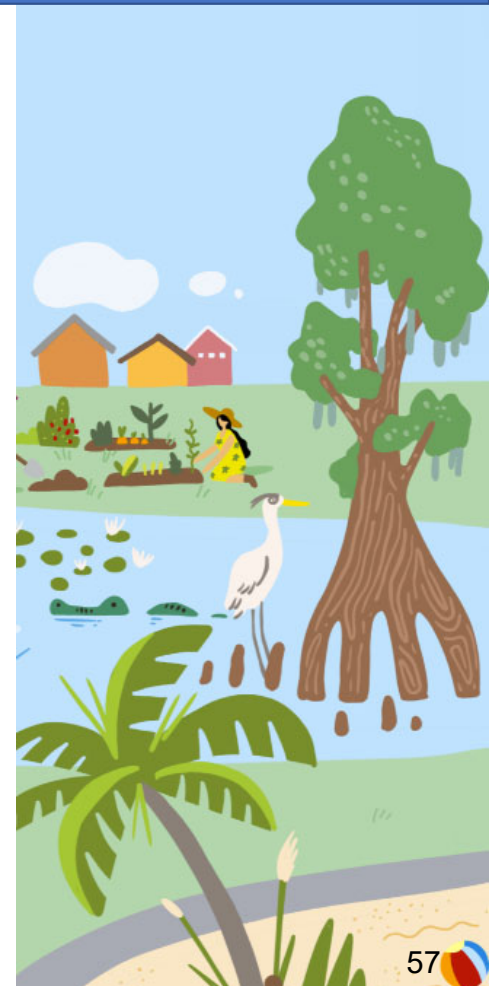
Transmissible and Emerging Diseases

Next Steps

- Building and maintaining Transmissible and Emerging Diseases (TED) PAW partner engagement

- Increase the number of non-traditional sites screening for communicable infections (jails, treatment centers, emergency departments).

- Continue data system automation, including exploration of artificial intelligence.

- Implement syndemic approach to screening, treatment and risk reduction.

- Revise Florida Administrative Code to include C. auris as a reportable condition.

Transmissible and Emerging Diseases

Changes to Objectives

- Update to Objective TED 1.1
  Current Objective: By December 31, 2026, increase the proportion of adolescents and adults aged 13 years and older living with diagnosed HIV infection who are virally suppressed from 68% (2019) to 75%.
  (Data Source: HIV Surveillance System; FOCUS; Quest/Labcorp)

  New Objective: By December 31, 2026, increase the proportion of **all Floridians** living with diagnosed HIV infection who are virally suppressed from 68% (2019) to **78%.**
  (Data Source: HIV Surveillance System; FOCUS; Quest/Labcorp)
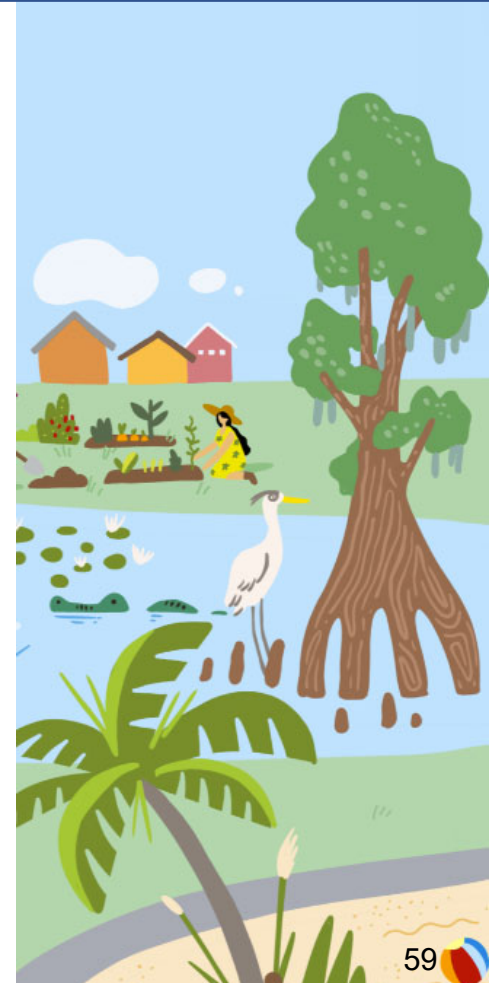
Transmissible and Emerging Diseases

Changes to Objectives (continued)

- Update to Objective TED 1.2
  Current Objective: By December 31, 2026, reduce the rate of new HIV diagnoses among adolescents and adults aged 13 years and older from 21.4 per 100,000 population (2019) to 18.7 per 100,000 population.
  (Data Source: HIV Surveillance System; Ryan White Program; FOCUS)

  New Objective: By December 31, 2026, reduce the rate of new HIV diagnoses among **all Floridians** from 21.4 per 100,000 population (2019) to **18.6** per 100,000 population.
  (Data Source: HIV Surveillance System; Ryan White Program; FOCUS)

Transmissible and Emerging Diseases

Changes to Objectives (continued)

- Update to Objective TED 1.3

  Current Objective: By December 31, 2026, increase the proportion of adolescents and adults aged 13 years and older with newly diagnosed HIV linked to HIV medical care within one month from 82% (2019) to 95%.
  (Data Source: HIV Surveillance System; Ryan White Program)

  New Objective: By December 31, 2026, increase the proportion of **all Floridians** with newly diagnosed HIV linked to HIV medical care within one month from 82% (2019) to 95%.
  (Data Source: HIV Surveillance System; Ryan White Program)
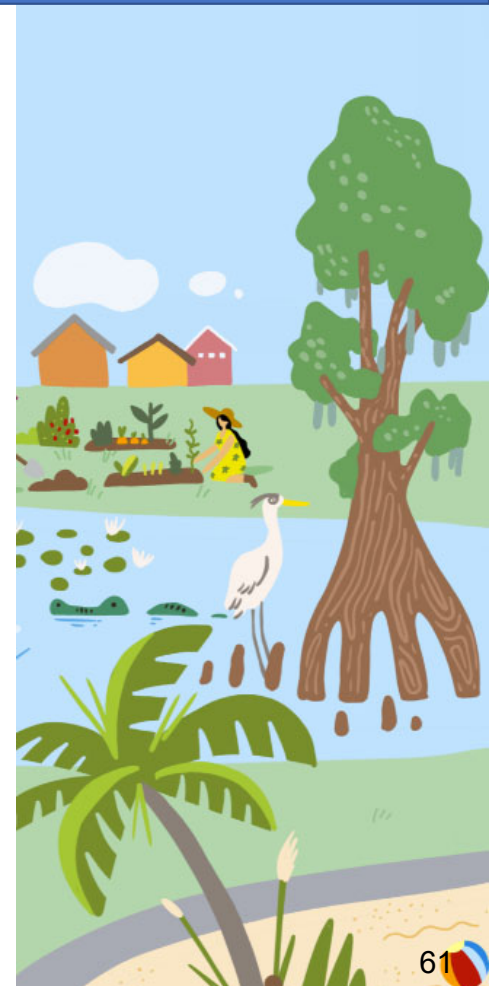
Transmissible and Emerging Diseases

Changes to Objectives (continued)

- Update to Objective TED 4.3
  Current Objective: By December 31, 2026, reduce the incidence rate of clinical cases of Candida auris in reporting health care facilities from 1.00 per 100,000 population (2021) to 0.06 per 100,000 population (2026).
  (Data Source: United States Census)

  New Objective: By December 31, 2026, reduce the incidence rate of clinical cases of Candida auris in reporting health care facilities from **1.12** per 100,000 population (2021) to **1.01** per 100,000 population (2026).
  (Data Source: United States Census)

