AGENDA

I. Accomplishments & updates

II. Breathe Free Florida: making a difference locally and statewide

III. Florida Dental Therapy Bill
   Action item: Should FHF make a recommendation to the FPN board that FPN support the Florida Dental Therapy Bill?

IV. Medicaid & block grant waiver possibility: what’s happening, how to get involved

V. Medicaid Expansion

VI. Department of Health/State Health Improvement Plan Steering Committee (SHIP): FPN/FHF is now represented

SHIP website: http://www.floridahealth.gov/about-the-department-of-health/about-us/state-and-community-health-assessment/ship-process/index.html (On it, you can find the State Health Assessment; the SHIP Goals, Strategies and Objectives; and the SHIP Executive Summary.)

VII. What’s next?

VIII. Special Recognition
Florida Health Funders is undertaking an initiative to be prepared to respond collectively, yet promptly, to potential opportunities and challenges.

The Florida Health Funders have periodically identified topics or issues for which a white paper or other research or action is desired; for these past opportunities we have individually communicated with the group and invited participation and funding. While generally effective, this has sometimes resulted in funders being unable to participate because the timing did not fit their processes, and has often created uncertainty as to the possible scope of the response. Several funders have suggested that a pool of funds could alleviate these challenges and allow a quicker and more robust response. As a result, we have proactively developed a shared funding pool dedicated to health-related research and action.

Monies being collected are being maintained in a separate accounting fund by FPN, and release of those funds will be at the direction of a majority of the funders participating in the pool.

You are invited to participate in the FHF health-related research and action pool to help inform decision making as needed and determined by Florida Health Funders. Funds may be contributed at any time (suggested amount $5,000 – $20,000). We understand that a pool may not be the preferred avenue for funders who wish to focus or limit their focus; as projects are identified, funders not participating in the pool may still contribute.

Checks and/or grants can be made payable to the Florida Philanthropic Network and earmarked for “FHF Research”.
FHF Accomplishments

1. Asked to provide a representative for the Department of Health State Health Improvement Plan Steering Committee.
2. Affinity group leadership succession in place.
3. Contracted with Joan Alker for $5,000 to prepare a short written summary on what the Trump administration guidance on Medicaid Block grant waiver could mean for Florida (more on this shortly).
Accomplishments

4. Held a virtual learning session on January 16th from 9:00 to 10:30 on *Grantmaking to improve health outcomes: How to assess evidence and find programs that work.*

5. Developed a proposal for a shared funding pool (agenda item today).

6. Chose to implement the Breathe Right model as the first pilot of developing a leadership voice.
Accomplishments

7. A consultant has been hired to support Breathe Right (agenda item today).
8. Developed a work plan and a budget to move the work forward.
9. Completed an environmental scan. Available to all members.
10. Developed a decision-making process to choose issues on which to provide a leadership voice.
11. Finalized the FHF logic model.
12. Developed a professional development calendar to promote shared learning.
Breathe Free Florida

An initiative to make Florida healthier by reducing exposure to second-hand smoke (SHS)
(and other healthy strategies)

Florida Philanthropic Network
February 13, 2019

Jill Hamilton Buss, LMHC, Consultant
We’ve Come a Long Way Baby!
Good News: Social Norms Can (and do) Change.

Tobacco remains the leading cause of preventable death in the U.S.
### U.S. National Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking rate (2017)</td>
<td>14.0%</td>
</tr>
<tr>
<td>High school smoking rate (2017)</td>
<td>7.6%</td>
</tr>
<tr>
<td>High school students who use e-cigarettes (2018)</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

### Toll of Tobacco in Florida

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults in Florida who smoke</td>
<td>16.1%</td>
<td>(2,701,900)</td>
</tr>
<tr>
<td>High school students who smoke</td>
<td>3.6%</td>
<td>(34,600)</td>
</tr>
<tr>
<td>High school students who use e-cigarettes</td>
<td>24.8%</td>
<td></td>
</tr>
</tbody>
</table>

### Smoking-Caused Monetary Costs in Florida

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Medicaid and health care costs in FL directly caused by smoking</td>
<td>$10.15 billion</td>
</tr>
</tbody>
</table>
Smoking Laws in Florida

- **1985** – Florida Clean Indoor Air Act (FCIAA) Statewide Preemption
- **2018** – 69% voted to ban vaping indoors (and offshore drilling – Amendment 9)
- Senate Bill 218 Pending - Smoking ban on beaches
- Can still smoke in FL parks/playgrounds: Preemption.
U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars

American Nonsmokers' Rights Foundation

As of January 2, 2019

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.

