



Florida Department of Health

## 2012-2015 SHIP Revision

March 2014

On February 27 and 28, 2014, members of the Performance Management Council, made up of state office division directors and county health officers, met to revise objectives from the 2012-2016 SHIP (see list of participants below). There were a total of 279 SHIP objectives. The performance management advisory council decided to revise 68 objectives, and remove 55 objectives.

### Process

Staff from the Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment, asked every program within the Department that had responsibility for reporting on a SHIP objective to request any revisions they would like to the SHIP or to the Agency Strategic Plan. They indicated whether they were requesting that the objective be revised or removed and to give a justification for their request. Each division director then reviewed and approved of the requests for change.

Preceding the two day meeting, the performance management advisory council reviewed the requests for change so that they could come to the meeting with questions and comments. Staff also provided council members the current value and status of each objective for which there was a requested change. The facilitated process at the meeting was to use the structure of the SHIP to move through the requests one by one. The performance management advisory council guided the discussion and division directors and program experts were there to answer questions. Council members came to consensus about whether they would accept the request for revision before moving on to the next one. Some requests were not voted on until council members were able to get further information or clarification through follow up but consensus was eventually reached for all the changes in this document.

### Key to Changes

**Ongoing:** objective is currently being reported on and tracked quarterly

**Revised:** The objective was revised because the wording was tweaked for clarification; the baseline measure was changed due to new surveillance methodology; the original target was met and a new target was created; the original target was changed to match new national targets; target date was changed to align with federal reporting cycle; the objective was replaced with another due to shifting priorities; or the indicator was replaced with a better one.

**Removed:** The objective was removed because there was no valid data source; the objective was operational and did not belong in the SHIP; or the initiative lost funding.

**Completed:** The objective's target was reached and the objective is no longer being reported on or monitored quarterly.

<p><b>Acknowledgments</b></p> <p><b>PERFORMANCE MANAGEMENT COUNCIL</b></p> <p><b>Dawn Allicock</b>, MD, MPH, CPH Director, St. Johns County Health Dept.</p> <p><b>Bill Anderson</b> Director, Division of Emergency Preparedness and Community Support</p> <p><b>Pamela Blackmon</b> Administrator, Suwannee/Lafayette County Health Depts.</p> <p><b>Karen Chapman</b>, MD Director, Okaloosa County Health Dept.</p> <p><b>Brandon E. Brantley</b>, PharmD Chief, Bureau of Public Health Pharmacy</p> <p><b>Bob Dillenschneider</b> Director, Division of Information Technology</p> <p><b>Nathan Dunn</b> Director, Office of Communications</p> <p><b>Meade Grigg</b> Deputy Secretary, Statewide Services</p> <p><b>Lucy Gee</b> Director, Division of Medical Quality Assurance</p> <p><b>Douglas Holt</b>, MD Director, Hillsborough County Health Dept.</p>	<p><b>Holly Holt</b>, RN, BSN, MSM Administrator, Holmes County Health Dept.</p> <p><b>Belinda Johnson-Cornett</b> Director, Osceola County Health Dept.</p> <p><b>Anna Likos</b>, MD Director, Disease Control and Health Protection</p> <p><b>Barbara Locke</b> Administrator, Levy County Health Dept.</p> <p><b>Ed McEachron</b> Director, Division of Administration</p> <p><b>Mike Napier</b> Administrator, Seminole County Health Dept.</p> <p><b>Celeste Phillip</b>, MD, MPH Deputy Secretary for Health</p> <p><b>Lillian Rivera</b>, RN, MSN, PhD Administrator, Miami-Dade County Health Dept.</p> <p><b>Pat Ryder</b>, MD, MPH Director, Division of Public Health Statistics and Performance Management</p> <p><b>Bonnie Sorensen</b>, MD Director, Volusia County Health Dept.</p> <p><b>Paula Thaqi</b> Administrator, Broward County Health Department</p> <p><b>Mary Beth Vickers</b>, RN, MSN Director, Division of Children’s Medical Services</p>	<p><b>Rhonda White</b>, MBA Director, Office of Performance and Quality Improvement</p> <p><b>Rhonda Wilson</b> Division of Disability Determination</p> <p><b>Mike Mason</b> Director, Office of Minority Health</p> <p><b>Betsy Wood</b>, BSN, MPH Director, Division of Community Health Promotion</p>
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## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Health Protection

#### Goal HP1 Prevent and control infectious disease.

**Strategy HP1.1: Prevent disease, disability and death through immunization by advancing programs including Florida State Health Online Tracking System (Florida SHOTS), Vaccines for Children Program, Vaccine Preventable Disease Surveillance activities, assessment of immunization coverage levels among target populations, and operational reviews or program compliance visits among health care providers.**

- Objective HP1.1.1: By Dec. 31, 2015, increase the percentage of two-year-olds who are fully immunized from 86.6% (2011) to 90%. ongoing
- Objective HP1.1.2: By Dec. 31, 2015, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 65.3% to 75%. ongoing
- Objective HP1.1.3: By Dec. 31, 2015, increase the percentage of two year old CHD clients fully immunized from 94% (2011) to 95%. ongoing
- Objective HP1.1.4: By Dec. 31, 2015, the number of confirmed cases of measles in children under 19 will be 0. ongoing
- Objective HP1.1.5: By Dec. 31, 2015, the number of confirmed cases of Haemophilus influenzae type B in children under 19 will be 0. ongoing

**Strategy HP1.2: Prevent exposure to, and infection from illness and disease-related complications from sexually transmitted diseases (STDs), tuberculosis (TB) and other infectious diseases through educational outreach, testing, behavior change, early identification and treatment and community collaboration.**

- Objective HP1.2.1: By Dec. 31, 2015, reduce the bacterial STD case rate among females 15-34 years of age from 2627.3 per 100,000 (2010) to 2605 per 100,000. ongoing
- Objective HP1.2.2: By December 31, 2015, increase the percentage of cases diagnosed and treated for gonorrhea within 14 days from 70% (2012) to 85% . ongoing
- Objective HP1.2.2: By Dec. 31, 2015, increase the percentage of women diagnosed with a bacterial STD and treated within 14 days from 75% to 90%. Removed
- Objective HP1.2.3: By Dec. 31, 2015, reduce the TB case rate from 4.4 per 100,000 (2010) to 3.5 per 100,000. ongoing
- Objective HP1.2.4: By Dec. 31, 2015, the completion of treatment for active TB cases will be 98%, regardless of timeframe. ongoing
- Objective HP1.2.4: By Dec. 31, 2015, the completion of treatment rate for active TB cases will be 98%. Revised
- Objective HP1.2.5: By Dec. 31, 2015, achieve a TB genotyping rate of 100%. Removed
- Objective HP1.2.6: By Dec. 31, 2015, increase the percentage of TB patients completing therapy within 12 months of initiation of treatment from 90% (2008) to 93%. Removed
- Objective HP1.2.7: By Dec. 31, 2013, reduce the enteric disease case rate per 100,000 from 59.2 (2009) to 51.7. Removed

**Strategy HP1.3: Prevent exposure, infection, illness and death related to HIV and AIDS through educational outreach, enhanced testing initiatives, human behavior change, and county and community collaborations with particular focus on reducing social stigma and racial disparities.**

- Objective HP1.3.1: By Dec. 31, 2015, reduce the AIDS case rate per 100,000 from 16.9 (2010) to 15.3. Ongoing
- Objective HP1.3.1: By Dec. 31, 2015, reduce the AIDS case rate per 100,000 from 21.8 (2010) to 20.5. Revised
- Objective HP1.3.2: By Dec. 31, 2015, increase the percentage of HIV-infected people in Florida who know they are infected from 80% (2010 estimate) to 90% Ongoing
- Objective HP1.3.2: By Dec. 31, 2015, increase the percentage of HIV-infected people in Florida who know they are infected from 80% (2010 estimate) to 95%. Revised



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### Strategic Issue Area: Health Protection

Objective HP1.3.3:	By Dec. 31, 2015, increase the percentage of HIV-infected people in Florida who have access to and are receiving appropriate prevention, care and treatment services from 55% (2010) to 65%.	Ongoing
Objective HP1.3.4:	By December 31, 2015, reduce the annual number of newly diagnosed HIV infections in Florida from 4,569 (2012) to 4,300.	Ongoing
Objective HP1.3.4:	By Dec. 31, 2015, reduce the number of new HIV infections in Florida to be at or below the national state average per year with particular focus on the elimination of racial and ethnic disparities in new HIV infections.	Revised
Objective HP1.3.5:	By Dec. 31, 2015, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients with suppressed viral load from 85% (2010) to 90%.	Ongoing
Objective HP1.3.6:	By Dec. 31, 2015, decrease the incidence rate of HIV infection in 15-19 year olds from 15.3 (2012) to 13.	Ongoing
Objective HP1.3.7:	By Dec. 31, 2015, reduce the annual number of newly diagnosed HIV infections in Florida's minority population from 2,148 (2012) to 2,022.	Ongoing

### Strategy HP1.4: Conduct disease surveillance to detect, monitor and collect data for public health program planning, evaluation and policy development.