Break
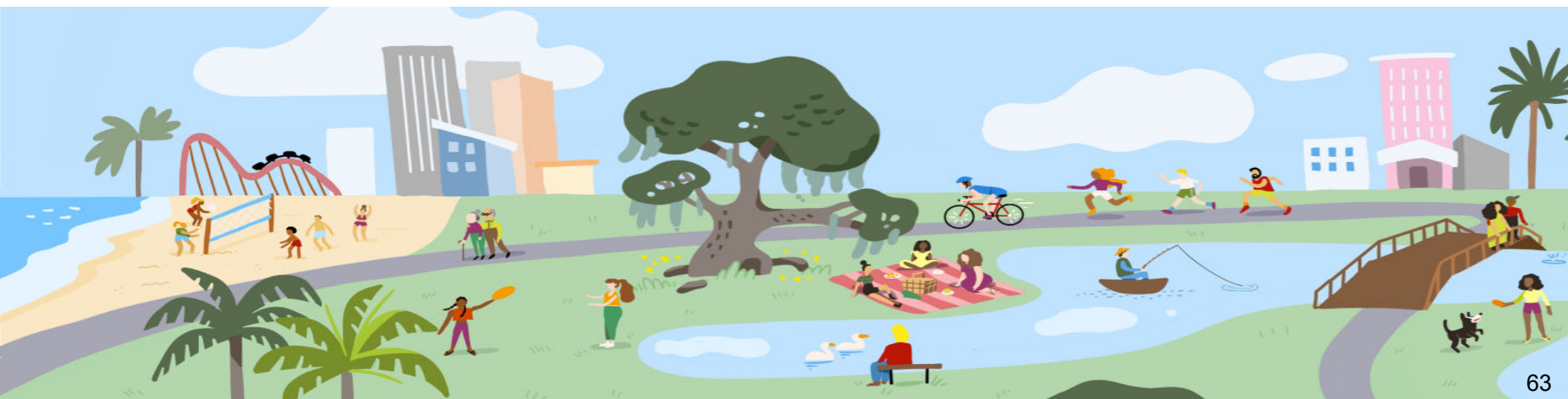
Introduction of Lieutenant Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General
Florida Department of Health
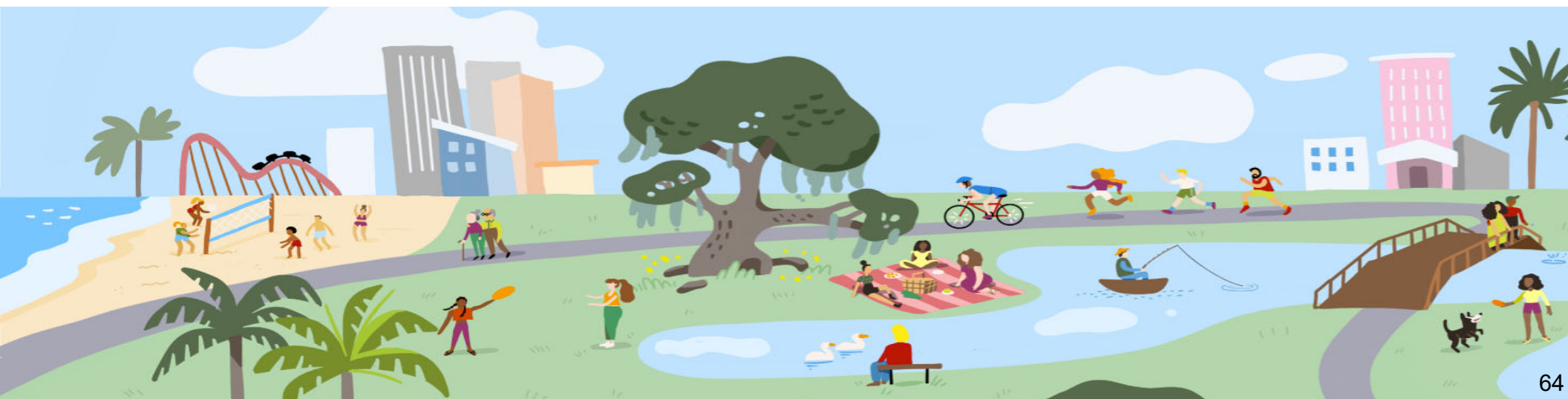
Remarks

Jeanette M. Nuñez
Lieutenant Governor
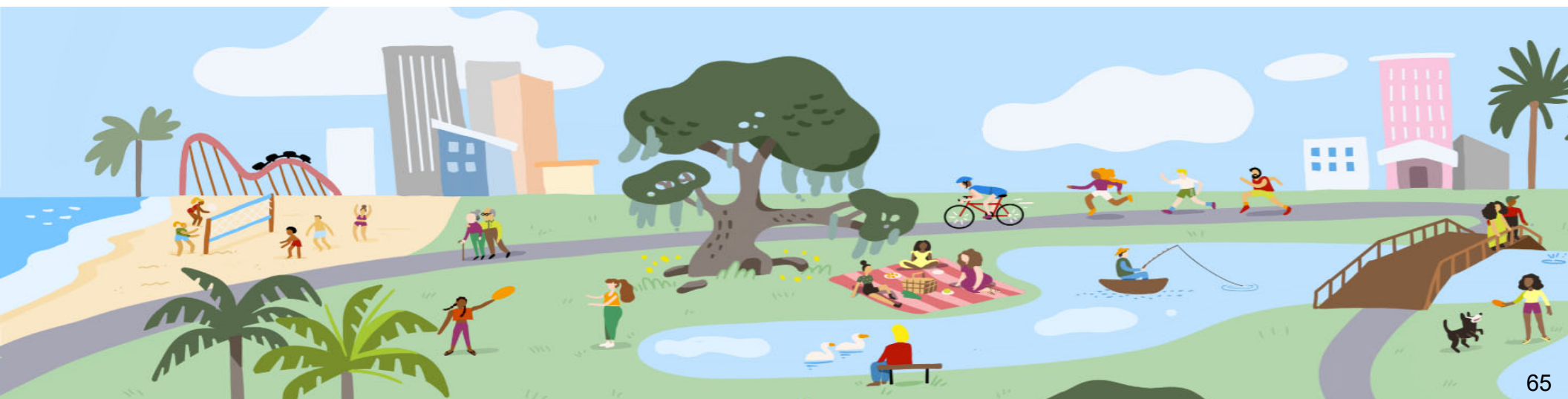
Panel Discussion:
High Impact Strategies to Improve Health Outcomes. Spotlight on FOCUS, Delivery Outcomes Improvements, and Maternal Telemedicine Program
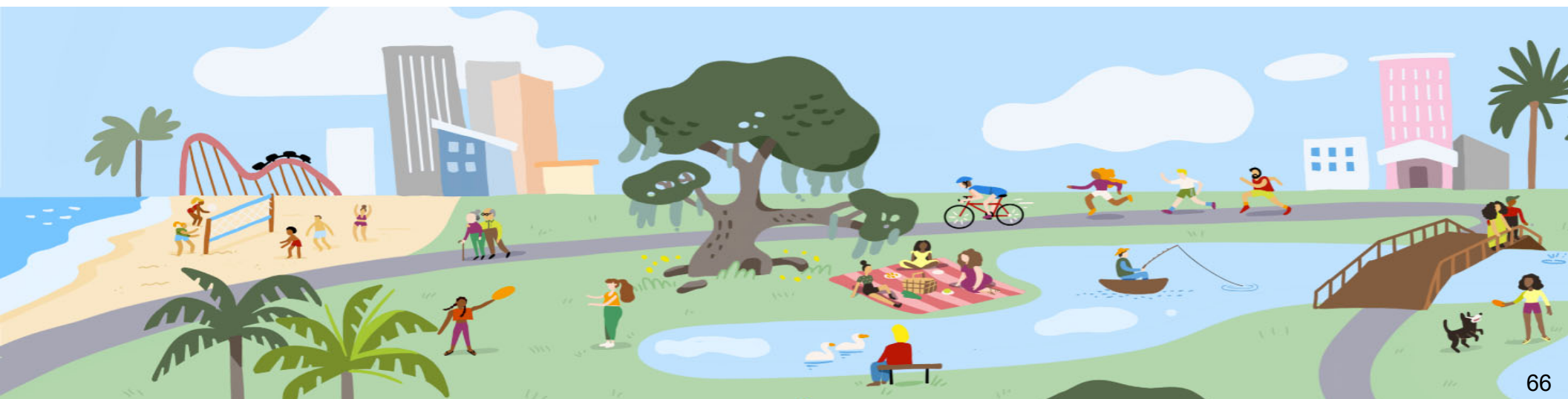
Spotlight: FOCUS Program

Kenneth A. Scheppke, MD, FAEMS
Deputy Secretary for Health
Florida Department of Health

Routine HIV, HCV, and Syphilis Testing in Health Care Settings

- 2015 FDOH began a collaboration with Gilead Sciences' Frontlines of Communities in The United States (FOCUS) initiative.

- The FOCUS program is a public health initiative that enables partners to develop and share best practices in routine opt-out blood-borne virus (HIV, HCV) and Syphilis screening, diagnosis, and linkage to care

STATE OF FLORIDA
Integrated HIV Prevention and Care Plan

2022-2026

Source: State of Florida, Integrated HIV Prevention and Care Plan, pg. 70

The Importance of Routine, opt-out Screening

1 in 2 people with HIV
have the virus
at least 3 years
before diagnosis

1 in 4 people with HIV
have the virus
at least 7 years
before diagnosis

1 in 5 people with HIV
are diagnosed with
advanced
disease (AIDS)

87% of new HIV infections are
transmitted from people who
don't know they have HIV or are
not in care.

7 in 10 people with HIV saw a healthcare provider in the
12 months prior to diagnosis and failed to be diagnosed

Source: Daily et al., MMWR Weekly Report, 2017; Skarbinski et al., JAMA, 2015; Gopalappa et al., Med Decision Making, 2017

