

Florida State Health Improvement Plan (SHIP) 2017–2021



Goals, Strategies & Objectives

SHIP PRIORITY 1

Health Equity

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.
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.

Strategy	HE3.1	Promote opportunities for vulnerable individuals and their communities to achieve long-term economic stability.
OBJECTIVE	HE3.1.1	By December 31, 2018, develop 12 individualized plans for counties identified with greatest need to identify opportunities to improve economic stability.
Strategy	HE3.2	Promote equity in educational access and outcomes.
OBJECTIVES	HE3.2.1	By December 31, 2020, reduce the graduation rate gap between white and black students from 12.8% (2015–2020) to 9.8%.
	HE3.2.2	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%.
	HE3.2.3	By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015–2016) to 15.9%.
Strategy	HE3.3	Promote coordination and collaboration between health care and affiliated industries, the business community and community organizations to increase utilization of innovative approaches to address disparities in preventive and primary care for underserved and uninsured populations.
OBJECTIVE	HE3.3.1	By December 31, 2021, increase the percentage of adults who have a personal doctor from 77.9% (2015) to 81.6%.
Strategy	HE3.4	Promote fiscal, environmental and policy approaches that increase affordable housing, improve neighborhood safety and access to healthy foods, and encourage community design and development that enhances access to and availability of physical activity opportunities to improve health outcomes and equity.
OBJECTIVE	HE3.4.1	By December 31, 2021, decrease the percentage of Floridians who lack adequate access to food from 15.1% (2015) to 8%.
	HE3.4.2	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%.
	HE3.4.3	By December 31, 2021, decrease the proportion of renter households in Florida that spend 30 percent or more of their income on housing from 57.4% (2012–2016) to 51.7%.
Strategy	HE3.5	Promote collaboration between health care partners, community organizations and managing entities (and their contracted agencies) to improve access to appropriate behavioral health services for all Floridians.
OBJECTIVES	HE3.5.1	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%.
	HE3.5.2	By December 31, 2021, increase the percentage of adults with serious mental illness who receive treatment from 60.6% (2011–2014) to 67.2%.

SHIP PRIORITY 2

Maternal & Child Health

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

Goal **MCH1** Reduce infant mortality and related disparities.

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

OBJECTIVES MCH1.1 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%.

MCH1.1.2 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%.

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

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

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

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

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

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

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

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

OBJECTIVES MCH2.2.1 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%.

MCH2.2.2 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%.

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

OBJECTIVE MCH2.3.1 By December 31, 2018, establish a process for formally assessing maternal and child health policies and programs from a health equity perspective.



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

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

OBJECTIVE **MCH3.1.1** By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from 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 **MCH3.2.1** 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 **MCH3.3.1** 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%.

SHIP PRIORITY 3

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.

Goal

IM1 Increase access to immunizations for infants and pregnant women.

Strategy

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

OBJECTIVES

IM1.1.1 By December 31, 2021, increase the rate of infants who receive the hepatitis B vaccine within three (3) days of birth from 53.3% (2014) to 65%.

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%.

Goal

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

Strategy

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

OBJECTIVES

IM2.1.1 By December 31, 2021, increase the percentage of 2-year-olds who are fully immunized for childhood vaccine preventable diseases from 86% (2014) to 90%.

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%.

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%.



SHIP PRIORITY 4

Injury, Safety & Violence

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

Goal	ISV1 Prevent and reduce intentional and unintentional injuries and deaths in Florida.
Strategy	ISV1.1 Reduce teen driving crashes by creating a safe driving culture for teen drivers through outreach and education.
OBJECTIVES	<p>ISV1.1.1 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.</p> <p>ISV1.1.2 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.</p>
Strategy	ISV1.2 Reduce the number of injuries to child passengers involved in crashes with a focus on achieving health equity in child passenger safety.
OBJECTIVES	<p>ISV1.2.1 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.</p> <p>ISV1.2.2 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.</p>
Strategy	ISV1.3 Reduce injuries related to senior falls through implementation of evidence-based falls prevention programs.
OBJECTIVES	<p>ISV1.3.1 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.</p> <p>ISV1.3.2 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.</p>
Strategy	ISV1.4 Prevent child drowning injuries through the implementation of local-level prevention activities and media campaigns.
OBJECTIVES	<p>ISV1.4.1 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.</p> <p>ISV1.4.2 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.</p>
Strategy	ISV1.5 Use Green Dot Bystander Intervention training as a tool to change social norms related to violence.
OBJECTIVE	ISV1.5.1 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.
Strategy	ISV1.6 Promote policy, systems and environmental approaches to increasing community safety within the built environment.
OBJECTIVE	ISV1.6.1 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.

SHIP PRIORITY 5

Healthy Weight, Nutrition & Physical Activity

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

Goal **HW1** Improve the food environment and nutrition habits across the lifespan to increase healthy weight.

Strategy **HW1.1** Promote policy, systems and environmental changes to increase access to and equitable consumption of healthy foods statewide for Floridians of all ages 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, work places, 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.