Parks/Beaches
317 Municipalities with Smoke-free Beach Laws

1531 Municipalities with Smoke-free Park Laws

27 States SF WRB
1029 Municipalities

W: 100% Smokefree Non-Hospitality Workplaces
R: 100% Smokefree Restaurants
B: 100% Smokefree Bars

State and Commonwealth/Territory Law Type
100% Smokefree Non-Hospitality Workplace, Restaurant, and Bar Law
Law doesn't cover 100% Smokefree Non-Hosp. Workplaces & Restaurants & Bars
Why Breathe Free FL?

• No amount of safe SHS
• Reinforce S-F social norms
• Negative health consequences from SHS (asthma, complications/COPD, migraines, etc.)
• Reduce exposure in most vulnerable populations (children, low income, elderly, infirm)
• Engages new allies to expand safe breathing places — restaurant owners, mayors, park staff, citizens
What is Breathe Free Florida?

• BFF is a community-based initiative
• Focuses on Restaurants, M-U Housing, Municipalities and Workplaces
• Leverages alliances with health groups (H/L/C), business leaders and residents
• Successful template developed by Healthy Central Florida, WPHF/Florida Hospital’s HCl.
Breathe Free Florida

Toolkits and Materials including:

- Timelines
- Signage
- Promo Materials
- Training
- Staff Support
- Videos

All Voluntary due to Preemption
Success in Central FL

Nearly 50 restaurant patios became smoke-free in 2 years

Two Target Audiences:

- **Consumers** *(Speak up)*
- **Restaurants** *($$$, Appeal to majority of customers; Save $ on maintenance/repair/insurance)*

Press Coverage on ABC, NBC, CBS, Fox 35, Orlando Sentinel and Public Radio
ALL Public Housing Smoke-Free as of July 2016 – per HUD guidelines.

TFF estimates 60-70% of new private complexes opening smoke-free.
Signage Works and Can “Brand” Your Community as a Healthy Community
No Smoking on Patio

If we see you smoking we will assume you’re on fire and will react accordingly.
In summary, Breathe Free Florida strives to make Florida a healthier state by:

(1) Reducing exposure to deadly second-hand smoke (SHS)
(2) Reinforcing social norm of smoke-free living
(3) Engaging new allies in smoke-free initiative
(4) Working with other health groups to advocate for smoke-free parks/playgrounds/public spaces
(5) Reducing environmental impact of toxic litter

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BREATHE FREE

FLORIDA

Promoting a Smoke-Free Florida

Jill Hamilton Buss
jhamilton01@cfl.rr.com
Maitland – On its way to becoming the healthiest community in the nation. Help us get there.

Beautiful gardens, lakes, and open air spaces listed on the National Register of Historic Places all make picturesque Maitland a wonderful place to walk, bike, savor the outdoors and enjoy culture and history.

Maitland is focused on families, health, parks and it’s a great place to do business. With access to SunRail, world-class parks and great restaurants, we welcome you to Maitland and encourage you to embrace the healthy lifestyle of the community. We encourage you to consider offering smoke-free patio dining at your establishment.

Did You Know?

- Only 7% of Maitland residents smoke and only 10% of Winter Park residents do.
- Nationwide the rate is down to about 14% - so the vast majority of your customers are non-smokers and prefer smoke-free dining.
- We encourage you to join the movement in Central Florida and offer fresh air to go with your delicious food.

Our community partner, Healthy Central Florida will provide FREE resources to help you open or convert to smoke-free patio dining. This support includes:

- Free signage
- Free listings and promotion
- Free advertising
- The opportunity to be featured in videos
- Free technical support – to walk them through the timeline of how to do it (they have dozens of case studies from other restaurants who have gone smoke-free.)
- In all, nearly 50 are voluntarily offering smoke-free patio dining. These include:
  - Antonio’s of Maitland
  - Ravenous Pig
  - Outback Steakhouse
  - Dexter’s
  - Barnie’s CoffeeKitchen
  - Cocina 214
  - 4 Rivers and the Coop

Check out www.healthycentralflorida.org to see a complete list and to see videos or learn more. You can also see a list and videos on Facebook.

To learn more, please contact: Jill Hamilton Buss at jhamilton01@cfl.rr.com or via cell at 407-619-0410.

Healthy Central Florida is a community-based partnership from Florida Hospital and the Winter Park Health Foundation.
COMBATTING SECOND-HAND SMOKE

Material adapted from the Campaign for Tobacco-Free Kids

A TOXIC SOUP OF CHEMICALS AND CARCINOGENS
Secondhand smoke is a poisonous mixture of more than 7,000 chemicals, including hundreds that are toxic and at least 69 that cause cancer. The U.S. Surgeon General and public health agencies around the world have documented overwhelming evidence of the deadly effects of secondhand smoke:

- Secondhand smoke causes lung cancer, heart disease and stroke in non-smoking adults. Among babies and children, it causes sudden infant death syndrome (SIDS), low birth weight, respiratory and ear infections, and more severe asthma attacks.