Objective HP1.4.1:	By Dec. 31, 2015, increase the number of selected reportable disease cases of public health significance reported from CHDs within 14 days of notification to greater than 77%.	Ongoing
Objective HP1.4.1:	By Dec. 31, 2012, greater than 75% of selected reportable disease cases of public health significance will be reported from County Health Departments within 14 days of notification.	Revised
Objective HP1.4.2:	By Dec. 31, 2012, and annually, prepare and disseminate an annual summary of the occurrence of notifiable disease and conditions in Florida.	Removed
Objective HP1.4.3:	By Dec. 31, 2015, produce and disseminate a plan, protocols and procedures for enhanced surveillance and real-time data reporting during an event.	Ongoing
Objective HP1.4.4:	By Dec 31, 2015, increase the percentage of laboratories electronically submitting reportable laboratory results to DOH from 29.8% to 35%, to an estimated 277/791 laboratories.	Ongoing
Objective HP1.4.4:	By Dec. 31, 2013, increase the number of laboratories electronically submitting reportable laboratory results to DOH (as required by FAC 64D-3) from 45 to 75.	Revised
Objective HP1.4.5:	By Dec 31, 2015, increase the percentage of hospitals submitting electronic information used for syndromic surveillance to DOH from 77.8% (172 of 221 hospitals) to 89.6% (198 of 221 hospitals).	Ongoing
Objective HP1.4.5:	By Dec. 31, 2013, increase the number of hospitals and urgent care centers submitting electronic information used for syndromic surveillance to DOH from 170 to 185.	Revised

### Goal HP2 Prevent and reduce illness, injury and death related to environmental factors.

#### Strategy HP2.1: Prevent illness, injury and death related to environmental factors through educational outreach, human behavior change, and county and community collaborations.

Objective HP2.1.1:	By Dec. 31, 2014, 100% of Florida counties will complete the Environmental Public Health Performance Standards assessment and use the data to determine gaps in local environmental public health services. *Same change for Strategic Plan objective 1.1.2B	Ongoing
Objective HP2.1.1:	By Dec. 31, 2014, 100% of Florida counties will complete the Environmental Public Health Performance assessment, use data to determine gaps and opportunities and create action plans.	Revised
Objective HP2.1.2:	By Dec. 31, 2015, a Protocol for Assessing Community Excellence in Environmental Health (PACE EH) process will be implemented in 34 counties (baseline: 15 counties in 2011).	Ongoing



# Florida Department of Health

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### Strategic Issue Area: Health Protection

#### Strategy HP2.2: Identify environmental threats through monitoring and surveillance from inspections, notifications from other agencies, data collection, analysis and data sharing.

- Objective HP2.2.1: By December 31, 2014 and annually ensure that 90% of illness outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of initial outbreak report. Ongoing
- Objective HP2.2.1: By Sept. 30, 2012, and annually ensure that 90% of illness outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of initial outbreak report. Revised
- Objective HP2.2.2: Dec. 31, 2015, increase the number of electronically submitted food complaints from DOH to regulatory agencies to 100%. Ongoing
- Objective HP2.2.3: By Dec. 31, 2015, reduce the prevalence of lead poisoning among screened children less than 6 years old with blood lead levels equal to or greater than 10 micrograms per deciliter. Removed

#### Strategy HP2.3: Advance programs to ensure compliance with public health standards.

- Objective HP2.3.1: By Dec. 31, 2015, ensure that 93.5% of public water systems have no significant health drinking water quality problems. Complete
- Objective HP2.3.2: By Dec. 31, 2015, complete 90% of inspections of all other entities with direct impact on public health according to established standards. Complete

#### Strategy HP2.4: Provide consultation to community planners to ensure healthy re-use of land.

- Objective HP2.4.1: By Jan. 31, 2013, DOH will offer comprehensive support and technical assistance to CHDs to perform Health Impact Assessments that will inform the decision making process about health consequences of plans, projects and policies. Removed

### Goal HP3 Minimize loss of life, illness and injury from natural or man-made disasters.

#### Strategy HP3.1: Prepare the public health and health care system for all hazards, natural or man-made.

- Objective HP3.1.1: By Dec. 31, 2013, complete After Action Reports and Improvement Plans within 30 days of exercise or real event. Removed
- Objective HP3.1.2: By June 30, 2014 and annually thereafter complete 80% of public health and healthcare preparedness projects on time and on budget. Complete

#### Strategy HP3.2: Ensure that systems and personnel are available to effectively manage all hazards.

- Objective HP3.2.1: Annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less. Ongoing

#### Strategy HP3.3: Ensure surge capacity to meet the needs of all hazards.

- Objective HP3.3.1: By Dec. 31, 2017, each FDOH recognized Health Care Coalition (HCC) will demonstrate through exercise or real incident, its ability to provide no less than 20% immediate staffed beds availability within 4 hours of a disaster. Ongoing
- Objective HP3.3.1: By Dec. 31, 2013, achieve and maintain national Public Health Preparedness Capabilities and Standards through implementation of the Public Health and Health Care Preparedness Strategic Plan. Revised

#### Strategy HP3.4: Institute appropriate and effective mitigation for the health consequences of any event.

- Objective HP3.4.1: By Dec. 31, 2013, receive a composite performance indicator of 43 from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response. Complete



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### Strategic Issue Area: Health Protection

#### Strategy HP3.5: Detect, monitor and track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences.

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| Objective HP3.5.1: | By December 31, 2015, and annually, complete two sets of after-hours phone drills to each county health department within 15 minutes of public health threat to ensure 24/7 accessibility to the county health departments and receive return phone calls to the Bureau of Epidemiology's after hours Epidemiology phone line within 1 hour of the start of the drill. | Ongoing |
| Objective HP3.5.1: | By Dec. 31, 2013, complete notification among CDC, on-call epidemiologist and on-call laboratorian within 45 minutes of threat.  | Revised |
| Objective HP3.5.2: | By Dec. 31, 2013, Laboratory Response Network Biological reference laboratory completes contact with the CDC Emergency Operations Center within 2 hours during LRN notification drill.   | Removed |

#### Strategy HP3.6: Create an informed, empowered, and resilient public and a prepared health system.

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| Objective HP3.6.1: | By June 30, 2015, disseminate risk communications messages to the public within three hours of any incident.   | Ongoing |
| Objective HP3.6.2: | By June 30, 2015, 100% of CHDs shall demonstrate participation in FDOH recognized Health Care Coalitions (HCCs).   | Ongoing |
| Objective HP3.6.2: | By June 30, 2015, increase the number of community sectors, in which CHDs identified key organizations to participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities, from 0 to 11. The 11 community sectors are: business, community leadership, cultural and faith-based groups and organizations, education and childcare settings, emergency management, health care, housing and sheltering, media, mental or behavioral health, social services and senior services. Significant public health emergency preparedness efforts/activities include: development of key organizations' emergency operations or response plans related to public health, medical, and mental or behavioral health; exercises containing objectives or challenges (e.g. injects) related to public health, medical, and mental or behavioral health; competency-based training related to public health, medical, and mental or behavioral health emergency preparedness and response. | Revised |

### Goal HP4 Prevent and reduce unintentional and intentional injuries.

#### Strategy HP4.1: Facilitate opportunities for collaborative injury prevention efforts in traffic safety, poisoning, interpersonal violence, suicide, child maltreatment, fall-related injuries among seniors, early childhood water safety and drowning prevention and other injuries.