Focus Model Helps Address Multiple Health Epidemics

Emergency Department

HIV
- New
- Acute
- Previously Diagnosed, Out-of-Care

HCV **+ Opioid Epidemic**
- MAT Pathway
- Referral for Substance Use

Syphilis & STIs
- Linkage to HIV Comprehensive Prevention Services
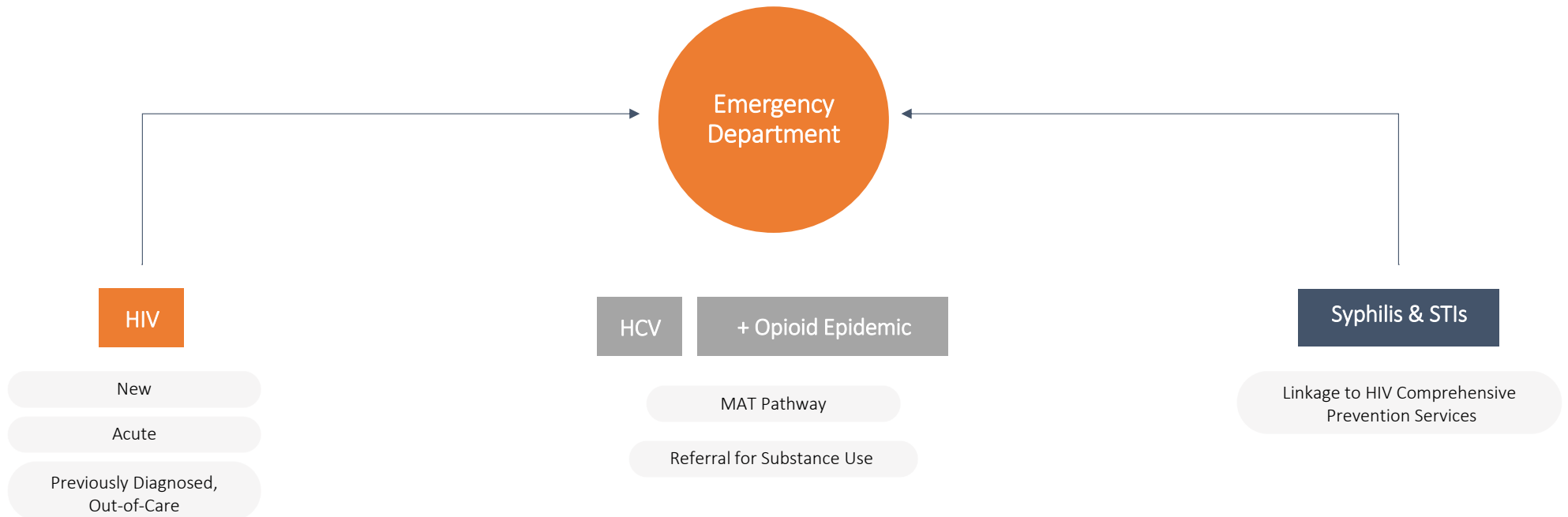
The Focus Model: Efficiently Addressing Three Public Health Epidemics Identifying HIV, HCV, and Syphilis* With One Blood Draw

1 Electronic Medical Record Triggers Blood Draw

2 With One Blood Draw, Individual Is Screened for HIV, HCV, and Syphilis

HIV
—
HCV
—
Syphilis
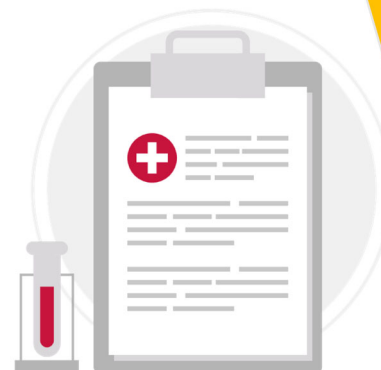
3 Results Provided to Staff, Linkage to Care Initiated

HIV

Diagnosing new and identifying previously diagnosed, out-of-care HIV positives

Hepatitis C

Diagnosing HCV among those most at risk

Syphilis*

Diagnosing syphilis and initiating linkage to HIV comprehensive prevention services

Does the Program Work?

Miami. U Health Tower Emergency Department:

"Eighty-six-fold increase in human immunodeficiency virus (HIV) diagnosis with Opt-out Screening: Frontlines of Communities in the U.S. (FOCUS) Program in the UHealth Tower (UHT) Emergency Department (ED)—a path to eliminate HIV transmission in the U.S."
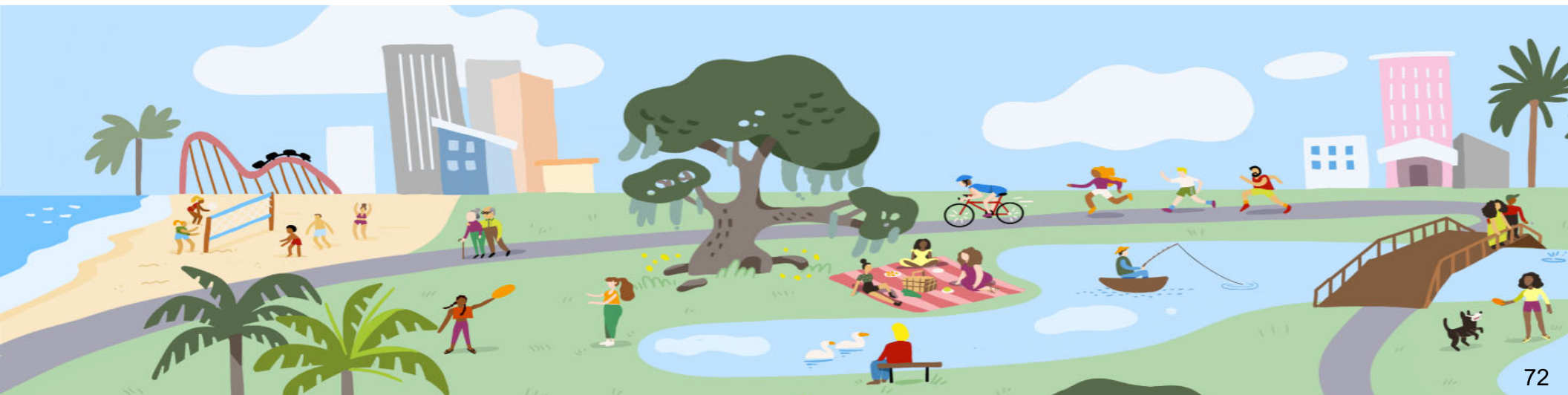
Case Study: Getting Results and Becoming the Solution

Homestead Hospital
Homestead, FL

Number of HIV Tests

PRE-FOCUS

6/15-5/16	0
6/16 - 5/17	11,691

SOURCE: HOMESTEAD HOSPITAL. MARCH 2022
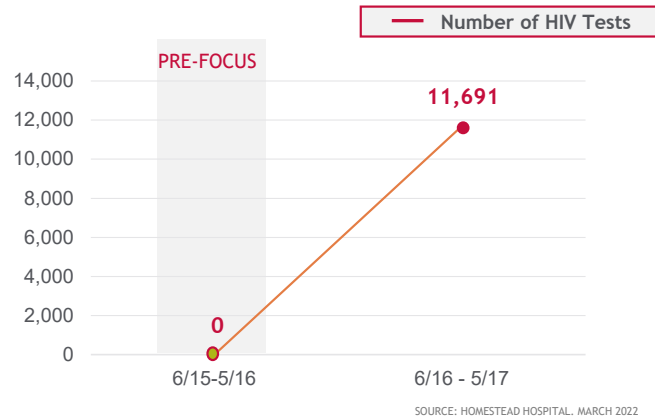
Jackson Memorial Hospital
Miami, FL

PRE-FOCUS

6/16-5/17	814
6/17-5/18	26,619
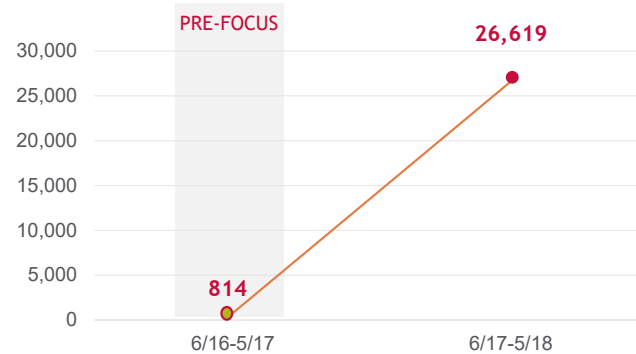
Florida Partners' Routine Screening Helps Improve Quality of Life for All

Homestead Hospital: **Black Females 16% of the total tested** yet **40% of total HIV positives (11% were pregnant** and linked to care)

Jackson HIV seropositivity was eight times national average—with 38 acute HIV cases between June 2017 and January 2020.

Source: Jackson Memorial Hospital, March 2022

How Many Tests in 2023?

- HIV
  - Tests: 225,017
  - Positive Results: 2222
  - Linked to Care: 87%
- HCV
  - Tests: 96,971
  - Positive results: 3652
  - Linked to Care: 77%
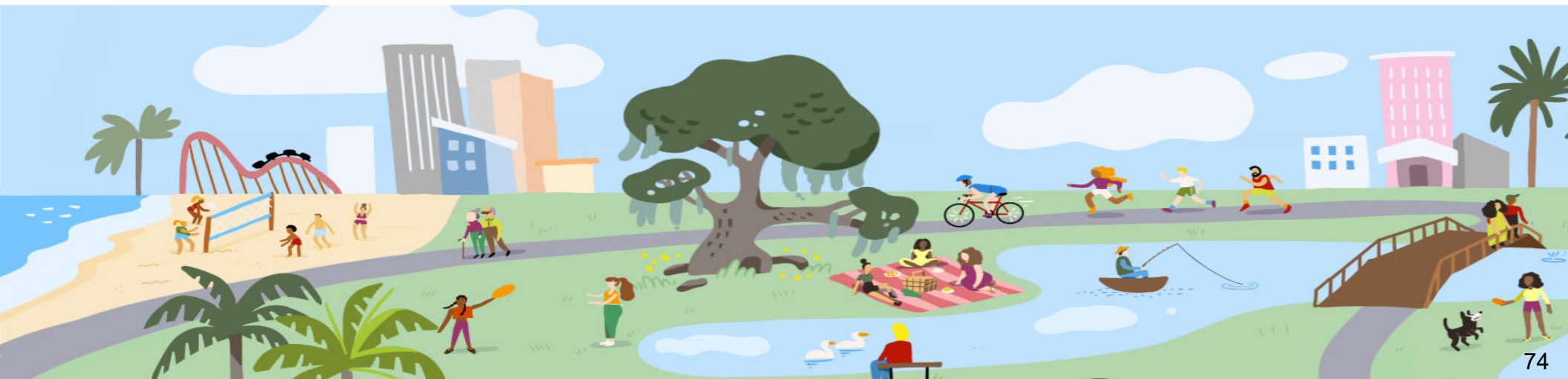
SHIP Goal

Current efforts to support expansion include the inclusion of this initiative as an objective in the State Health Improvement Plan (Objective TED 4.7) where, by December 1, 2026, the Department and external partners aim to increase the number of emergency room or acute care hospitals that are conducting opt-out HIV screening, routine HCV screening, and syphilis testing with a smart screen algorithm from 1 (2021) to 15.