- There is no safe level of exposure to secondhand smoke. Even brief exposure can trigger harmful changes in the cardiovascular system that increases risk of heart attack or stroke.

- In the U.S., secondhand smoke kills about 50,000 people each year, according to the U.S. Centers for Disease Control and Prevention. Worldwide, secondhand smoke kills more than 600,000 people each year, according to a 2010 study by the World Health Organization.

SMOKE-FREE LAWS: THE ONLY SOLUTION
Public health authorities have concluded that the only way to protect nonsmokers from secondhand smoke is to require completely smoke-free workplaces and public places. Other approaches, such as air ventilation systems and separate smoking and non-smoking sections, do not eliminate exposure to secondhand smoke. Numerous scientific studies have also documented that smoke-free policies do not have an adverse economic impact on the hospitality industry (see our Fact Sheet: Smoke-Free Laws Do Not Harm Business at Restaurants and Bars).

It's time to protect everyone's right to breathe clean air.

Since Florida has pre-empted this right in several domains (parks, beaches, bars), the Breathe Free Florida strategy is to ask partners to become smoke-free voluntarily, while continuing to advocate for stricter state laws and no statewide pre-emption.
THE ISSUE
Florida is in a dental shortage crisis.
Currently, Florida has the greatest projected shortfall of dentists in the nation. Roughly one in four – more than five million – Floridians live in areas the federal government has reported face dentist shortages. In fact, 63 of Florida’s 67 counties have at least one shortage area.

THE SOLUTION
Authorize dental therapists in the State of Florida.
Authorizing dental therapists in the State of Florida would expand access to quality oral health care to people living in identified dentist shortage areas.

Much of the consequences of dental disease – pain, missed school and work days – are due to untreated decay. Under Florida law, only dentists are allowed to fill cavities; but, by authorizing a new, mid-level dental provider, there would be a dramatic increase in the number of highly trained professionals able to perform basic procedures under the supervision of a dentist.

Ultimately, introducing dental therapists to the State of Florida would expand access to dental care to those living in rural areas, those who find it difficult to travel to a dentist, children, the elderly and people with disabilities.

THE LEGISLATION
Adopt effective public policy that expands access to high-quality dental care.
The forthcoming bills, sponsored by Senator Jeff Brandes (R-St. Petersburg) and Representative Rene Plasencia (R-Orlando) would authorize the use of dental therapists to effectively expand access to high-quality dental care.

The legislation would allow dentists to treat more patients by hiring dental therapists, similar to a physician assistant on a medical team, to provide cost-effective preventive and routine restorative care.

Training
To ensure the highest level of care, the bill mandates that dental therapists be trained according to national standards developed by the Commission on Dental Accreditation (CODA) – the accrediting
body housed within the American Dental Association – that is recognized as the nationally accepted level of safety and quality.

The legislation also requires students to graduate with an undergraduate degree from a CODA accredited program or one that the Dental Board finds meets these same standards. A number of Florida colleges report they are equipped and ready to launch dental therapy training programs to create a pipeline of qualified providers in Florida.

**Supervision**

Under the bills, dental therapists, after training directly with their dentist for a certain amount of time, would then be able to practice under general supervision, meaning that, while dental therapists would be required to consult with the dentist overseeing them, the dentist would not have to be present while the dental therapist is treating patients.

Importantly, practicing under general supervision would allow dental therapists to be sent to nursing homes, schools, facilities for people with disabilities, rural satellite clinics and other places serving people who face obstacles travelling to receive care. With a supervising dentist in a hub office, a dental therapist could seek guidance, when necessary, via phone, and share x-rays and patient records via telehealth technology.

Additionally, under this policy, dentists would determine whether the dental therapists they supervise should have more restrictive supervision, or a smaller number of allowable procedures, than outlined in state law.

**Cost**

A practice’s cost of providing care in locations with traditionally restricted access to dental care would be much more affordable without the need for a dentist’s presence.

Often, government proposals to expand health care do so at a significant cost to taxpayers; yet, authorizing dental therapists would not require a new line item in the state budget.

**BOTTOM LINE**

**Dental therapists can help solve the dental shortage crisis in Florida.**

By authorizing dental therapists, Floridians would have better access to high-quality, routine dental care, lessening the dental shortage crisis that currently effects the State of Florida and more than five million citizens.
CONSTITUTIONAL AMENDMENT PETITION FORM

Note:
- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.08, Florida Statutes, to knowingly sign more than one petition for an issue. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be valid.

Your name: ____________________________________________
Please Print Name as it appears on your Voter Information Card

Your address: __________________________________________

City _________________________ Zip __________ County ________

☐ Please change my legal residence address on my voter registration record to the above residence address (check box, if applicable).