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| Objective HP4.1.1: | By Dec. 31, 2012, develop a senior falls prevention plan.  | Removed |
| Objective HP4.1.2: | By Dec. 31, 2012, develop and implement annually thereafter a statewide early childhood (ages 1-4) safety and drowning prevention campaign.  | Removed |
| Objective HP4.1.3: | By Dec. 31, 2015, reduce the rate of deaths from all causes of external injury among Florida resident children ages 0-14 from 9.0 per 100,000 to 7.6 per 100,000 in those Florida counties with existing state-local injury prevention partnerships. | Ongoing |



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### Strategic Issue Area: Health Protection

#### Strategy HP4.2: Implement detection and surveillance through data collection, analysis and sharing.

Objective HP4.2.1: By Dec. 31, 2012, and annually update data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report. Ongoing

#### Strategy HP4.3: Respond to injuries by ensuring treatment or follow-up, improved long-term consequences/outcomes of injuries, compliance with standards, collaboration with other agencies and communication with stakeholders.

Objective HP4.3.1: By June 30, 2015, reduce the statewide trauma mortality rate from 4.8% to meet the average U.S. trauma mortality rate of 3.5% (2015 projected rate from 2004-2015 NTDB Reports). Ongoing

Objective HP4.3.1: By Dec. 31, 2015, reduce the statewide trauma mortality rate from 6.5% to meet the average U.S. trauma mortality rate of 4.4% or less. Revised



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### Strategic Issue Area: Chronic Disease Prevention

#### Goal CD1 Increase the percentage of adults and children who are at a healthy weight.

##### Strategy CD1.1: Assess clinician practices in documenting body mass indices (BMI) of patients and providing education and counseling on nutrition and physical activity.

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| Objective CD1.1.1: By Dec. 31, 2013, develop a process and system to collect data on the number of health care providers who calculate and document body mass index of their patients.   | Removed  |
| Objective CD1.1.2: By Dec. 31, 2013, develop a process and system to collect data on the number of health care providers that provide counseling or education related to achieving or maintaining a healthy weight for their patients. | Complete |

##### Strategy CD1.2: Promote the use of evidence-based clinical guidelines to assess overweight and obesity and establish principles of safe and effective weight loss. Examples may include: The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults; American Heart Association’s Dietary Recommendations for Children and Adolescents: A Guide for Practitioners; 2008 Physical Activity Guidelines for Americans; and the Guide to U.S. Clinical Services (includes U.S. Preventive Services Task Force recommendations).

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| Objective CD1.2.1: By December 31, 2015, increase the percentage of Florida adults at a healthy weight from 34.9% to 36.5%.   | Ongoing |
| Objective CD1.2.1: By Dec. 31, 2014, increase by 10% the number of targeted health care providers who calculate and document body mass index of their patients.   | Revised |
| Objective CD1.2.2: By December 31, 2015, increase the percentage of Florida public school students in grades 1, 3, and 6 at a healthy weight from 60.8% to 61.8%  | Ongoing |
| Objective CD1.2.2: By Dec. 31, 2014, increase by 10% the number of targeted health care providers that provide counseling or education related to achieving or maintaining a healthy weight for their patients. | Revised |
| Objective CD1.2.3: By December 31, 2015, increase the percentage of Florida public school students in grades 6 through 12 at a healthy weight from 68.7% to 69.5%.  | Ongoing |

##### Strategy CD1.3: Increase the availability of healthful food.

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| Objective CD1.3.1: By June 30, 2013, DOH will identify and disseminate model policies and practices that increase availability and consumption of healthy foods.  | Complete |
| Objective CD1.3.2: By June 30, 2013, DOH and the Department of Management Services will work to disseminate best practices and model policies to offer competitively priced healthy foods in vending machines in all state/public buildings.  | Removed  |
| Objective CD1.3.3: By June 30, 2013, DOH will facilitate agreement among stakeholders on a standard data source or methodology for identifying food deserts.  | Complete |
| Objective CD1.3.4: By June 30, 2013, DOH will identify and disseminate model policies and practices that support food self-sufficiency.   | Complete |
| Objective CD1.3.5: By June 30, 2013, DOH will collaborate with the U.S. Department of Agriculture’s Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to expand opportunities to purchase healthy foods for users of these services.   | Complete |
| Objective CD1.3.6: By June 30, 2015, DOH, Department of Education and the Department of Agriculture and Consumer Services will develop model programs and policies that address the following: Using garden food in school cafeterias. Serving healthy foods in schools and food kitchens. Supporting edible, rather than ornamental foliage on public land. Expanding the Healthier U.S. School Challenge program. Adopting inter-class and inter-school wellness competitions such as Team Wellness Challenge. Increasing the number of school gardens. Enhancing food and exercise related curricula such as Agriculture in the Classroom. | Removed  |



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### Strategic Issue Area: Chronic Disease Prevention

#### Goal CD2 Increase access to resources that promote healthy behaviors.

##### Strategy CD2.1: Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors.

Objective CD2.1.1:	By Dec. 31, 2014, implement at least three statewide initiatives that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.	Complete
Objective CD2.1.2:	By Dec. 31, 2015, decrease the percentage of adults who are overweight from 37.8% to 35.9%.	Removed
Objective CD2.1.3:	By Sept. 30, 2012, the Departments of Health and Education will identify strategies for monitoring childhood markers of well-being including: measuring height and weight to obtain body mass index and individual-level physical activity.	Complete

##### Strategy CD2.2: Support use of evidence-based employee wellness programs to promote healthy behaviors.

Objective CD2.2.1:	Increase the number of organizations statewide that receive the State Surgeon General’s Worksite Wellness Recognition by 10%, from 386 in 2013 to 425 in 2015.	Ongoing
Objective CD2.2.1:	By Dec. 31, 2013, increase by 5% the availability of employee wellness programs that address nutrition, weight management and smoking cessation counseling services in state agencies in Florida.	Revised
Objective CD2.2.2:	By June 30, 2014, increase by 5% the availability of employee wellness programs that address nutrition, weight management and smoking cessation counseling services in workplaces other than state agencies.	Removed

##### Strategy CD2.3: Implement the Alliance for a Healthier Generation’s Healthy Schools Program or USDA’s HealthierUS School Challenge.

Objective CD2.3.1:	By June 30, 2013, develop a process and system to collect data on the number of schools currently implementing the Healthy Schools Program or HealthierUS School Challenge.	Complete
Objective CD2.3.2:	By June 30, 2015, increase the number of schools implementing the Healthy Schools Program from 477 to 700	Ongoing
Objective CD2.3.2:	By June 30, 2014, increase by 20% the number of schools implementing the Healthy Schools Program or HealthierUS School Challenge.	Revised
Objective CD2.3.3:	By June 30, 2015, increase the number of schools implementing the HealthierUS School Challenge from 0 to 340.	Ongoing
Objective CD2.3.3:	By Dec. 31, 2014, 25% of schools implementing the Healthy Schools Program or HealthierUS School Challenge. will achieve a Silver Level Award.	Revised
Objective CD2.3.4:	By June 30, 2015, increase the number of school districts that have achieved the Florida Healthy School District Award from 23 to 33.	Complete
Objective CD2.3.4:	By Dec. 31, 2015, decrease the percentage of adolescents who are overweight from 13.6% to 12.9%.	Revised

#### Goal CD3 Reduce chronic disease morbidity and mortality.

##### Strategy CD3.1: Promote chronic disease self-management education.

Objective CD3.1.1:	By Dec. 31, 2015, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 50.9% to 56.0%.	Ongoing
Objective CD3.1.1:	By Dec. 31, 2015, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 55.1% to 59%.	Revised



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### Strategic Issue Area: Chronic Disease Prevention

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| Objective CD3.1.2: | By Dec. 31, 2015, increase the percentage of adults with diagnosed arthritis that have ever taken an educational course or class to learn how to manage problems related to arthritis or joint symptoms from 14.4% to 20%. | Removed |
| Objective CD3.1.3: | By Dec. 31, 2015, increase the percentage adults with lifetime asthma that have taken a course or class to learn how to manage asthma from 6.6% to 7.2%.   | Ongoing |
| Objective CD3.1.3: | By Dec. 31, 2015, increase the percentage adults with diagnosed asthma that have taken a course or class to learn how to manage asthma from 10.2% to 13%.  | Revised |

### Strategy CD3.2: Promote early detection and screening for chronic diseases such as asthma, cancer, heart disease and diabetes.