Source: State of Florida Integrated HIV Prevention and Care Plan, 2022-2026
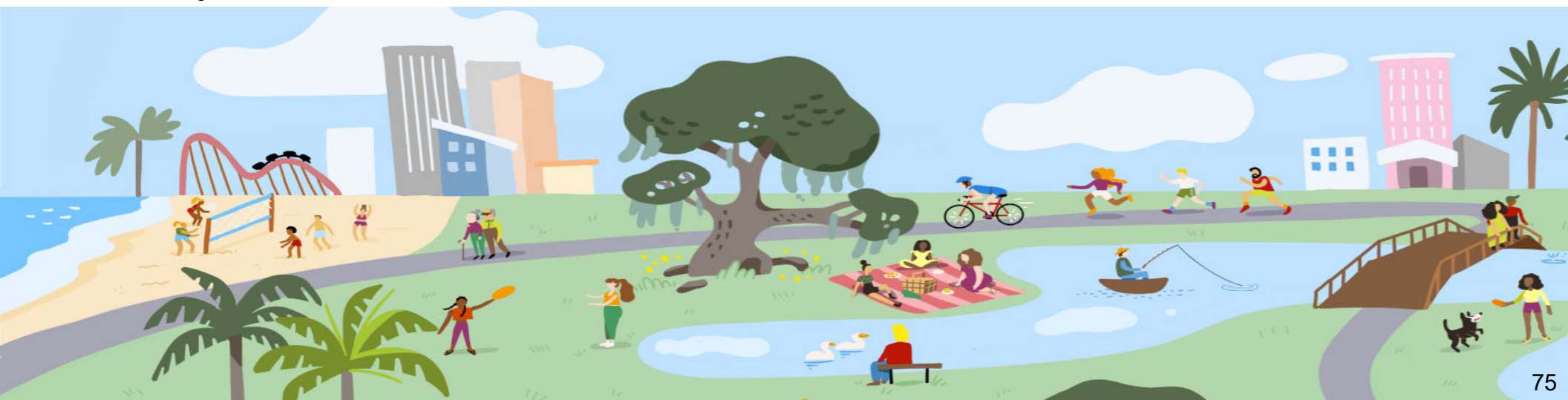
Florida Partner Reach in 2023
SHIP Goal Exceeded

Current Hospital FOCUS Partners: 22

Baptist Health South Florida
- Homestead Hospital
- West Kendall Baptist Hospital
- Freestanding ED at Country Walk
- Baptist Hospital of Miami
- South Miami Hospital

Tampa General Hospital
- TGH ED
- Brandon HealthPlex
- Kennedy Emergency Center

Jackson Health System
- Jackson Memorial Hospital
- Jackson South
- Jackson North
- Jackson West

Memorial Health System
- Memorial Regional
- Memorial West
- Memorial Pembroke
- Memorial Miramar
- Memorial South

Univ. of Florida Health ED Jacksonville

Holy Cross Hospital

Broward Health

Orlando Health

Advent Health Orlando

Univ. of Miami Health ED

Hospital Testing Status:
- HIV, HCV & Syphilis: 17
- HIV & HCV: 3
- HIV: 2
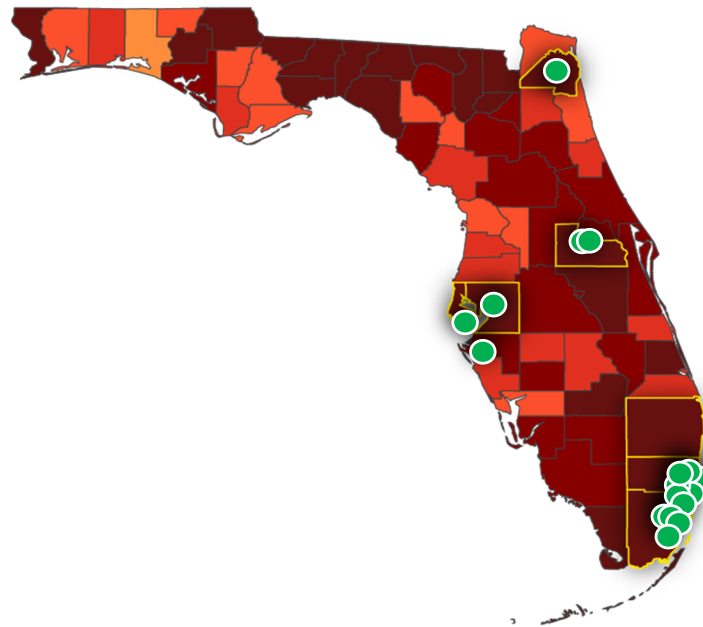
Rates of Persons Living with HIV, Florida, 2021

| 0 - 54 | 55 - 73 | 74 - 94 | 95 - 111 | 112 - 139 | 140 - 169 | 170 - 220 | 221 - 288 | 289 - 427 | 428+ |
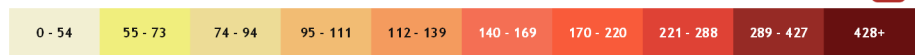
MAP KEY — EHE Counties ⬤ Florida Partners

AIDSVu

Questions?
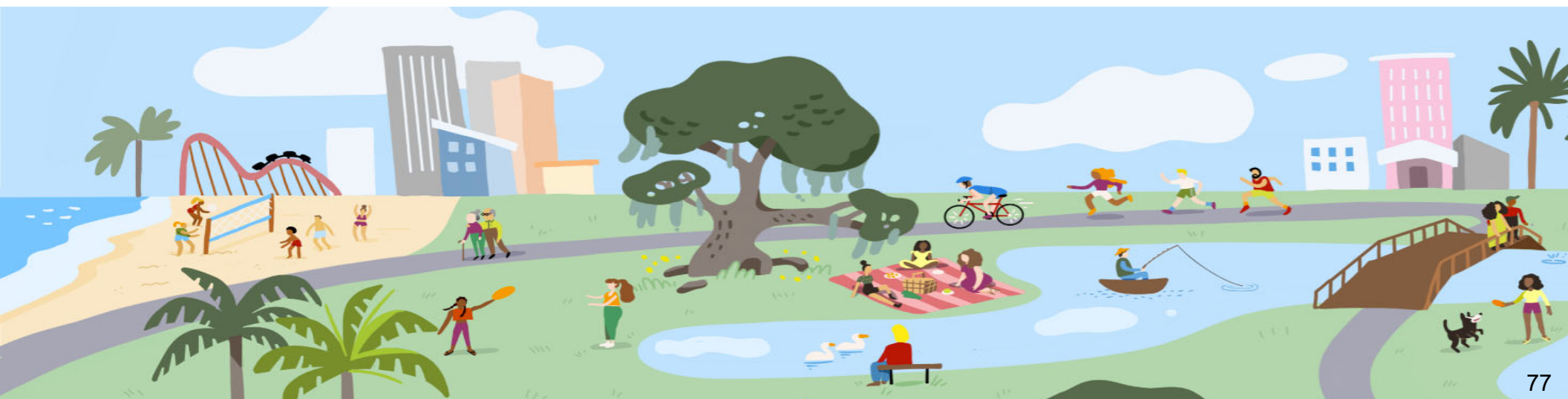
Spotlight: Improvements in Cesarean Section Rates in Florida

Shay Holloway, BSN, MBA
Division Director
Community Health Promotion

SHIP Maternal and Child Health Priority Area

- Goal MCH 1: Increase access to quality primary, preventative and sub-specialty care for infants, children and adolescents.

- Goal MCH 2: Reduce infant morbidity and mortality.

- Goal MCH 3: Reduce maternal morbidity and mortality.

- Goal MCH 4: Improve preconception and interconception health.

Vaginal Birth

- Benefits for Mom:

  - Shorter recovery time

  - Lactation begins sooner

  - Lower Chance of future pregnancy complications

- Benefits for Baby:

  - Lower chance of respiratory conditions

  - Improved immune system function

  - More likely to breastfeed

Cesarean Section

When is a Cesarean Section (C-Section) necessary?

- Baby is in a breech or transverse position

- Umbilical cord compression or prolapse

- Placental Conditions (i.e., abruption, accreta, previa)

- Fetal Distress

- Expecting multiples

- Previous C-Section

Cesarean Rates 2016-2022

Cesarean Section Deliveries
2016-2022
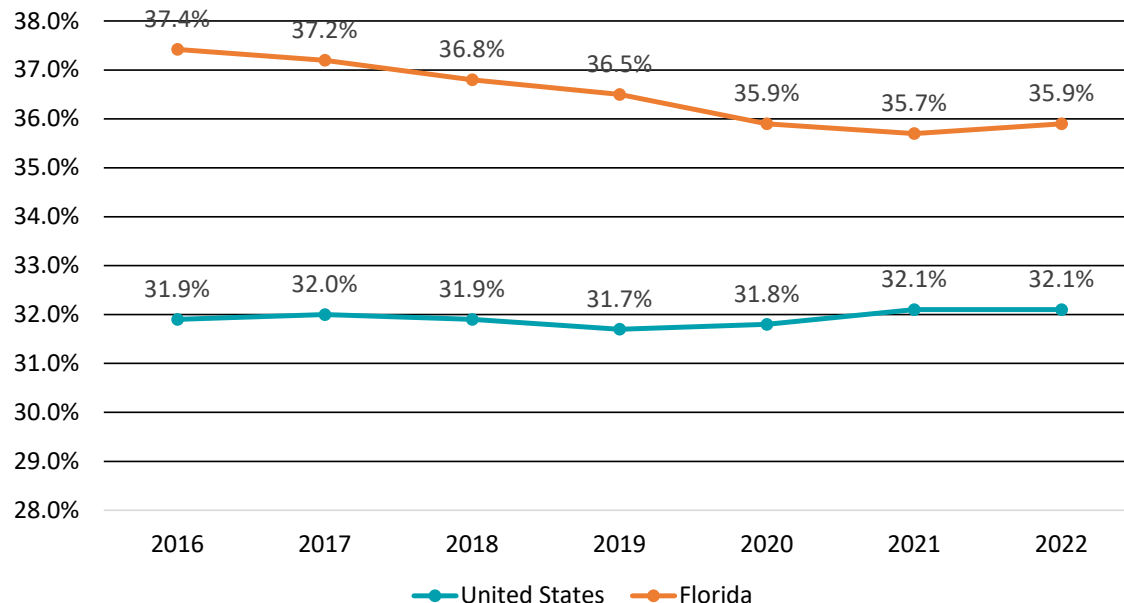
Data Summary:

- From 2016–2022, Florida's total Cesarean rate decreased from 37.4 percent in 2016 to 35.9 percent in 2022.