Voter Registration Number __________________________ or Date of Birth __________

I am a registered voter of Florida and hereby petition the Secretary of State to place the following proposed amendment to the Florida Constitution on the ballot in the general election:

BALLOT TITLE: Provide Medicaid Coverage to Eligible Low-Income Adults.

BALLOT SUMMARY: Requires State to provide Medicaid coverage to individuals over age 18 and under age 65 whose incomes are at or below 138 percent of the federal poverty level and meet other nonfinancial eligibility requirements, with no greater burdens placed on eligibility, enrollment, or benefits for these newly eligible individuals compared to other Medicaid beneficiaries. Directs Agency for Health Care Administration to implement the initiative by maximizing federal financial participation for newly eligible individuals.

ARTICLE AND SECTION BEING CREATED OR AMENDED: Creates New Section 33 in Article X.

FULL TEXT OF THE PROPOSED CONSTITUTIONAL AMENDMENT:

A new Section 33 is added to Article X of the State Constitution, as follows:

SECTION 33. Provide Medicaid Coverage to Eligible Low-Income Adults.—
(a) MEDICAID COVERAGE FOR LOW-INCOME ADULTS. The State shall provide Medicaid benefits to Low Income Adults over age 18 and under age 65 whose income is one-hundred thirty-eight percent (138%) of the federal poverty level or below, and who meet other nonfinancial eligibility requirements of the federal Medicaid statute. The State shall not impose on Low Income Adults any greater or additional burdens or restrictions on eligibility, enrollment, or benefits than on any other population eligible for medical assistance.

(Continues on back)
(b) DEFINITIONS. For the purposes of this section, the following words and terms shall have the stated meanings:

(1) “Low Income Adults” refers to those individuals over age 18 and under age 65, whose income is one-hundred thirty-eight percent (138%) of the federal poverty level or below, as described by and using the income methodology provided for by the federal Medicaid statute at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), and who meet applicable non-financial eligibility conditions for Medicaid under 42 CFR Part 435, Subpart E.

(2) “Agency for Health Care Administration” or “Agency” refers to the single State agency responsible for administering Florida’s Medicaid plan pursuant to 42 U.S.C. § 1396a(a)(5) and § 409.902, Fla. Stat.

(3) “State Plan Amendment” refers to the document(s) the State submits to the Centers for Medicare and Medicaid Services (CMS) for review and approval before making a change to its program policies, including setting forth the groups of individuals to be covered.

(4) “Centers for Medicare and Medicaid Services” refers to the agency responsible for administering the Medicaid program at the federal level, including review and approval of State Plan Amendments.

c) IMPLEMENTATION.

(1) Within 90 days of voter approval of this Section, in order to implement the provision of Medicaid coverage to Low Income Adults and obtain Federal Medical Assistance Percentage funds for the cost of their coverage, the Agency for Health Care Administration shall submit a State Plan Amendment and all other necessary documents, as well as take any additional necessary steps to seek required approvals from the Centers for Medicare and Medicaid Services to include Low Income Adults as a coverage group in Florida’s Medicaid program.

(2) Nothing in this Section shall limit the Legislature from enacting laws consistent with this Section. Specifically, it is consistent with this section to add a new subsection (section (9) below) to Fla. Stat. 409.903 Mandatory payments for eligible persons—

(9) A person over age 18 and under age 65 whose income is 138 percent of the poverty level or below.

DATE OF SIGNATURE
X
SIGNATURE OF REGISTERED VOTER

Initiative petition sponsored by Florida Decides Healthcare, Inc., P.O. Box 15415, Coral Gables, FL 33114-5415.

If paid petition circulator is used:
Circulator’s name__________________________
Circulator’s address__________________________

Return signed form to:
Florida Decides Healthcare, Inc.
P.O. Box 15415
Coral Gables, FL 33114-5415

For Official Use Only:
Serial Number: __18-16_____________________
Date Approved: __12/12/2018______
State Health Improvement Plan (SHIP) Purpose

- Set state health priorities for next 5 years
- Address priorities from a comprehensive, multi-agency system perspective
- Improve efficiency, effectiveness and performance of public health system
SHIP Steering Committee

- Agency for Health Care Administration
- Feeding Florida
- Florida American Indian Health Advisory Council
- Florida Association of Health Planning Agencies, Inc.
- Florida Association of Community Health Centers
- Florida Association of Health Plans
- Florida Chamber Foundation
- Florida Dental Association
- Florida Department of Agriculture
- Florida Department of Children and Families
- Florida Department of Economic Opportunity
- Florida Department of Education
- Florida Department of Elder Affairs
- Florida Department of Environmental Protection
- Florida Department of Health
- Florida Hospital Association
- Florida Housing Finance Corporation
- Florida Institute for Health Innovation
- Florida Department of Juvenile Justice
- Florida Department of Transportation
- Florida Philanthropic Network
- Florida State University
- Office of Attorney General Pam Bondi
- United Way of Florida
- University of Florida
- VISIT Florida
SHIP Development 2016-2017