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| Objective CD3.2.1: | By Dec. 31, 2015, increase the percentage of women aged 50 to 74 who receive a mammogram in the last two years from 78.3% (2010) to 82.2%.   | Ongoing |
| Objective CD3.2.1: | By Dec. 30, 2015, increase by 10% the percentage of women who receive a breast cancer screening based on the most recent clinical guidelines from 61.9% (2010) to 71.9%.   | Revised |
| Objective CD3.2.2: | By Dec. 31, 2015, increase the percentage of women aged 21 to 65 who receive a Pap test in the last three years from 81.9% (2010) to 86.0%.  | Ongoing |
| Objective CD3.2.2: | By Dec. 30, 2015, increase by 10% the percentage of women who receive a cervical cancer screening based on the most recent clinical guidelines from 57.1% (2010) to 67.1%.   | Revised |
| Objective CD3.2.3: | By December 31, 2015, increase the percentage of adults 50 years of age and older who receive colorectal cancer screening based on the most recent clinical guidelines* from 61.2% (2010) to 66.8%.<br>*Blood stool test in the past year; or sigmoidoscopy in the past 5 years and blood stool test in the past 3 years; or colonoscopy in the past 10 years.         | Ongoing |
| Objective CD3.2.3: | By Dec. 30, 2015, increase the percentage of adults 50 years of age and older who receive a colorectal cancer screening (blood stool test in the past year or sigmoidoscopy or colonoscopy in the past five years) from 57% to 80%.  | Revised |
| Objective CD3.2.4: | By Dec. 30, 2015, increase the percentage of adults who had their cholesterol checked in the past two years from 72.5% to 79.8%.   | Ongoing |
| Objective CD3.2.4: | By Dec. 30, 2015, increase the percentage of adults who had their cholesterol checked in the past two years from 73.3% to 76.3%.   | Revised |
| Objective CD3.2.5: | By Dec. 30, 2015, increase the percentage of adults 45 years of age and older that have had a test for high blood sugar or diabetes within the past three years from 75.9% to 83.5%.   | Ongoing |
| Objective CD3.2.5: | By Dec. 30, 2015, increase the percentage of adults in Florida that have had a test for high blood sugar or diabetes within the past three years from 62.6% to 65%.  | Revised |
| Objective CD3.2.6: | By Dec. 30, 2015, increase the percentage of persons whose diabetes has been diagnosed from 10.4% to 12%. (As measured by the percentage of adults in Florida who have ever been told by a doctor they have diabetes. There are approximately 767,666 adults in Florida living with undiagnosed diabetes. Prevalence will increase until these adults are identified). | Removed |

### Strategy CD3.3: Promote use of evidence-based clinical guidelines to manage chronic diseases.

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| Objective CD3.3.1: | By December 31, 2015, increase the percentage of adults with current asthma who received written asthma management plans from their health care provider from 29.6% to 32.6%. | Ongoing |
| Objective CD3.3.1: | By Dec. 31, 2015, increase the percentage of adults with current asthma who received written asthma management plans from their health care provider from 23.2% to 25%.       | Revised |



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Chronic Disease Prevention

Objective CD3.3.2:	By Dec. 31, 2015, DOH Health Management System (HMS) Electronic Health Record (EHR) will contain evidence based practice guidelines, decision support and patient education documentation to improve screening, treatment and referral support for patients with key chronic diseases.	Ongoing
Objective CD3.3.2:	By Dec. 31, 2015, DOH Health Management System (HMS) Electronic Health Record (EHR) will contain evidence based practice guidelines, decision support and patient education documentation to improve screening, treatment and referral support for patients with key chronic diseases.	Revised
Objective CD3.3.3:	By Dec. 31, 2013, assess and implement at least three effective strategies for promoting clinical practice guidelines through partner networks.	Complete
Objective CD3.3.4:	By Dec. 31, 2015, increase the percentage of Florida adults with diabetes who had two or more A1C tests in the past year from 73.3% to 80.6%.	Ongoing
Objective CD3.3.4:	By Dec. 31, 2015, increase the percentage of Florida adults with diabetes who had two A1C tests in the past year from 75.6% to 80%.	Revised

### Goal CD4 Reduce illness, disability and death related to tobacco use and second-hand smoke exposure.

#### Strategy CD4.1: Prevent Florida’s youth and young adults from initiating tobacco use.

Objective CD4.1.1:	By Dec. 31, 2015, increase the number of committed never smokers among Florida’s youth, ages 11–17 from 62.6 % (2010) to 68.9 %.	Ongoing
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#### Strategy CD4.2: Promote quitting among Florida’s youth and adults.

Objective CD4.2.1:	By Dec. 31, 2015, reduce current smoking rates among adults from 19.3% (2011) to 16.5%.	Ongoing
Objective CD4.2.1:	By Dec. 31, 2015, reduce current smoking rates among adults from 17.1% (2010) to 14.5%.	Revised
Objective CD4.2.2:	By Dec. 31, 2015, reduce the use of other tobacco products—smokeless tobacco, snus (pouched smokeless tobacco) and cigars—among Florida adults from 5.6% (2010) to 4.76%.	Ongoing
Objective CD4.2.3:	By Dec. 31, 2015, reduce current cigarette use among Florida's youth, ages 11-17 from 8.3% (2010) to 5.6%.	Ongoing
Objective CD4.2.3:	By Dec. 31, 2015, reduce current cigarette use among Florida’s youth, ages 11–17 from 8.3% (2010) to 7.5%.	Revised
Objective CD4.2.4:	By Dec. 31, 2015, reduce the use of tobacco products other than cigarettes by youth, ages 11-17, from 14.1% (2010) to 10.8%. Tobacco products include: smokeless tobacco, snus, cigars, flavored cigars, bidis, kreteks, pipe tobacco, flavored tobacco and hookah.	Ongoing
Objective CD4.2.4:	By Dec. 31, 2015, reduce the use of tobacco products other than cigarettes by youth, ages 11–17, from 14.1% (2010) to 12.7%. Tobacco products include: smokeless tobacco, snus, cigars, flavored cigars, bidis, kreteks, pipe tobacco, flavored tobacco and hookah.	Revised

#### Strategy CD4.3: Eliminate Floridians’ exposure to secondhand tobacco smoke.

Objective CD4.3.1:	By Dec. 31, 2015, reduce the percentage of Florida adults who were exposed to secondhand smoke at home during the past 7 days from 8.6% (2010) to 7.7%.	Ongoing
Objective CD4.3.2:	By Dec. 31, 2015, reduce the percentage of Florida youth, ages 11-17 that were exposed to secondhand smoke in a room or car during the past 7 days from 50.3% (2010) to 38.9%.	Ongoing
Objective CD4.3.2:	By Dec. 31, 2015, reduce the percentage of Florida youth, ages 11–17 that were exposed to secondhand smoke in a room or car during the past 7 days from 50.3% (2010) to 45.3%.	Revised



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Community Redevelopment and Partnerships

#### Goal CR1 Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.

##### Strategy CR1.1: Include a public health component in community planning processes to increase awareness and opportunity for the built environment to impact healthy behaviors.

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| Objective CR1.1.1: By Dec. 31, 2013, DOH and the Florida Association of Health Planning Agencies will develop and share model health-related language for comprehensive plans.  | Removed  |
| Objective CR1.1.2: By Dec. 31, 2014, DOH will enter into three formalized agreements with partners to develop and promote resources and training materials about health benefits to communities resulting from the built environment. | Ongoing  |
| Objective CR1.1.2: By Dec. 31, 2014, all county health departments will have public health attendance in their community planning processes with each of the 67 county planning boards.   | Revised  |
| Objective CR1.1.3: By Dec. 31, 2015, at least 20% of county comprehensive plans will include health components.   | Complete |
| Objective CR1.1.4: By Dec. 31, 2012, DOH will coordinate with the Department of Environmental Protection to incorporate health-related objectives in the update to the Plan for the Florida Greenways and Trails System.              | Complete |

##### Strategy CR1.2: Share effective strategies and messages that support the connection between the built environment and healthy behaviors.