- In comparison, the Cesarean rates for the U.S. slightly increased, ranging from 31.9 percent in 2016 to 32.1 percent in 2022.

- The Florida total Cesarean rate is higher than the U.S. rate for all years between 2016-2022.

Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Rates 2016-2022

NTSV Cesarean Rates
2016–2022
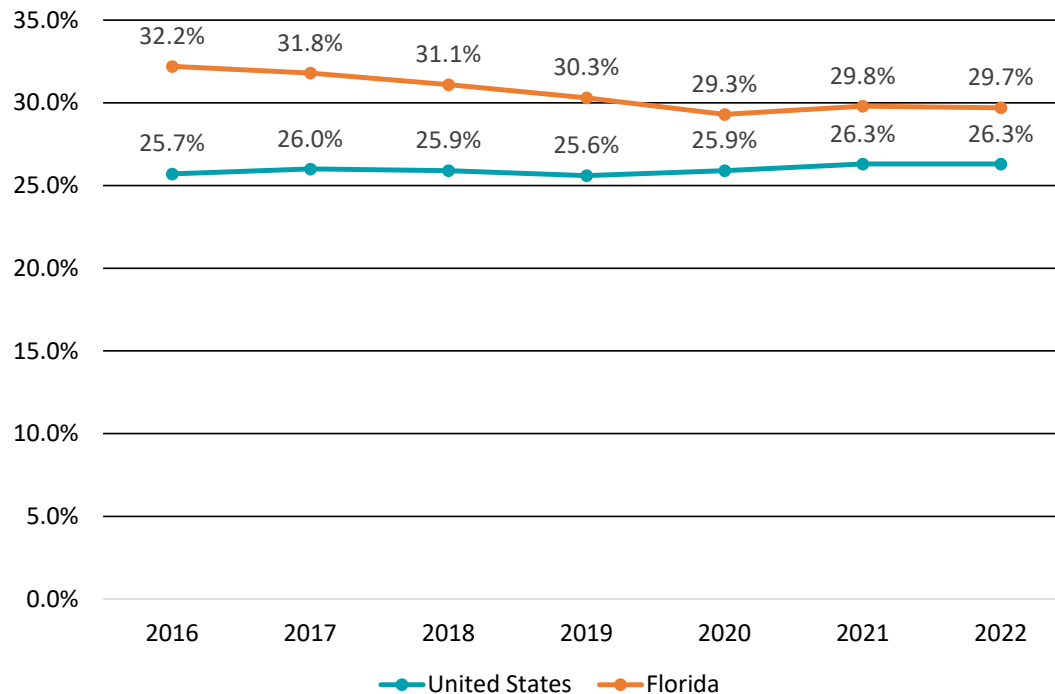
Data Summary:

- From 2016–2022, Florida's total NTSV Cesarean rate decreased from 32.2 percent in 2016 to 29.7 in 2022.

- In comparison, the NTSV rates for the U.S. increased, ranging from 25.7 to 26.3 percent during the same period.

- The Healthy People 2030 target is 23.6 percent.

Quality Improvement Process

Case Review

The Florida Maternal Mortality Review Committee reviews pregnancy related deaths to determine preventability.

Trends Identified

Data is reviewed to evaluate for trends.

Initiatives

The Department and its stakeholders identify initiatives that can be implemented at the hospital level to improve maternal mortality.

Implementation and Outcomes

The Department of Health contracts with the FPQC to implement quality improvement initiatives and monitor outcomes.

Promoting Primary Vaginal Deliveries (PROVIDE)

- PROVIDE 1.0 continued October 2017 through June 2019.

- PROVIDE 2.0 continued October 2019 through June 2022.

- The 76 hospitals that participated in PROVIDE 2.0 deliver 79% of the births in Florida.

- Hospitals participating in this initiative had an average of 6.35% decrease in NTSV C-section rates.

- The PROVIDE Initiative has moved into sustainability.
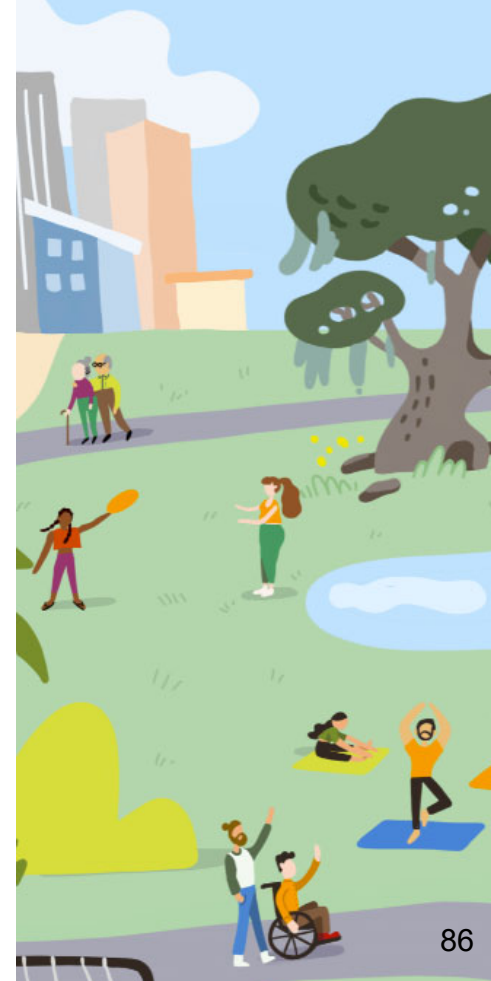
Florida Perinatal Quality Collaborative

- The Florida Perinatal Quality Collaborative (FPQC) is located in the Chiles Center at the University of South Florida College of Public Health.

- Mission: Provide the best evidence-based perinatal care possible and to further that care through data driven education and training.

- Legislation passed in 2022 that requires participation by maternity care hospitals in at least two FPQC initiatives.

Recognition

- Beginning in 2019, the C-Section awards were initiated.

- Awards are given to hospitals that meet the Healthy People 2030 goal.

- Awards have been given at Florida Hospital Association statewide meetings and hospital tours.

Year	Number of Hospitals
2018	19
2019	15
2020	26
2021	28
2022	31

Discussion

- Publication of provider or facility NTSV C-Section rates online

- Reimbursement Rates

- Create NTSV Coordinator positions in hospitals

- Patient Education

- Team Based Care Model

Questions?
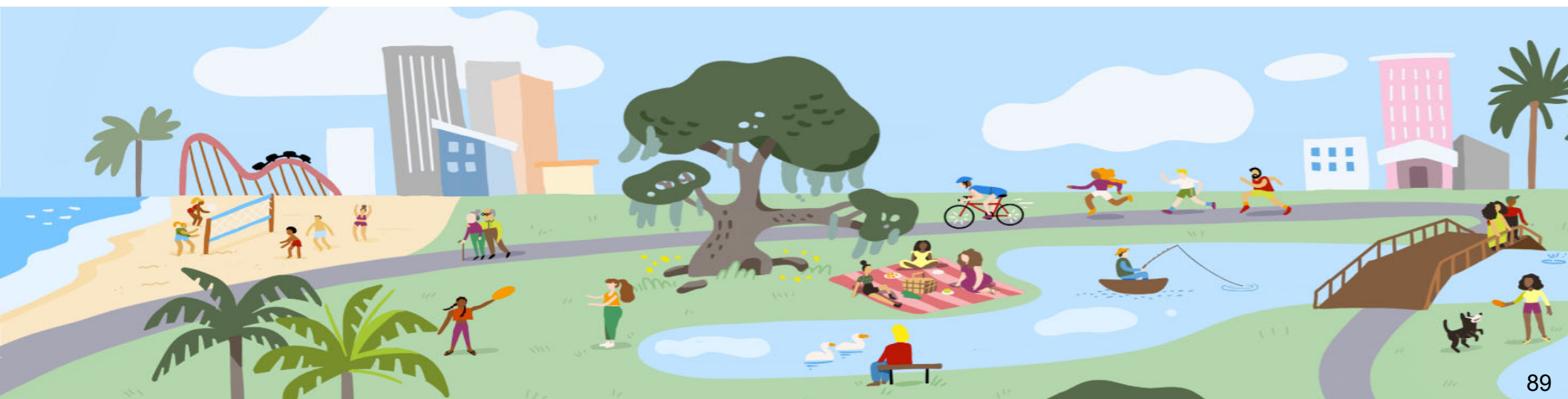
Spotlight: Maternal Telemedicine Program