SHIP Steering Committee
Sets priorities, approves goal, strategies, and objectives

State Health Assessment Advisory Group
4 assessments and key findings to SHIP Steering Committee

Priority Area Workgroups
Recommends goals, strategies, and objectives to SHIP Steering Committee
SHIP Implementation 2017-2021

SHIP Steering Committee
Annually assess progress and revise the plan

Priority Area Workgroups
Create implementation plans, monitor progress, and report to SHIP Steering Committee
MAPP

State Health Status Assessment

State Themes and Strengths Assessment

State Public Health Systems Assessment

Visioning

Identify Strategic Issues

Formulate Goals and Strategies

Organize for Success

Partnership Development

Evaluate

Action

Plan

Implement

Four MAPP Assessments
Goals, Strategies & Objectives
**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 (HE), cultural competency/sensitivity and how social determinants of health (SDOH) 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 HE, cultural competency/sensitivity, and SDOH mitigation strategies and approaches.

**OBJECTIVE HE1.1.1** By December 31, 2019, identify and conduct HE, cultural competency/sensitivity, and SDOH knowledge, skills, and abilities baseline assessments in identified organizations.

**Strategy HE1.2** Improve information sharing, availability and access to educational opportunities related to understanding and addressing HE, cultural competency/sensitivity and SDOH.

**OBJECTIVE HE1.2.1** By December 31, 2021, identify and/or create and maintain a training repository that provides quick and easy access to a variety of trainings for a variety of audiences on HE, cultural competency/sensitivity, and SDOH and monitor utilization.

**Strategy HE1.3** Influence changes in organizations and communities to increase the awareness, capacity and proficiency of Florida’s workforce as it relates to issues pertaining to HE, cultural competency/sensitivity and SDOH.

**OBJECTIVE HE1.3.1** By December 31, 2021, increase the number of state agencies and organizations that have incorporated HE, cultural competency/sensitivity, and SDOH trainings into annual mandatory trainings plans from baseline to 20.

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**Goal HE2** Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in SDOH and advance HE.

**Strategy HE2.1** Identify existing best practices, innovative approaches and systems that have successfully addressed SDOH associated health inequities.

**OBJECTIVE HE2.1.1** By December 31, 2019, search for resources, organizations, and stakeholders that can help identify best practices and most successful examples of working collaboratively to address the SDOH (including, but not limited to, poverty, income, employment, and education).

**Strategy HE2.2** Expand documentation, dissemination and implementation of best practices to improve HE and reduce disparities in SDOH 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 December 31, 2019, identify and promote inventories that provide best practice examples of working collaboratively to improve HE and address SDOH.

**HE2.2.2** By December 31, 2019, identify and promote existing services and materials to improve HE and reduce disparities in SDOH.
**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.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>By December 31, 2018, develop 12 individualized plans for counties identified with greatest need to identify opportunities to improve economic stability.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td>By December 31, 2020, reduce the graduation rate gap between white and black students from 12.8% (2015–16) to 9.8%.</td>
</tr>
<tr>
<td></td>
<td>By December 31, 2020, reduce the graduation rate gap between non-economically disadvantaged and economically disadvantaged students from 13.1% (2015–2016) to 10.2%.</td>
</tr>
<tr>
<td></td>
<td>By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015–16) to 15.9%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>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 preventive and primary care for underserved and uninsured populations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>HE3.6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>By December 31, 2021, increase the percentage of children and youth that receive access to behavioral health services from 57.7% (2011–2012) to 62%.</td>
</tr>
<tr>
<td></td>
<td>By December 31, 2021, increase the percentage of adults with serious mental illness who receive treatment from 60.6% (2011–2014) to 67.2%.</td>
</tr>
</tbody>
</table>
# 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.