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| Objective CR1.2.1: By Sept. 30, 2013, DOH will work with the Centers for Disease Control and Prevention and others to document evidence-based practices that support the connections between health and the built environment health.   | Complete |
| Objective CR1.2.2: By Dec. 31, 2013, DOH and the Florida Association of Health Planning Agencies and other organizations will develop resources and training materials that promote health-related conversations about health benefits to communities resulting from the built environment.                           | Removed  |
| Objective CR1.2.3: By March 30, 2014, DOH will conduct training about health benefits to communities resulting from the built environment.  | Removed  |
| Objective CR1.2.4: By Dec. 31, 2015, DOH will work with the Department of Transportation, cities, counties and regional entities to increase the number of communities that have adopted complete street policies for implementing Section 335.065, Florida Statutes, from 13 in 2011 to 70.                          | Ongoing  |
| Objective CR1.2.4: By Dec. 31, 2015, DOH will work with the Department of Transportation and the Department of Environmental Protection to increase the number of municipalities, counties and regions that have complete streets policies for implementing Section 335.065, Florida Statutes, from 13 in 2011 to 26. | Revised  |

##### Strategy CR1.3: Maximize effective and efficient means of collecting and sharing data that is common to multiple assessment processes.

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| Objective CR1.3.1: By June 30, 2014, DOH will develop guidance for inspectors to incorporate community assessment activities into their inspections/duties.   | Complete |
| Objective CR1.3.2: By July 31, 2013, DOH will establish a mechanism for sharing data and information about community assessment work across organizations.  | Complete |
| Objective CR1.3.3: By March 30, 2014, DOH and the Florida Association of Health Planning Agencies and other organizations will develop recommendations and guidelines about integrating specific assessment activities including identifying commonly needed data and accepted methods by which the data may be gathered. | Removed  |
| Objective CR1.3.4: By Sept. 30, 2014, DOH programs will incorporate recommendations and guidelines for integrating specific assessments into its program-specific assessment requirements.  | Removed  |



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Community Redevelopment and Partnerships

#### Goal CR2 Build and revitalize communities so people can live healthy lives.

##### Strategy CR2.1: Make it safer for people to live active, healthy lives by increasing community policing, addressing substandard housing and increasing aging-in-place opportunities.

Objective CR2.1.1:	By Aug. 31, 2012, DOH will work with the Department of Transportation's nine Commuter Services groups to support model regional transportation systems for rural communities including carpooling, commuter services and rail service and promote them at local levels.	Ongoing
Objective CR2.1.2:	By Oct. 31, 2012, DOH, the Florida Department of Law Enforcement and representatives of local sheriffs and police chiefs will provide model practice examples of successful partnerships and projects that reduce violence, crime, and improve safety such as community crime watches, beach patrol, compliance buys, DUI saturation patrol and other efforts.	Complete
Objective CR2.1.3:	By Oct. 31, 2012, DOH will provide county-level model rapid assessment tools for identifying substandard housing and delivering local county contact information for actions needed.	Complete
Objective CR2.1.4:	By Oct. 31, 2013, DOH will forge partnerships with HUD and other local, regional and federal funding agencies to support "Moving to Opportunity" which improves housing conditions for vulnerable populations.	Complete
Objective CR2.1.5:	By Oct. 31, 2013, DOH will report on "Healthy Homes Consortium" activities and increase interagency support (HUD, EPA) in maximizing the effects of this program.	Complete
Objective CR2.1.6:	By Oct. 31, 2014, DOH will work with the Department of Elder Affairs and other state agencies to disseminate model "Communities for a Lifetime" policies focused on improving health by "aging in place" (e.g., enabling seniors to remain at home for as long as possible).	Complete

##### Strategy CR2.2: Increase access to and participation in physical activity for all members of a community.

Objective CR2.2.1:	By Sept. 30, 2015, the Florida Department of Health will partner with state agencies and community organizations to identify and disseminate model practices and policies that promote biking, walking, rolling and using public transportation to school or work four times per year.	Ongoing
Objective CR2.2.1:	By Sept. 30, 2012, the Department of Education and DOH will identify and disseminate model practices and policies that promote biking, walking and using public transportation to school or work.	Revised
Objective CR2.2.2:	By June 30, 2012, the Department of Education and DOH will identify strategies for measuring the number or percentage of students that walk or bike to school	Complete
Objective CR2.2.3:	By Dec. 31, 2015, increase the percentage of trips to work by walking from 1.6% to 3.2%.	Ongoing
Objective CR2.2.4:	By Nov. 30, 2012, DOH will disseminate information about the Florida Recreation Development Assistance Program, Land and Water Conservation Fund and the Recreational Trails Program.	Complete



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

#### Goal AC1 Regularly assess health care assets and service needs.

##### Strategy AC1.1: Collaboratively assess and report Florida’s health care access resources and needs including patterns of health care system use and barriers to care.

Objective AC1.1.1:	By Dec. 31, 2012, and every four years thereafter to coincide with the state health improvement planning process, a health resource assessment process will be conducted resulting in a written report that includes an inventory, analysis and geographic mapping of Florida’s health care providers including high-volume Medicaid providers, health care needs of Florida residents, and health insurance coverage.	Complete
Objective AC1.1.2:	By Dec. 31, 2012, and annually thereafter, review DOH Physician Workforce Shortage Annual Report and report on workforce shortage areas and patterns.	Ongoing
Objective AC1.1.3:	By June 30, 2014, and every three years thereafter, DOH will collect and report county-level Behavioral Risk Factor Surveillance System (BRFSS) data to assess related health behaviors and health status.	Removed

#### Goal AC2 Improve access to primary care services for Floridians.

##### Strategy AC2.1: Reduce professional health care workforce shortages and improve geographic distribution of the professional health care workforce.

Objective AC2.1.1:	By Sept. 30, 2013, a legislative budget request will be submitted to restore funding to the Florida Health Services Corps Program to encourage qualified medical professionals to practice in underserved locations in Florida.	Complete
Objective AC2.1.2:	By Dec. 31, 2015, the percentage of primary care residency slots in Florida will increase by 10%.	Removed
Objective AC2.1.3:	By Dec. 31, 2015, an initiative will be launched to reduce or eliminate practice barriers such as scope of practice, licensure and credentialing processes and reciprocity agreements.	Removed
Objective AC2.1.4:	By Dec. 31, 2012, and every four years thereafter, DOH will assure all underserved areas in Florida maintain a Health Professional Shortage Area (HPSA) designation.	Ongoing
Objective AC2.1.5:	By Dec. 31, 2012, and annually thereafter, the maximum number (30) of J-1 visa slots for health professionals in medically underserved areas in Florida will be filled.	Removed
Objective AC2.1.6:	By Dec. 31, 2012, and annually thereafter, all National Health Services Corps site and provider applications will be processed by federal deadlines.	Complete
Objective AC2.1.7:	By Dec. 31, 2015, the percentage of mid-level providers in primary care practice settings will increase by 10%.	Removed
Objective AC2.1.8:	By Dec. 31, 2020, the number of primary care providers in Florida will increase by 10%.	Removed

##### Strategy AC2.2: Address health care service barriers (e.g., payment, enrollment and access impediments) for service providers and care recipients.

Objective AC2.2.1:	By Dec. 31, 2015, increase the percentage of persons who report having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare from 83% to 87%.	Ongoing
Objective AC2.2.2:	By Dec. 31, 2015, decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 17.3% to 16.4%.	Ongoing
Objective AC2.2.3:	By Dec. 31, 2015, the number of clients who receive primary care services in medically underserved areas in Florida will increase by 10%.	Removed
Objective AC2.2.4:	By Dec. 31, 2020, the percentage of primary care facilities that provide mental health treatment onsite or by paid referral will increase by 5%.	Removed



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

**Goal AC3 Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities.**

**Strategy AC3.1: Strengthen integration of substance abuse and mental health services with delivery of primary care.**

- Objective AC3.1.1: By Dec. 31, 2015, determine the number of primary care providers who know where to refer children and adults for early intervention and treatment of substance abuse and mental health disorders. Ongoing
- Objective AC3.1.1: By Dec. 31, 2015, determine the number of primary care providers who know where to refer children and adults for early intervention and treatment of substance abuse and mental health disorders. Revised
- Objective AC3.1.2: By Dec. 31, 2015, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders. Removed

**Strategy AC3.2: Reduce barriers to substance abuse and mental health services that impact the ability of children and adults to live and participate in their communities.**