SHIP PRIORITY 6

Behavioral Health— Includes Mental Illness & Substance Abuse

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

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

Strategy	BH1.1 Increase the number of child welfare-involved families with access to behavioral health services.
OBJECTIVES	BH1.1.1 By December 31, 2018, increase the percentage of enrollments of parents or caregivers with a substance use disorder who have children involved in the child welfare system into Family Intensive Treatment (FIT) Program by 10% from 866 (2016) to 953.
	BH1.1.2 By December 31, 2019, increase the percentage of FIT participants that are retained and/or successfully complete the FIT program by 10% from a baseline of 62% (2015–2016) to 72%.
	BH1.1.3 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.
	BH1.1.4 By December 31, 2021, demonstrate a decrease of re-maltreatment among parents and caregivers who successfully complete the FIT program.

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.

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

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

Goal **BH3** Reduce the number of opioid overdose deaths among individuals with opioid use disorders.

Strategy	BH3.1 Increase access to naloxone to individuals at risk of witnessing or experiencing an opioid-related overdose. Increase access to naloxone kits in emergency departments and among first responders, such as law enforcement agencies.
OBJECTIVES	BH3.1.1 By March 31, 2018, conduct five overdose prevention trainings to educate EMS/first responders, Substance Abuse and Mental Health treatment providers, community-based organizations, physicians, child welfare staff, future dentists, future pharmacists, and school administrators about the opioid epidemic and the value and safe use of naloxone.
	BH3.1.2 By March 31, 2018, begin implementation of an awareness campaign on the opioid epidemic and where and how to access naloxone throughout the state.



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

Strategy **BH4.1** Provide training on the prevention of suicide and related behaviors to community and clinical service providers.

OBJECTIVES **BH4.1.1** By December 31, 2019, the DCF suicide prevention website will include a training tab that will list best practices, trainings and programs.

BH4.1.2 By December 31, 2021, the DCF suicide prevention website will include a tab on grants and projects that have been awarded and implemented in Florida.

Strategy **BH4.2** Increase suicide prevention efforts for high-risk populations.

OBJECTIVES **BH4.2.1** By December 31, 2018, establish and hold seven monthly meetings with the Peer Support Workgroup that focus on suicide prevention efforts with service members, veterans, and their families.

BH4.2.2 By December 31, 2018 establish and hold quarterly meetings with the Strategic Leadership Workgroup that focuses on suicide prevention efforts with service members, veterans, and their families.

BH4.2.3 By December 31, 2020, create an implementation plan that focuses on suicide prevention efforts with service members, veterans, and their families.

SHIP PRIORITY 7

Sexually Transmitted Disease (STDs)—Includes Other Infectious Diseases

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

Goal ID1 Reduce syphilis in Florida.

Strategy ID1.1 Reduce the number of syphilis cases through provider and public awareness, enhanced surveillance and expanded quality improvement activities.

OBJECTIVES ID1.1.1 By December 31, 2021, decrease the rate of early syphilis per 100,000 from 24.9 (2016) to 23.5.

ID1.1.2 By December 31, 2021, decrease the number of syphilis cases among women ages 15–44 years from 1,051 (2016) to 898.

Strategy ID1.2 Reduce congenital syphilis cases in Florida by reducing the transmission of syphilis among sexually active persons through expanded surveillance, enhanced partner services and increased awareness of appropriate sexually transmitted disease screening during pregnancy.

OBJECTIVES ID1.2.1 By December 31, 2021, increase the percentage of women with syphilis diagnosed during pregnancy who receive adequate treatment from 80% (2016) to 96%.

ID1.2.2 By December 31, 2021, increase the percentage of pregnant women with a syphilis diagnosis who are treated within 7 days of specimen collection from 33% (2016) to 50%.

Goal ID2 Reduce new HIV infections in Florida through a coordinated response across public health systems partners.

Strategy ID2.1 Prevent new HIV infections in Florida through increased provider awareness of prescribing prophylaxis for high-risk populations, increased offering of routine HIV screening in all health care settings and increased public awareness of HIV through a statewide minority media campaign.

OBJECTIVE ID2.1.1 By December 31, 2021, increase the proportion of persons living with HIV (PLWH) in Florida who know their serostatus from 87.6% (2015) to 91%.

Strategy ID2.2 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 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%.

SHIP PRIORITY 8

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

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

Goal

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

Strategy

CD1.1 Promote policy and systems change to health care providers to increase adherence to clinical best practices and national recommendations for chronic disease prevention and increase 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%.



Goal **CD2 Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.**

Strategy **CD2.1** Expand documentation and dissemination of community-based best practices related to the incorporation of social determinants of health to increase implementation by county health departments, local governments, community organizations and health care systems.

OBJECTIVE **CD2.1** By December 31, 2021, increase the number of chronic disease training opportunities for community health workers available from providers approved by the Florida Certification Board from 0 (2017) to 5.

Strategy **CD2.2** Develop a standardized system of measurement and surveillance for Florida through collaboration, trainings and consensus building among public health professionals, academics and health care system partners to enhance the use of timely actionable data and improve chronic disease outcomes.

OBJECTIVE **CD2.2** 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.