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>MCH1.1</strong></th>
<th>Advance safe sleep behaviors among families and infant caregivers with an emphasis on disparate populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>MCH1.1</strong></td>
<td>By December 31, 2021 reduce percent of black mothers in Florida whose infant sleeps in bed with a parent or anyone else from 26.4% (2014) to 24.8%.</td>
</tr>
<tr>
<td></td>
<td><strong>MCH1.2</strong></td>
<td>By December 31, 2021, increase percent of black mothers in Florida who placed their infant on their back to sleep from 56.4% (2014) to 58.40%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>MCH1.2</strong></th>
<th>Promote effective preterm birth prevention strategies for women of reproductive age with an emphasis on disparate populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>MCH1.21</strong></td>
<td>By December 31, 2021, reduce percent of births in Florida to mothers who smoked during pregnancy from 5.8% (2015) to 4.0%.</td>
</tr>
<tr>
<td></td>
<td><strong>MCH1.22</strong></td>
<td>By December 31, 2021, reduce percent of births in Florida with an inter-pregnancy interval less than 18 months from 34.3% (2015) to 30.0%.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>MCH2.1</strong></th>
<th>Promote quality of care for maternal hypertension and hemorrhage among pregnant women.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>MCH2.11</strong></td>
<td>By December 31, 2021, decrease the rate of severe maternal morbidity (SMM) from 8.39 per 1,000 delivery hospitalizations (2015) to 7.72.</td>
</tr>
<tr>
<td></td>
<td><strong>MCH2.12</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>MCH2.2</strong></th>
<th>Promote preventive and primary health care utilization for women and men.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>MCH2.21</strong></td>
<td>By December 31, 2021, increase percent 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%.</td>
</tr>
<tr>
<td></td>
<td><strong>MCH2.22</strong></td>
<td>By December 31, 2021, increase percent of reproductive-age men (18–45) in Florida who had a medical checkup in the past year from 56.8% (2016) to 65%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>MCH2.3</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td><strong>MCH2.31</strong></td>
<td>By December 31, 2018, establish a process for formally assessing maternal and child health policies and programs from a health equity perspective.</td>
</tr>
</tbody>
</table>
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
By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from 45.7% (2011–2012) to 57%.

Strategy MCH3.2
Improve access to appropriate behavioral health services amongst children and youth with special health care needs under the age of 21 in Florida.

Objective MCH3.2
By December 31, 2021 increase the number of children and youth that receive access to behavioral health services from 57.7% (2011–2012) to 62%.

Strategy MCH3.3
Increase the percent of adolescents with special health care needs who receive services necessary to transition to adult health care.

Objective MCH3.3
By December 31, 2021, increase the percentage adolescents with special health care needs who receive services necessary to transition to adult health care from 37% (2009–2010) to 52%.
**Immunizations**

Immunizations protect adults and children from serious diseases. 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.

<table>
<thead>
<tr>
<th>Goal</th>
<th>IM1 Increase access to immunizations for infants and pregnant women.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>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.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>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 65%.</td>
</tr>
<tr>
<td></td>
<td>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%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>IM2 Increase access to immunizations for vaccine-preventable disease in children and teens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>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.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>IM2.1.1 By December 31, 2021, increase the percentage of 2-year-olds who are fully immunized for childhood vaccine preventable diseases from 86% (2014) to 90%.</td>
</tr>
<tr>
<td></td>
<td>IM2.1.2 By December 31, 2021, increase the rate of male teens (13–17 years of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccines from 41.0% (2014) to 50%.</td>
</tr>
<tr>
<td></td>
<td>IM2.1.3 By December 31, 2021, increase the rate of female teens (13–17 years of age) who have completed the first dose of HPV vaccine from 57.2% (2014) to 70%.</td>
</tr>
</tbody>
</table>
### Injuries, 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.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISV1.1</td>
<td>By December 31, 2021, decrease the rate of teen motor vehicle-related hospitalizations by 13.33% relative to the state baseline from 65.2 per 100,000 (2014) to 56.5.</td>
</tr>
<tr>
<td>ISV1.2</td>
<td>By December 31, 2021, decrease the rate of teen motor vehicle-related emergency department visits by 13.33% relative to state baseline from 1,432.4 per 100,000 (2014) to 1,241.5.</td>
</tr>
<tr>
<td>ISV1.3</td>
<td>Reduce the number of injuries to child passengers involved in crashes with a focus on achieving health equity in child passenger safety.</td>
</tr>
<tr>
<td>ISV1.4</td>
<td>By December 31, 2021, decrease the rate of child passenger hospitalizations by 8.3% relative to the state baseline from 10.9 per 100,000 (2014) to 10.0.</td>
</tr>
<tr>
<td>ISV1.5</td>
<td>By December 31, 2021, decrease the rate of child passenger emergency department visits by 8.3% relative to the state baseline from 475.0 per 100,000 (2014) to 435.6.</td>
</tr>
<tr>
<td>ISV1.6</td>
<td>Reduce injuries related to senior falls through implementation of evidence-based falls prevention programs.</td>
</tr>
<tr>
<td>ISV1.7</td>
<td>By December 31, 2021, decrease the rate of falls-related hospitalizations for those ages 65 and older by 8.33% relative to the state baseline from 1,412.4 per 100,000 (2014) to 1,294.7.</td>
</tr>
<tr>
<td>ISV1.8</td>
<td>By December 31, 2021, decrease the rate of falls-related emergency department visits for those ages 65 and older by 8.33% relative to the state baseline from 4,404.6 per 100,000 (2014) to 4,037.7.</td>
</tr>
<tr>
<td>ISV1.9</td>
<td>Prevent child drowning injuries through the implementation of local-level prevention activities and media campaigns.</td>
</tr>
<tr>
<td>ISV1.10</td>
<td>By December 31, 2021, reduce the rate of drowning related hospitalizations among children ages 9 and younger from 7.3 per 100,000 (2014) to 6.6.</td>
</tr>
<tr>
<td>ISV1.11</td>
<td>By December 31, 2021, reduce the rate of drowning related emergency department visits among children ages 9 and younger from 16.4 per 100,000 (2014) to 14.8.</td>
</tr>
<tr>
<td>ISV1.12</td>
<td>Use Green Dot Bystander Intervention training as a tool to change social norms related to violence.</td>
</tr>
<tr>
<td>ISV1.13</td>
<td>By December 31, 2021, increase the number of Green Dot sites, a comprehensive approach to violence prevention and reduction, in the state of Florida from 14 (2017) to 20.</td>
</tr>
<tr>
<td>ISV1.14</td>
<td>Promote policy, systems and environmental approaches to increasing community safety within the built environment.</td>
</tr>
<tr>
<td>ISV1.15</td>
<td>By December 31, 2021, increase the total number of master and comprehensive plans that include health elements (such as livability, sustainability, or related human health policies), bicycle and pedestrian master plans, or Complete Street policies from 71 (2016) to 81.</td>
</tr>
</tbody>
</table>
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 by partnering with the Florida Department of Agriculture and Consumer Services, the Florida Association of Food Banks (Feeding Florida), East Central Florida Regional Planning Council and the University of Florida’s Institute of Food and Agricultural Sciences (UF-IFAS).