- Objective AC3.2.1: By Dec. 31, 2015, all local Department of Health school nurses will attend the Department of Education - Mental Health Training for Health Professionals. Ongoing
- Objective AC3.2.1: By Dec. 31, 2015, the percentage of children and adults adequately prepared to achieve and maintain independence will be sustained (for example, 24% of adults with serious mental illness are competitively employed; and seriously emotionally disturbed children attended 86% of school days). Revised

**Goal AC4 Enhance access to preventive, restorative and emergency oral health care.**

**Strategy AC4.1: Revise and collaboratively implement Florida’s State Oral Health Improvement Plan (SOHIP).**

- Objective AC4.1.1: By Sept 30, 2012, a revised Florida SOHIP will be published and disseminated. Ongoing
- Objective AC4.1.2: By June 30, 2015, develop a data collection and surveillance plan for tracking specific oral health indicators for Florida in collaboration with the Oral Health Florida Coalition. Ongoing
- Objective AC4.1.2: By Jan 31, 2013 a data collection and surveillance plan for Florida’s oral health indicators will be developed. Revised
- Objective AC4.1.3: By Sept. 30, 2013, determine financial support needs to implement the data collection and surveillance plan for Florida’s oral health indicators. Removed
- Objective AC4.1.4: By Dec. 31, 2014, implement the data collection and surveillance plan for Florida’s oral health indicators. Removed
- Objective AC4.1.5: By Dec. 31, 2014, analyze and report on costs and payment mechanisms for dental care in Florida. Ongoing
- Objective AC4.1.5: By June 30, 2014, analyze and report on costs and payment mechanisms for dental care in Florida. Revised

**Strategy AC4.2: Promote integration between the oral health care system and other health care providers, including information sharing, education for medical providers on preventive dental health services, more effective reimbursement, and incentives for improving coordination of care to improve access to oral health services and revision of Medicaid reimbursement rules.**

- Objective AC4.2.1: By Dec. 31, 2015, increase the percentage of adults who report having visited a dental clinic in the past year from 59.8% to 61.8%. Ongoing
- Objective AC4.2.1: By Dec. 31, 2014, increase the percentage of adults who report having visited a dentist or dental clinic in the past year from 64.7% to 67%. Revised



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

Objective AC4.2.2:	By Dec. 31, 2015, reduce the percentage of adults who report having permanent teeth removed because of tooth decay or gum disease from 49.8% to 47.0%	Ongoing
Objective AC4.2.2:	By Dec. 31, 2014, reduce the percentage of adults who report having permanent teeth removed because of tooth decay or gum disease from 53% to 51%.	Revised
Objective AC4.2.3:	By Dec. 31, 2014, increase the percentage of adults who report having had their teeth cleaned in the past year from 60.9% to 64%.	Removed
Objective AC4.2.4:	By Dec. 31, 2015, increase the percentage of Medicaid children receiving dental services from 23.4% (2010) to 25.9%.	Ongoing
Objective AC4.2.4:	By Dec. 31, 2015, increase the percentage of the targeted low-income population receiving dental services from a county health department from 9.8% to 18.64%.	Revised

### Strategy AC4.3: Assess current and future practitioner needs via re-licensure surveys of dentists and dental hygienists to ascertain geographic distribution of practitioners and types of practice.

Objective AC4.3.1:	By December 31, 2015, ascertain the geographic distribution of practitioners and types of dental practices throughout Florida and provide an analysis of the re-licensure survey to oral health partners and stakeholders.	Ongoing
Objective AC4.3.1:	By Dec. 31, 2013, reduce the percentage of dentists with active Florida licenses who currently do not practice in Florida from 19.1% (2011) to 15%.	Revised
Objective AC4.3.2:	By Dec. 31, 2015, increase the percentage of children and adolescents who have received dental sealants on their molar teeth.	Removed
Objective AC4.3.3:	By Dec. 31, 2020, increase the percentage of federally qualified health centers (FQHCs) that have an oral health component from 75% to 83%.	Removed

### Strategy AC4.4: Promote innovative oral health care delivery practice models.

Objective AC4.4.1:	By Dec. 31, 2015, increase the number of CHDs, FQHCs, or other local entities participating in school health or other types of community-based sealant programs from 11 in 2010 to 35.	Ongoing
Objective AC4.4.1:	By Dec. 31, 2013, health access settings will be reimbursed for preventive care provided by dental hygienists without a dentist having to be in attendance.	Revised
Objective AC4.4.2:	By Dec. 31, 2015, develop and implement at least two educational strategies (examples: PSA's, Fluoridation Fact Sheet for Website to be added to website, fluoridation positive message on business size cards) to promote the benefits of community water systems with fluoridated water.	Ongoing
Objective AC4.4.2:	By Dec. 31, 2013, secure funding to conduct an educational campaign focused on the benefits of community water systems with fluoridated water, and develop strategies in partnership with communities that have evidence of changing perceptions and motivating change.	Revised
Objective AC4.4.3:	By Dec. 31, 2014, all county health departments providing dental services will have electronic dental records.	Complete
Objective AC4.4.4:	By Dec. 31, 2015, increase the percentage of the Florida population served by community water systems with optimally fluoridated water from 78.7% (2008) to 78.9%.	Ongoing
Objective AC4.4.4:	By Dec. 31, 2015, increase the percentage of the Florida population served by community water systems with optimally fluoridated water from 78.7% (2008) to 90.5%.	Revised
Objective AC4.4.5:	By Jan. 1, 2014, increase the number of Medicaid physicians providing fluoride varnish and education in their offices by 25%.	Removed



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

#### Goal AC5 Reduce maternal and infant morbidity and mortality.

##### Strategy AC5.1: Raise awareness among providers and consumers on the importance and benefits of being healthy prior to pregnancy.

Objective AC5.1.1:	By Dec. 31, 2015, increase the percentage of women having a live birth, who prior to that pregnancy received preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider from (2011 PRAMS) 17% to 21%.	Ongoing
Objective AC5.1.1:	By Dec. 31, 2015, increase the percentage of women having a live birth, who prior to that pregnancy received preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider from 19.7% to 80%.	Revised
Objective AC5.1.2:	By Dec. 31, 2015, reduce the rate of maternal deaths per 100,000 live births from 20.2 (2012) to 16.0.	Ongoing
Objective AC5.1.2:	By Dec. 31, 2015, reduce the rate of maternal deaths per 100,000 live births from 20.5 to 12.2.	Revised

##### Strategy AC5.2: Raise the awareness of Medicaid Family Planning Waiver services for all women who lost full Medicaid services within the last two years to potentially eligible women.

Objective AC5.2.1:	By Dec. 31, 2015, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 35.3% (2012) to 33.0%.	Ongoing
Objective AC5.2.1:	By Dec. 31, 2015, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 36.9% (2010) to 36%.	Revised
Objective AC5.2.2:	By Dec. 31, 2015, decrease the percentage of women with unplanned or unwanted pregnancies from 46.1% (2011) to less than 45%.	Ongoing
Objective AC5.2.2:	By Dec. 31, 2015, decrease the percentage of women with unplanned or unwanted pregnancies from 47.4% (2008) to less than 45%.	Revised

##### Strategy AC5.3: Utilize positive youth development sponsored programs to promote abstinence and reduce teen sexual activity.

Objective AC5.3.1:	By Dec. 31, 2015, decrease the percentage of teen births, age 15-17, that are subsequent (repeat) births from 7.4% (2012) to 6.0%.	Ongoing
Objective AC5.3.1:	By Dec. 31, 2015, decrease the percentage of teen births, ages 15-17, that are subsequent (repeat) births from 9% (2010) to 8.5%.	Revised
Objective AC5.3.2:	By Dec. 31, 2015, reduce live births to mothers aged 15-19 from 27.2 per 1,000 females to 20.1 per 1,000 females.	Ongoing
Objective AC5.3.2:	By Dec. 31, 2015, reduce live births to mothers aged 15-19 from 32.8 (2010) to 31.6 per 1000 females.	Revised

##### Strategy AC5.4: Partner with Department of Children and Families to initiate an educational health care provider and consumer campaign on safe sleep.