Melissa Jordan, MS, MPH
Assistant Deputy Secretary for Health
Florida Department of Health
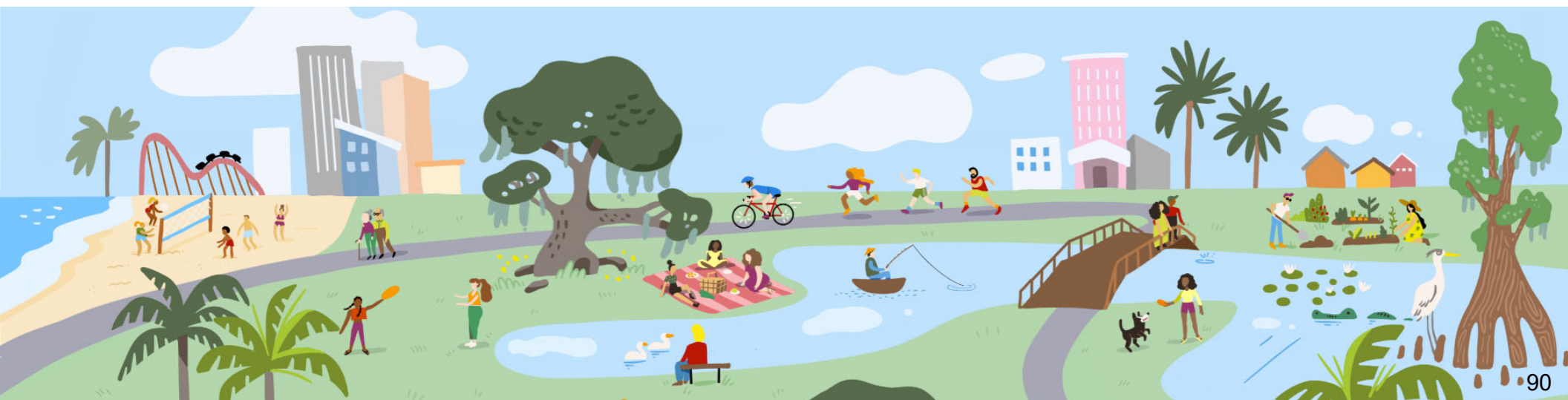
Maternal and Child Health SHIP Objectives

- Current efforts to increase the well-being of women, infants, children and families include the inclusion of Maternal and Child Health as a priority area in the State Health Improvement Plan.
  - Objectives MCH1.1-5, MCH2.1-5, and MCH3.1-3

- By December 1, 2026, the Department and external partners aim to:
  - Increase access to quality primary, preventative, and sub-specialty care for infants, children, and adolescents, and
  - Reduce infant and maternal morbidity and mortality.

Severe Maternal Morbidity Data

Severe Maternal Morbidity

The presence of a complication during a delivery hospitalization that results in short- or long-term affects to a woman's health.

The Severe Maternal Morbidity (SMM) rate is the number of delivery hospitalizations with at least one of the 21 defined SMM indicators per 1,000 delivery hospitalizations.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Florida Total	17.9	19.1	20.2	17.0	18.0	17.2	18.0	20.4	23.8	23.6
Non-Hispanic White	14.1	15.6	15.6	13.3	14.5	14.3	15.0	15.9	19.3	19.1
Non-Hispanic Black	28.0	28.3	32.0	28.0	27.2	26.3	26.4	31.0	35.6	35.3
Hispanic	15.7	18.2	19.1	15.8	16.9	15.4	17.5	19.7	22.2	22.0

Source: FLHealthCHARTS, Florida Department of Health; 2022 Hospital Discharge Data, Florida Agency for Health Care Administration

Severe Maternal Morbidity Data

Leading Indicators of SMM, 2013-2022

From 2013 to 2022, there were **51,454 cases of SMM** among delivery hospitalizations in Florida.

Rank	Indicator	Number of Cases
1	Blood products transfusion	27,403
2	Disseminated intravascular coagulation	4,317
3	Adult respiratory distress syndrome	2,824
4	Other	16,910

Source: Hospital Discharge Data, Florida Agency for Health Care Administration

Pregnancy-related Death Data

Pregnancy-related Death

Pregnancy-related death, is the death of a woman during pregnancy, or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the effects of pregnancy.[1]

The Pregnancy-Related Mortality Ratio is the number of pregnancy-related deaths per 100,000 live births.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Florida Total	18.8	25.1	16.0	16.9	12.9	15.7	16.3	19.5	21.0	28.7
Non-Hispanic White	9.5	18.7	13.2	20.0	13.3	12.7	12.9	19.8	12.9	12.4
Non-Hispanic Black	60.5	37.9	29.3	25.1	25.0	35.3	32.0	38.9	50.0	75.1
Hispanic	1.7	25.4	8.1	6.3	4.6	7.5	10.6	8.9	16.3	21.8

Source: Florida Maternal Mortality Committee Data
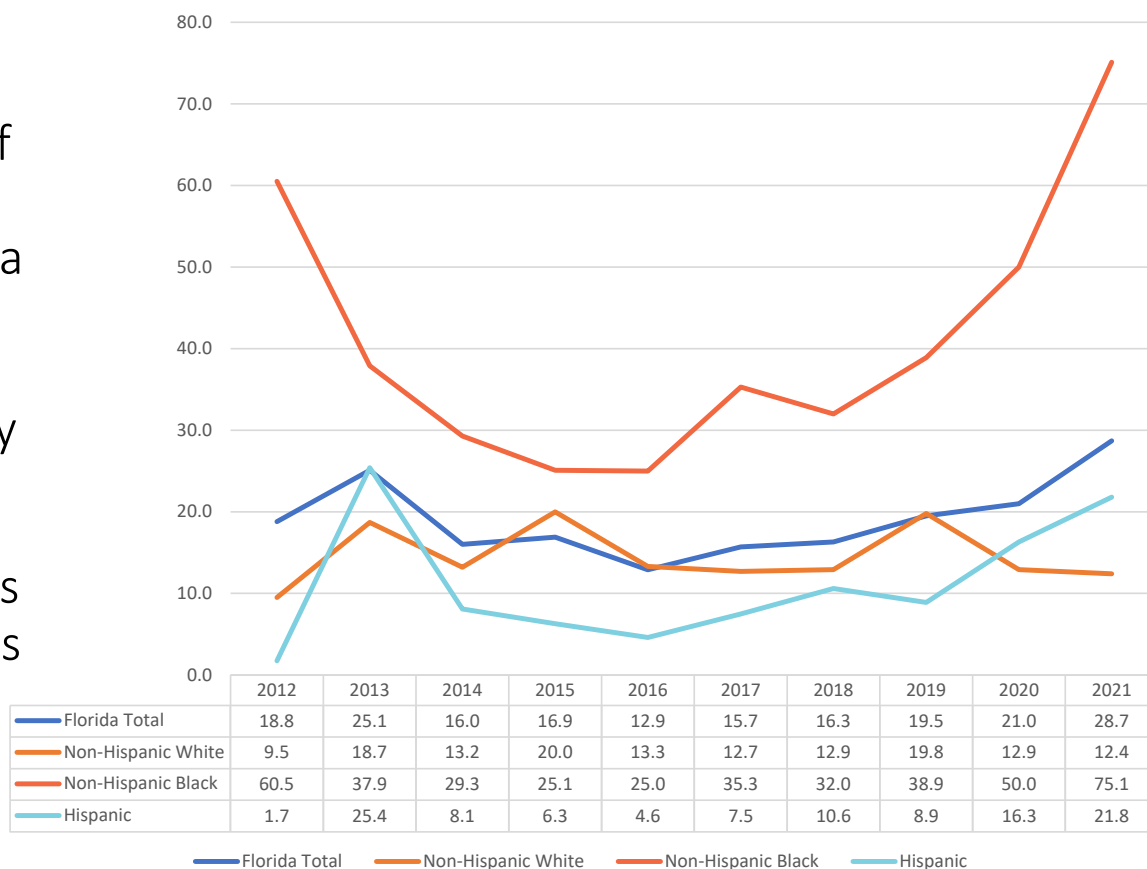
Pregnancy-related Death Data

Between 2012-2021, there were **416 pregnancy-related deaths** in Florida.

Note: The Florida Maternal Mortality Review Committee is a one-year retrospective review of confidential, de-identified cases of maternal deaths. Therefore, 2022 data are not yet available.

Rank	Underlying Cause of Death	Number of Deaths
1	Infection	78
2	Hemorrhage	72
3	Hypertensive Disorder	51
4	Other	215

Source: Florida Maternal Mortality Committee Data

Program Overview

- Established pilot programs in Duval and Orange counties to improve maternal health outcomes in priority populations.

- Provides services to pregnant and postpartum women using telehealth.

- Requires the Florida Department of Health's Division of Community Health Promotion and Office of Minority Health to work in partnership.