**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%.

**HW1.1.3** By December 31, 2021, increase the percentage of middle school students who eat 2 or more vegetables per day from 23.3% (2015) to 26.4%.

**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%.

**Strategy**  
**HW1.2** Provide support and technical assistance to hospitals, workplaces, and early care and education programs to implement breastfeeding policies and programs by partnering with the Florida Breastfeeding Coalition and the Florida Child Care Food Program.

**OBJECTIVES**  
**HW1.2.1** By December 31, 2021, increase the number of Baby-Friendly Hospitals from 10 (2017) to 20.

**HW1.2.2** By December 31, 2021, increase the number of breastfeeding-friendly work places 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 300.

**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 such as the Florida Department of Transportation, the Florida Recreation and Parks Association, East Central Florida Regional Planning Council, the Florida Department of Agriculture and Consumer Services, the Florida Department of Education and Florida Action for Healthy Kids.

**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% (2017) to 45%.

**HW2.1.2** By December 31, 2021, increase the number of schools ever achieving the Healthier US Schools Challenge award from 507 (2016) to 800.
### 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.

<table>
<thead>
<tr>
<th>Goal</th>
<th>BH1</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>BH1.1</td>
<td>Increase the number of child welfare-involved families with access to behavioral health services.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>BH1.1.1</td>
<td>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 (2016) to 953.</td>
</tr>
<tr>
<td></td>
<td>BH1.2</td>
<td>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 62% (2015–2016) to 72%.</td>
</tr>
<tr>
<td></td>
<td>BH1.3</td>
<td>By December 31, 2019, develop the infrastructure needed to establish a baseline that will serve to demonstrate a decrease in re-maltreatment among parents and caregivers who successfully complete the program.</td>
</tr>
<tr>
<td></td>
<td>BH1.4</td>
<td>By December 31, 2021, demonstrate a decrease in re-maltreatment among parents and caregivers who successfully complete the FIT program.</td>
</tr>
</tbody>
</table>

| 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 39,132. |

<table>
<thead>
<tr>
<th>Goal</th>
<th>BH2</th>
<th>Decrease the number of newborns experiencing neonatal abstinence syndrome.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>BH2.1</td>
<td>Increase the number of pregnant women in treatment for opioid disorders.</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>BH2.1.1</td>
<td>By December 31, 2021, reduce the number of newborns experiencing neonatal abstinence syndrome by 10 percent from a baseline rate of 69.2 (2013) to 62.3 per 10,000 live births.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>BH3</th>
<th>Reduce the number of opioid overdose deaths among individuals with opioid use disorders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>BH3.1</td>
<td>Increase access to naloxone to individuals at risk of witnessing or experiencing an opioid-related overdose. Increase access to naloxone kits in emergency departments and among first responders, such as law enforcement agencies.</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>BH3.1.1</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>BH3.1.2</td>
<td>By March 31, 2018, begin implementation of an awareness campaign on the opioid epidemic and where and how to access naloxone throughout the state.</td>
</tr>
</tbody>
</table>
### Goal