Objective AC5.4.1:	By Dec. 31, 2015, increase the percentage of infants sleeping on their backs from 67.2% (2011 PRAMS) to 71.2%.	Ongoing
Objective AC5.4.1:	By Dec. 31, 2015, increase the percentage of infants sleeping on their backs from 58.6% to 61.5%.	Revised
Objective AC5.4.2:	By Dec. 31, 2015, increase the percentage of infants not bed-sharing from 39.4% (2011 PRAMS) to 43.4%.	Ongoing
Objective AC5.4.2:	By Dec. 31, 2015, increase the percentage of infants not bed-sharing from 36.2% to 37.1%.	Revised
Objective AC5.4.3:	By Dec. 31, 2015, reduce the infant mortality rate from 6.0 (2012) to 5.8 per 1000 live births.	Ongoing
Objective AC5.4.3:	By Dec. 31, 2015, reduce the infant mortality rate from 6.5 (2010) to 6.1 per 1000 live births.	Revised



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

- Objective AC5.4.4: By Dec. 31, 2015, reduce the black infant mortality rate from 10.7 (2012) to 10.2 per 1,000 live births. Ongoing
- Objective AC5.4.4: By Dec. 31, 2015, reduce the black infant mortality rate from 11.8 (2010) to 10.9 per 1000 live births. Revised
- Objective AC5.4.5: By Dec. 31, 2015, increase the percentage of women who are breastfeeding their infant at 3 months of age from (2011) 46.7% to 48%. Ongoing
- Objective AC5.4.5: By Dec. 31, 2015, increase the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.9% (2007) to 12%. Revised

### Goal AC6 Meet special health care needs of children, persons with disabilities and elders.

#### Strategy AC6.1: Children’s Medical Services staff will collaborate with Department of Children and Families and the community-based organizations for children in out-of-home (foster) care who are enrolled in the Children’s Medical Services Network to ensure the provision of health care services and care coordination services.

- Objective AC6.1.1: By June 30, 2013, 100% of the Children’s Medical Services area offices will collaborate with the Department of Children and Families in the provision of care coordination services for children in out-of-home care who meet the clinical eligibility criteria for the Children’s Medical Services Network. Complete

#### Strategy AC6.2: Children’s Medical Services-approved primary care providers will assist in locating adult primary care providers and transferring the care for children with special health care needs.

- Objective AC6.2.1: By December 31, 2015, increase the percentage of very low birth weight infants delivered at facilities for high-risk deliveries and neonates from 91.5% (2010) to 92%. Ongoing
- Objective AC6.2.1: By June 30, 2013, 100% of the Children’s Medical Services Primary Care Projects will be providing assistance to primary care providers in locating adult primary care providers and transferring care for children with special health care needs. Revised
- Objective AC6.2.2: By Dec. 31, 2015, increase the percentage of hospitals that care for newborns that utilize pulse oximetry screening to detect Critical Congenital Heart Disease (CCHD) from 66% (2012) to 100%. Ongoing

#### Strategy AC6.3: Children’s Medical Services will work collaboratively with Children’s Medical Services-approved primary care providers to provide health care transition education for children with special health care needs and their families to prepare the child and family for a successful health care transition process.

- Objective AC6.3.1: By June 30, 2013, 100% of the Children’s Medical Services primary care projects will be providing transition education and activities for children with special health care needs who are transitioning from child-centered to adult-oriented health care systems. Removed

#### Strategy AC6.4: Maintain safe environments for people living in public developmental disabilities centers.

- Objective AC6.4.1: By Dec. 31, 2015, reduce the annual number of significant reportable incidents per 100 persons with developmental disabilities living in developmental disabilities centers from 30 to 24. Complete



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Access to Care

#### Strategy AC6.5: Increase provider network capacity to serve persons age 60 and older, their families and caregivers.

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| Objective AC6.5.1: | By Dec. 31, 2015, maintain the percentage of elders at imminent risk of nursing home placement who are served with community-based services at 90% (2004).   | Ongoing |
| Objective AC6.5.2: | By Dec. 31, 2015, increase the percentage of caregivers (of persons aged 60 and older served by Department of Elder Affairs programs) whose ability to continue to provide care is maintained or improved after service intervention from 87% (2003) to 90%. | Ongoing |

### Goal AC7 Provide equal access to culturally and linguistically competent care.

#### Strategy AC7.1: Develop, implement and promote strategic plans that outline mechanisms to provide culturally and linguistically appropriate services, conduct self-assessments of culturally and linguistically appropriate services (CLAS), and ensure that individual client records include race, ethnicity and spoken and written languages.

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| Objective AC7.1.1: | By September 30, 2015, DOH and the Department of Children and Families will identify or include objectives in agency strategic plans that address providing culturally and linguistically appropriate services.                   | Ongoing  |
| Objective AC7.1.2: | By June 30, 2013, DOH will facilitate development of a self-assessment of CLAS that can be used across many provider settings.  | Complete |
| Objective AC7.1.3: | By Dec. 31, 2015, DOH and other social services agencies will distribute and implement use of a CLAS self-assessment tool.  | Ongoing  |
| Objective AC7.1.3: | By June 30, 2014, DOH and other social services agencies will distribute and implement use of a CLAS self-assessment tool.  | Revised  |
| Objective AC7.1.4: | By June 30, 2015, DOH will facilitate a multi-agency assessment of how data systems collect race, ethnicity and spoken and written languages, and will develop a plan that addresses gaps in information gathering and reporting. | Ongoing  |
| Objective AC7.1.4: | By June 30, 2013, DOH will facilitate a multi-agency assessment of how data systems collect race, ethnicity and spoken and written languages, and will develop a plan that addresses gaps in information gathering and reporting. | Revised  |



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Health Finance and Infrastructure

**Goal HI1 Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians.**

#### **Strategy HI1.1: Connect providers and electronic health record systems in a network that consists of a State-Level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways.**

- Objective HI1.1.1: By Jan. 1, 2013, no less than 1,500 health care providers will be registered to exchange data by using direct secured messaging. Complete
- Objective HI1.1.2: By Dec. 31, 2012, at least 50% of the participants active in direct secured messaging will have sent a transaction at least one time in the last month. Complete
- Objective HI1.1.3: By Jan. 1, 2013, no less than 10 organizations will be data sharing and no less than eight organizations will be actively sharing data daily through the Florida Health Information Exchange. Complete

#### **Strategy HI1.2: Promote provider adoption of certified electronic health record software.**

- Objective HI1.2.1: By Dec. 31, 2012, at least 50% of the hospitals which are eligible will complete their registration and receive initial incentive payments using the Florida Medicaid Electronic Health Record Incentives Program. Complete
- Objective HI1.2.2: By Dec. 31, 2012, at least 25% of estimated eligible professionals will receive initial Medicaid incentive payments. Complete
- Objective HI1.2.3: By Jan. 1, 2013, 25% of DOH prescriptions will be transmitted electronically. Complete
- Objective HI1.2.4: By Dec. 31, 2012, at least 10% of eligible professionals (those clinicians who meet the criteria for meaningful use as established by the Federal Office of National Coordination) will be using a certified electronic health record. Complete
- Objective HI1.2.5: By Dec. 31, 2014, DOH will have achieved Stage 2 Federal certification of the HMS electronic health record for county health departments. Ongoing
- Objective HI1.2.5: By Dec. 31, 2012, DOH will launch a certified electronic health record for county health departments. Revised
- Objective HI1.2.6: By Dec. 31, 2013, county health department clinical providers in all 67 counties will be using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination. Complete

#### **Strategy HI1.3: Use public health information technology and systems to efficiently track reportable diseases and conditions of public health significance, and to support public health disease prevention programs and epidemiological activities.**

- Objective HI1.3.1: By Dec 31, 2015, increase the percentage of laboratories electronically submitting reportable laboratory results to DOH from 29.8% to 35%, to an estimated 277/791 laboratories. Ongoing
- Objective HI1.3.1: By Dec. 31, 2013, increase the number of laboratories electronically submitting reportable laboratory results to DOH (as required by FAC 64D-3) from 45 to 75. Revised
- Objective HI1.3.2: By Dec. 31, 2015, increase the percentage of reportable disease case reports where the department received electronically submitted laboratory reports to 67%. Complete
- Objective HI1.3.2: By Jan. 1, 2013, increase the percentage of reportable disease case reports where the department received electronically submitted laboratory reports to 65%. Revised
- Objective HI1.3.3: By Dec 31, 2015, increase the percentage of hospitals submitting electronic information used for syndromic surveillance to DOH from 77.8% (172 of 221 hospitals) to 89.6% (198 of 221 hospitals). Ongoing
- Objective HI1.3.3: By Dec. 31, 2013, increase the number of hospitals and urgent care centers submitting electronic information used for syndromic surveillance to DOH from 170 to 185. Revised



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Health Finance and Infrastructure

Objective HI1.3.4: By Jan. 1, 2015, DOH will be using the statewide health information exchange to support public health case reporting and epidemiological case follow-up. Ongoing

**Goal HI2 Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors.**

#### Strategy HI2.1: Maintain an adequate level of Medicaid and other third party revenue to help county health departments and Children’s Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.