Services include:
- Screening and treatment
- Referrals to meet individualized needs
- Education on pregnancy, childbirth, and parenting
- Connection to perinatal health workers
- Devices to conduct wellness checks (i.e., scales, blood pressure cuffs, glucose monitors)
- Training to participating health care practitioners
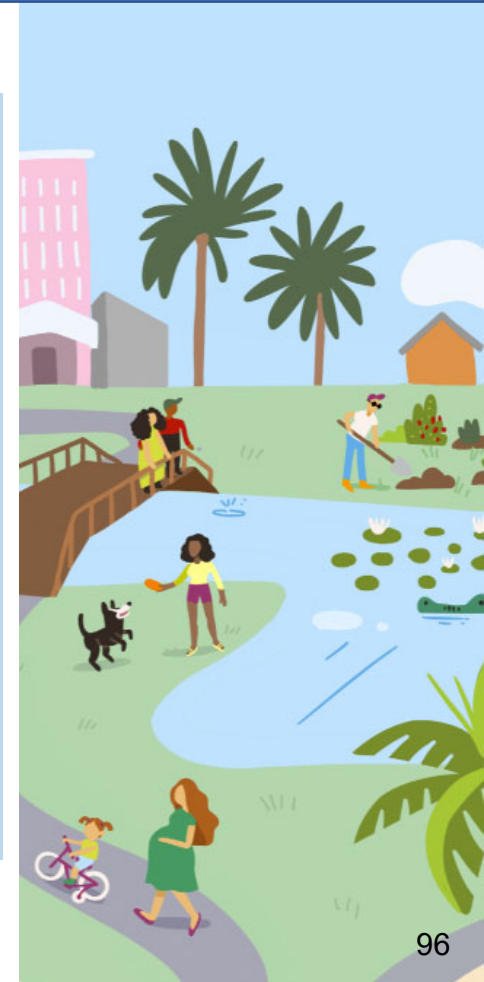
Pilot Year Activities Fiscal Year 2022-2023

- Provided 2,533 patients access to maternal health care, who might not have access to it otherwise.

- Connected patients with social service organizations to address additional needs.

- Identified patients with chronic health conditions and enrolled them in health management programs.

- Provided blood pressure cuffs, scales, and glucose monitors to patients as needed for remote monitoring and management of health conditions.

- Provided timely health care interventions to reduce instances of emergency room visits.
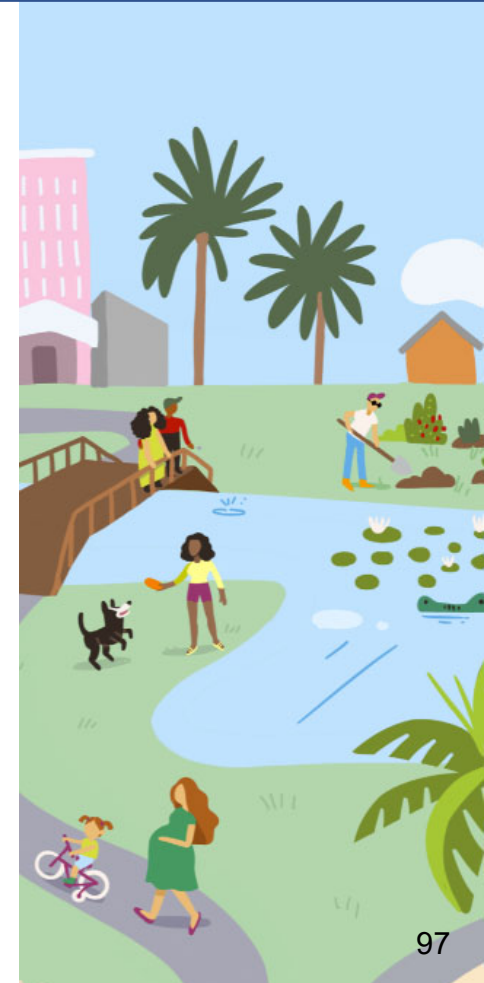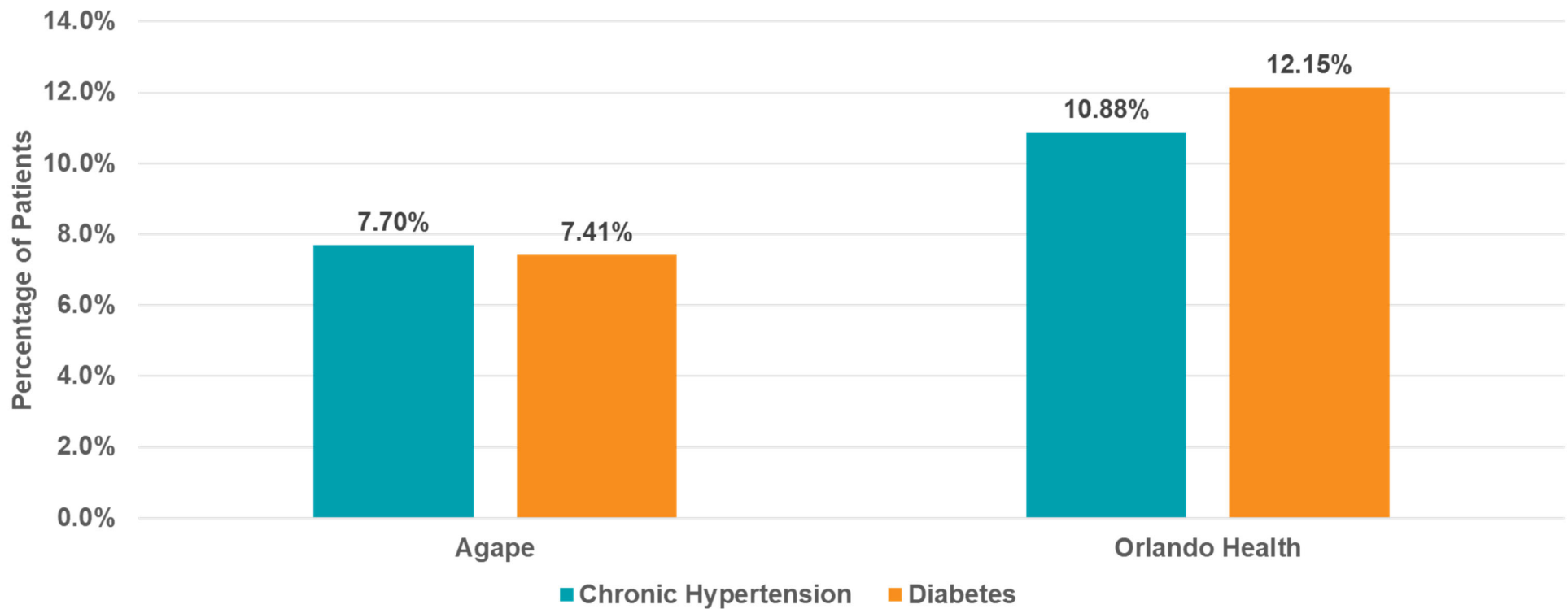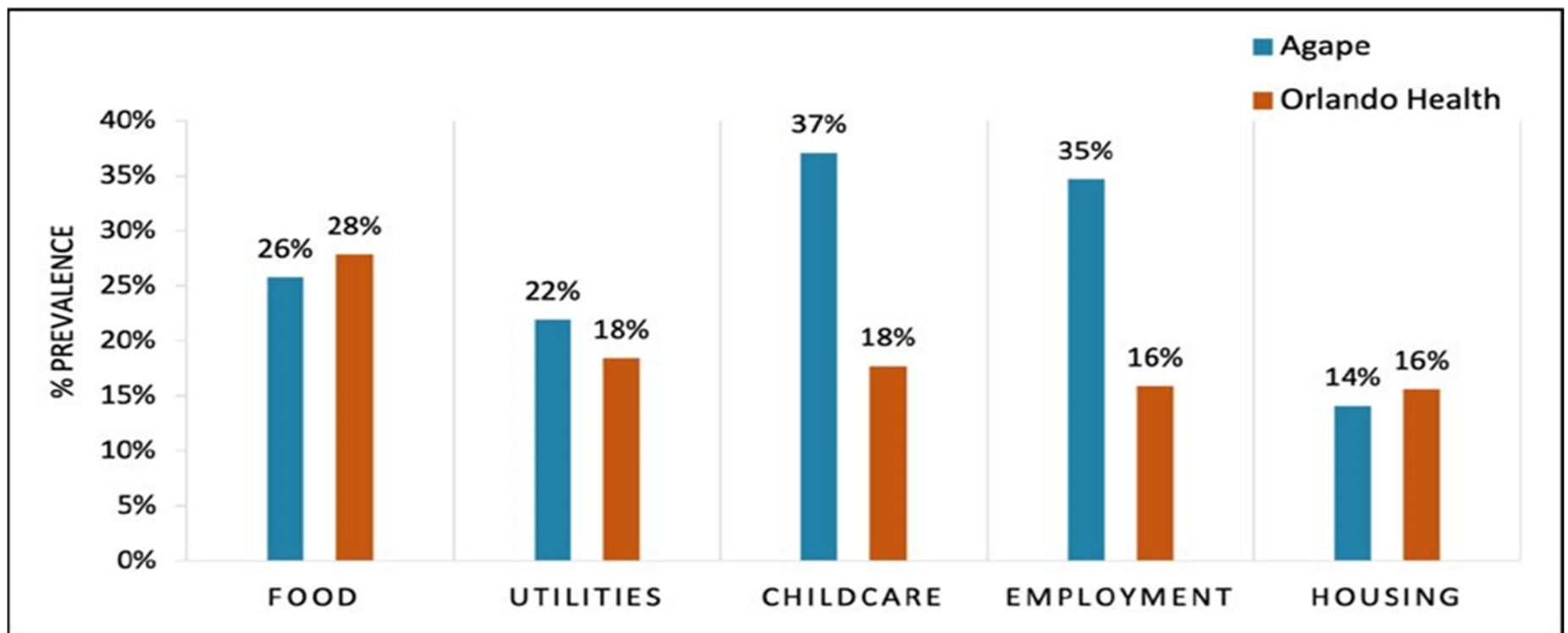
Pilot Year Measures

Measure	Orlando Health	Agape
Enrollment	1,327	1,206
Average Number of Consultations Per Patient	3.00	4.07
% Patients Enrolled in Hypertension Management Plan	100%	79%
% Patients Enrolled in Diabetes Management Plan	100%	66%
Total Number of Community Partners	9	8
% Patients with at least One Referral	80%	59%
% Referrals Made from Identified Social Needs	100%	90%
% High Satisfaction with the Program	87%	70%

Patients with Chronic Health Conditions

Source: Florida State University and KNOWLI Data Science Pilot programs to reduce Racial and Ethnic Disparities in Severe Maternal Morbidity through Telehealth, Page 10

Resources Provided

Source: Florida State University and KNOWLI Data Science Pilot programs to reduce Racial and Ethnic Disparities in Severe Maternal Morbidity through Telehealth, Page 8

Evaluation

Maternal health outcomes:

- The program identified cases of hypertension through use of remote medical devices, resulting in prompt treatment.