**BH4** Reduce the number of deaths by suicide in Florida.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>BH4.1</th>
<th>Provide training on the prevention of suicide and related behaviors to community and clinical service providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>BH4.1.1</strong></td>
<td>By December 31, 2019, the DCF suicide prevention website will include a training tab that will list best practices, trainings and programs.</td>
</tr>
<tr>
<td></td>
<td><strong>BH4.1.2</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Strategy</td>
<td><strong>BH4.2</strong></td>
<td>Increase suicide prevention efforts for high-risk populations.</td>
</tr>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td><strong>BH4.2.1</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>BH4.2.2</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>BH4.2.3</strong></td>
<td>By December 31, 2020, create an implementation plan that focuses on suicide prevention efforts with service members, veterans, and their families.</td>
</tr>
</tbody>
</table>
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 ID/one.lf**

**Reduce syphilis in Florida.**

**Strategy ID/one.lf./one.lf**

Reduce the number of syphilis cases through provider and public awareness, enhanced surveillance and expanded quality improvement activities.

**OBJECTIVES ID/one.lf./one.lf./one.lf**

**ID1.1** By December 31, 2021, decrease the rate of early syphilis per 100,000 from 24.9 (2016) to 23.5.

**ID1.2** By December 31, 2021, decrease the number of syphilis cases among women ages 15–44 years from 1,051 (2016) to 898.

**Strategy ID/one.lf./two.lf**

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 ID/one.lf./two.lf./one.lf**

**ID2.1** By December 31, 2021, increase the percentage of women with syphilis diagnosed during pregnancy who receive adequate treatment from 80% (2016) to 96%.

**ID2.2** By December 31, 2021, increase the percentage of pregnant women with a syphilis diagnosis who are treated within 7 days of specimen collection from 33% (2016) to 50%.

**Goal ID/two.lf**

Reduce new HIV infections in Florida through a coordinated response across public health systems partners.

**Strategy ID/two.lf./one.lf**

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 ID/two.lf./one.lf./one.lf**

**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 ID/two.lf./two.lf**

Foster improved health outcomes for people living with HIV/AIDS and reduce the chance 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 ID/two.lf./two.lf./one.lf**

**ID2.2.1** By December 31, 2021, increase the percent 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%.
Goal ID3 Demonstrate readiness for existing and emerging infectious disease threats.

| Strategy | ID3.1 | Conduct surveillance to identify cases of reportable diseases among people residing or living in Florida, assess trends and identify emerging threats.
|------------------|--------|
| OBJECTIVE | ID3.1.1 | By December 31, 2021, increase the number of hospital laboratories participating in electronic laboratory reporting from 84 (March 2017) to 114.

| Strategy | ID3.2 | Conduct syndromic surveillance through hospitals and urgent care centers to detect outbreaks, identify community trends and provide situational awareness during event response.
|------------------|--------|
| OBJECTIVE | ID3.2.1 | By December 31, 2021, increase the number of hospitals and urgent care centers participating in syndromic surveillance system ESSENCE-FL from 285 (March 2017) to 330.

| Strategy | ID3.3 | Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate.
|------------------|--------|
| OBJECTIVE | ID3.3.1 | By December 31, 2021, increase the percentage of cases for high priority reportable diseases where control measures are implemented within the appropriate timeframe from 83.6% (2015) to 86.4%.
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 utilization of available resources.

**OBJECTIVES**

**CD1.1.1** By December 31, 2021, increase the number of referrals to Tobacco Free Florida Quit Services from 20,533 (2016) to 23,000.

**CD1.1.2** By December 31, 2021, increase the number of individuals at risk of type 2 diabetes participating in the CDC Recognized Diabetes Prevention programs from 4,340 (2016) to 10,000.

**CD1.1.3** By December 31, 2021, increase the percentage of adults ages 50 to 75 who received colorectal screening based on the most recent guidelines from 65.7% (2014) to 80%.

**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 number of providers and practices enrolled in the National Clinical Quality Association’s (NCQA) Patient Centered Medical Home Recognition Program from 3,612 (2016) to 5,000.

**CD1.2.2** By December 31, 2021, increase the number of community – clinical partnerships implementing asthma-home visiting interventions from 3 (2016) to 6.

**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) to 71.4%.

**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 55%.

**CD1.3.4** By December 31, 2021, increase the percentage of adults with hypertension served by Federally Qualified Health Centers who have their blood pressure adequately controlled (<140/90) from 60.6% (2015) to 72.7%.
<table>
<thead>
<tr>
<th>Goal</th>
<th>CD2</th>
<th>Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
<td>CD2.1</td>
<td>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 health care systems.</td>
</tr>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>CD2.1</td>
<td>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 5.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>CD2.2</td>
<td>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.</td>
</tr>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>CD2.2.1</td>
<td>By December 31, 2021, Florida will have a standardized system for defining, measuring, and tracking chronic disease burden to support effective implementation of appropriate programs, policies, and systems of care.</td>
</tr>
</tbody>
</table>