- Objective HI2.1.1: By July 1, 2012, DOH will establish workgroup members and team leaders and distribute contact information to CHDs for a managed care technical assistance group to provide support to public health and safety net providers who are working to establish business relationships with managed care organizations. Complete
- Objective HI2.1.2: By Jan. 1, 2014, increase the percentage of Medicaid recipients served by CHDs who are enrolled in managed care organizations from 15.2% (2011) to 30.0%. Complete
- Objective HI2.1.3: By Oct. 1, 2012, a revised Medicaid reduction methodology for cost-based providers will be implemented in the General Appropriations Act and DOH efficiency standards will be applied to CHD rates. Complete
- Objective HI2.1.4: By Dec. 1, 2015, the CHD Health Management System Billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans will be implemented. Ongoing
- Objective HI2.1.5: By April 30, 2014, Children’s Medical Services will have implemented a third party billing administrator function to automate billing functions. Complete
- Objective HI2.1.5: By April 30, 2013, Children’s Medical Services will have implemented a third party billing administrator function to automate billing functions. Revised

#### Strategy HI2.2: Update public health program office Legislative Budget Request funding methodologies in preparation for budget requests to replace reimbursement for public health services previously embedded in Medicaid Cost Based Reimbursement.

- Objective HI2.2.1: By Sept. 30, 2012, DOH programs for high priority service areas will complete sample budget requests in the standard legislative budget format. These programs include infectious disease control and epidemiology services; family health services to uninsured persons seeking selected clinical services and evidence-based, population-based risk reduction services; and services such as community hygiene, arbovirus surveillance, rodent and arthropod control and other environmental health services that are non-fee generating. Removed
- Objective HI2.2.2: By Jan. 1, 2013, DOH will increase the absolute dollar amount from competitive grants for public health and safety net activities. Removed

#### Strategy HI2.3: Routinely review and update fee policies and fee schedules.

- Objective HI2.3.1: By Sept. 30, 2012, DOH Central Office will implement the rule revision recommendations from the CHD Fee Workgroup to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay. Ongoing
- Objective HI2.3.2: By Dec. 1, 2012, all CHDs will have documented a fee analysis or fee adjustment process to better align fees with actual cost. Removed
- Objective HI2.3.3: By Sept. 30, 2012, all non-clinical DOH program offices will have documented a fee analysis or fee adjustment process to better align fees with actual cost. Removed



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Health Finance and Infrastructure

**Goal HI3 Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.**

**Strategy HI3.1: Facilitate collaboration between state agencies and universities to provide trainings and other resources that support and develop existing public health employees, particularly in the area of core competencies for public health professionals.**

Objective HI3.1.1: By July 30, 2013, DOH and the Florida Public Health Training Centers will produce the next workforce development needs assessment for public health professionals. Removed

Objective HI3.1.2: By Dec. 1, 2013, DOH and Florida Public Health Training Centers will produce a plan to collaboratively address identified training gaps, using data from the needs assessment. Removed

**Strategy HI3.2: Ensure that students graduating from colleges of public health have mastered the core competencies for public health professionals and have applied them through an internship.**

Objective HI3.2.1: By July 30, 2013, DOH and the Florida Colleges of Public Health will establish baseline data on the percentage of public health masters and doctoral students who are certified in public health (CPH) and create a new objective for improvement if appropriate. Removed

Objective HI3.2.2: By Dec. 30, 2012, DOH and the Florida Colleges of Public Health will develop a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies that increase mastery of core competencies. Removed

Objective HI3.2.3: By June 30, 2014, the Office of Medical Quality Assurance will make online applications available for all providers to quickly license all health care professionals who meet statutorily-mandated minimum standards of competency. Ongoing

**Strategy HI3.3: Increase understanding of public health among the population of Florida in order to promote an interest in public health careers.**

Objective HI3.3.1: By Jan. 31, 2013, DOH Office of Workforce Development, the Florida Public Health Institute and the public health training centers will develop a marketing plan to increase visibility and understanding of the field of public health. Removed

**Strategy HI3.4: Promote the development of workforce development plans for public health system partners who address current and future training and resource needs.**

Objective HI3.4.1: By July 1, 2012, DOH will have an approved workforce development plan that is shared throughout the Department and with public health system partners. Removed

Objective HI3.4.2: By July 1, 2013, DOH will achieve a minimum of two objectives in each of the goal areas of the Workforce Development Plan. Removed

Objective HI3.4.3: By Feb. 1, 2013, establish employee mentoring and succession planning programs to encourage professional advancement. Complete

Objective HI3.4.4: By July 1, 2014, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase from 19.5% to 30%. Removed



## Florida Department of Health 2012-2015 State Health Improvement Plan Revision

### Strategic Issue Area: Health Finance and Infrastructure

**Goal HI4 Promote an efficient and effective public health system through performance management and collaboration among system partners.**

**Strategy HI4.1: Implement and link health improvement planning at state and local levels.**

- Objective HI4.1.1: By Dec. 31, 2013, 100% of counties will have produced a current (within the past 3–5 years) community health improvement plan. Complete
- Objective HI4.1.2: By Dec. 31, 2015, 100% of community health improvement plans will be aligned with the goals and strategies in the State Health Improvement Plan. Complete

**Strategy HI4.2: Coordinate with public health system partners to monitor the State Health Improvement Plan.**

- Objective HI4.2.1: By Jan. 31, 2013, and regularly thereafter, convene to assess State Health Improvement Plan (SHIP) progress with partners. Removed

**Strategy HI4.3: Collect, track and use performance data to inform business decisions and support continuous improvement.**

- Objective HI4.3.1: By Dec. 31, 2015, the state public health system assessment (using the National Public Health Performance Standards tool) will show results indicating moderate to significant activity in mobilizing partnerships. Ongoing
- Objective HI4.3.2: By Dec. 31, 2015, the state public health system assessment (using the National Public Health Performance Standards tool) will show results indicating moderate to significant activity related to assessment and assurance that programs to educate, empower and inform are effective. Removed
- Objective HI4.3.3: By Feb. 2015, at least 67% of CHDs will have produced current (in the past four years) prerequisite documents (e.g., Health Assessment, Health Improvement Plan and Strategic Plan) for accreditation. Complete
- Objective HI4.3.4: By Jan. 31, 2015, 31 CHDs will be accredited by the Public Health Accreditation Board. Removed
- Objective HI4.3.5: By Dec. 31, 2013, 100% of Children’s Medical Services’ area offices will have gone through a comprehensive management review to ensure continuous improvement efforts related to the processes and functions of the Children’s Medical Services Network. Complete
- Objective HI4.3.6: By Oct. 1, 2014, DOH’s Children’s Medical Services will implement a new care coordination system to ensure more efficient provision and monitoring of care coordination services for children in the Children’s Medical Services Network. Ongoing
- Objective HI4.3.6: By Jan. 31, 2014, DOH’s Children’s Medical Services will implement a new care coordination system to ensure more efficient provision and monitoring of care coordination services for children in the Children’s Medical Services Network. Revised
- Objective HI4.3.7: By July 1, 2013, every CHD will have sent at least one team to DOH Practice Management Institute training to achieve a higher level of clinical and operational efficiency. Removed
- Objective HI4.3.8: By Dec. 31, 2015, 100% of CHD strategic plans will align with community health improvement plans. Complete
- Objective HI4.3.9: By Dec. 31, 2014, implement a performance management portal and data system, Florida Health Performs, to collect data and make status reports available agency-wide. Ongoing
- Objective HI4.3.9: By Dec. 31, 2013, DOH’s performance management data system will be operational. Revised