- Participants maintained optimal blood sugar levels, effectively managed gestational diabetes, and improved overall maternal health.

- Continued support through the post-partum period ensured that the mental health needs of the mothers were met.

- Positive pilot program experiences resulted in greater trust with the medical system.
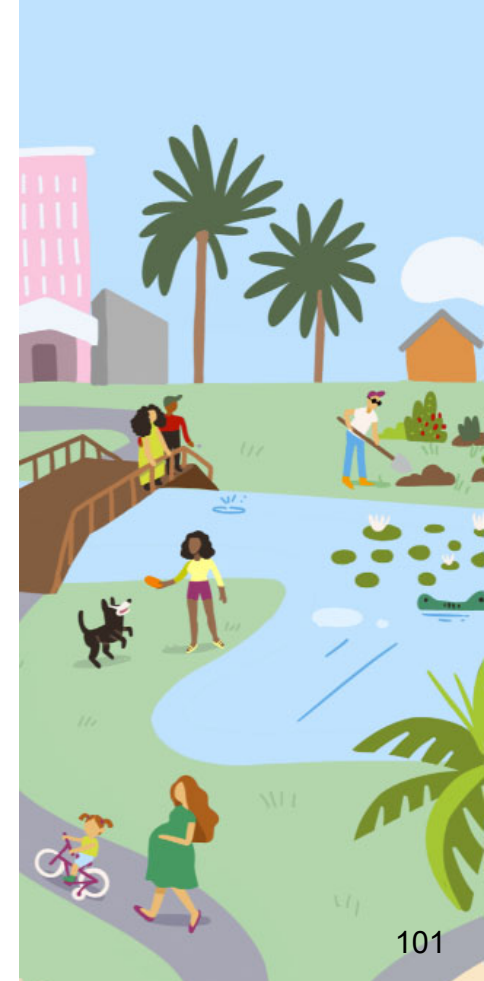
Expansion

- Received $12,663,856 in funding for program expansion during fiscal year 2023-2024.

- Currently expanding the program to 18 additional counties with the highest number of women experiencing severe maternal morbidity.

- Received proposals from hospitals and community organizations.

Next Steps

- Expand data system to capture additional outcome measures.

- Promote consistent implementation while supporting the needs of each community.

- Continued evaluation of program clinical outcomes.
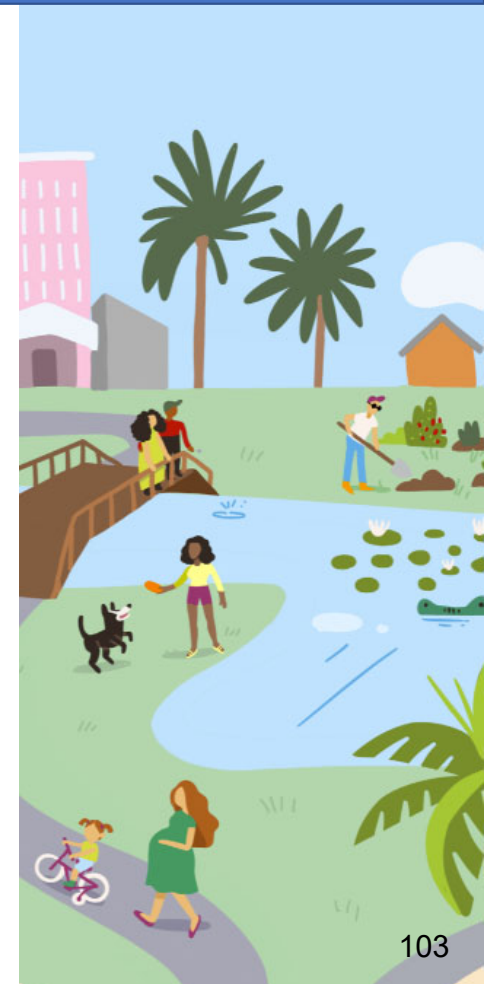
Are there other examples or models like those discussed that can be expanded upon or used to further other objectives in the State Health Improvement Plan?

What strategies can be implemented to enhance collaboration and communication among different sectors, in achieving the goals of the plan?

2022-2026 State Health Improvement Plan Steering Committee Highlights and Discussion
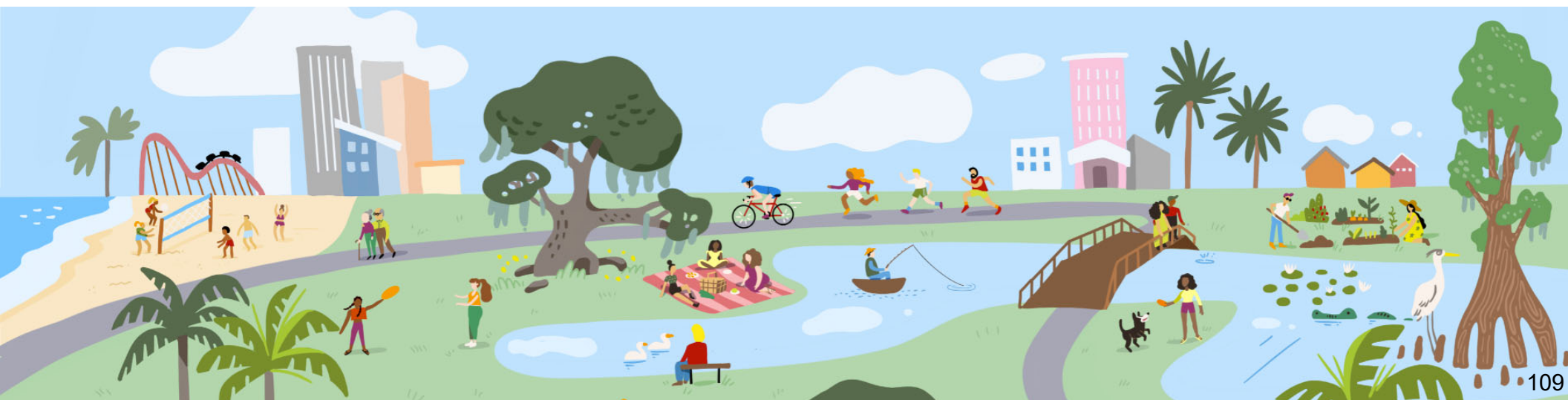
How can the State Health Improvement Plan adapt to changing public health priorities and emerging health challenges over time?

In what ways can the steering committee and PAWs leverage technology and data to inform and evaluate the progress of the State Health Improvement Plan?
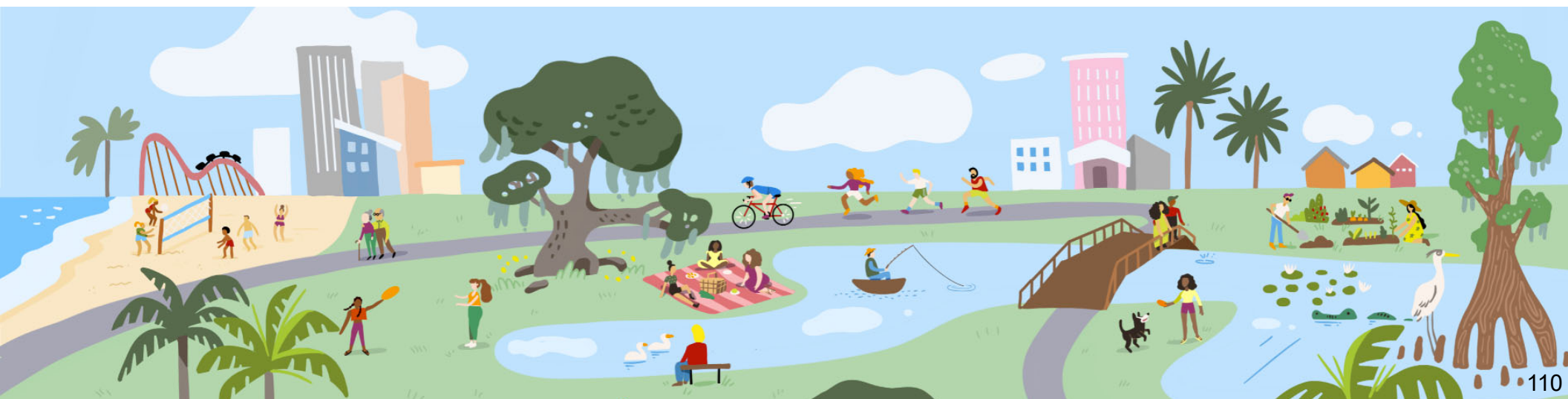
Public Comment

Closing Remarks

Joseph A. Ladapo, MD, PhD
State Surgeon General
Florida Department of Health

Thank you!