Florida’s State Health Assessment: Key Findings 2016–2017
The Florida Department of Health (Department) is leading a diverse partnership, the SHIP Steering Committee, to build Florida’s State Health Improvement Plan (SHIP) for 2017–2021. (See Appendix A for the list of SHIP Steering Committee members.) The SHIP is a statewide plan for public health system partners and stakeholders to improve the health of Floridians.

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

This document presents the key findings of the State Health Assessment. The comprehensive findings are presented in the State Health Assessment report.
The Four MAPP Assessments

Subject-matter experts from a diverse group of partners conducted the MAPP assessments. Individually, the assessments yield in-depth analyses of factors and forces that affect population health. Taken together, the four assessments create a comprehensive view of health and quality of life in Florida, and constitute Florida’s State Health Assessment. Following is a description of each assessment—the State Health Status Assessment, State Public Health Systems Assessment, State Forces of Change Assessment, and State Themes and Strengths Assessment. The SHIP Steering Committee members recommended State Health Assessment Advisory Group members to oversee the SHA process. (See Appendix A for the list of advisory group members.)
The State Health Status Assessment identifies priority health and quality of life issues. It answers questions such as “How healthy are our residents?” and “What does the health status of our state look like?”

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

ASSESSMENT METHOD

The Health Status Assessment Workgroup, composed of a group of Department subject-matter experts including epidemiology and surveillance system administrators who specialize in data collection, analysis and interpretation, initiated the assessment process. (See Appendix A for the list of workgroup members.) Using a list of indicators from the planning team that had been included in the prior State Health Assessment, the workgroup scored the health issues based on relevance and severity. For each issue considered, the group reviewed data that showed disproportionate impact based on race, ethnicity or economic status. The 31 issues were ranked and presented to the entire workgroup, who then prioritized the top seven issues: cancer, chronic disease and injury prevention, healthy weight, immunizations and influenza, maternal and child health, and substance abuse.

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State Forces of Change Assessment

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

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

State Themes and Strengths Assessment

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

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

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

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

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

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

SHA Key Findings

Subject-matter experts from the Department considered how the other three assessments informed the top seven health issues recommended by the Health Status Assessment Workgroup and developed educational presentations for the SHA Advisory Group. The SHA Advisory Group adopted all seven as key findings. In addition, members discussed the importance of mental health, including adverse childhood experiences that have lifelong impact on health, and decided to make behavioral health, including substance abuse and mental health, an eighth finding.

When the SHIP Steering Committee reviewed the key findings, they identified health disparities as a common thread across each health issue identified. Health equity became a priority area to address common determinants of health disparities (see SHIP document for all priorities chosen).

The following infographics present data from across the four MAPP assessments for the following health issues:

Health Equity
Behavioral Health
Cancer
Chronic Diseases and Injury Prevention
Healthy Weight
Immunizations and Influenza
Maternal Health and Birth Outcomes
Sexually Transmitted Diseases
Tobacco, Alcohol and Substance Abuse
state health assessment: behavioral health

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

Behavioral health disorders include depression, bipolar disorder, PTSD, anxiety disorders, and alcohol and other substance abuse dependencies.

**AREAS OF CONCERN**

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

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

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

**mental health interconnected**

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

Sources:
- addiction.samhsa.gov/surgeonsgeneral.gov/surgeon-generals-report.pdf
- www.samhsa.gov/data/sites/default/files/NVHEComsumer_survey/2014_A/BBHcomsumerFL.pdf
- National Research Council and Institute of Medicine (2011). Behavioral health disorders, mental illness, substance abuse and other general medical conditions are often interconnected.

**Integrating services has the potential to reduce health disparities.**

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

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

**PREVALENCE IN FLORIDA**

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

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

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

**HEALTH EQUITY—DISPARITIES IN FLORIDA**

Integrating services has the potential to reduce health disparities.

11% Approximate percent of children who experienced a major depressive episode.
30% Received treatment or counseling.
17% Approximate percent of adults who experienced any mental illness in the past year.
36% Received treatment or counseling.
4% Approximate percent of adults who experienced a serious mental illness in the past year.
6% & 8% Approximately 6% of children ages 12–17 and 8% of adults experienced alcohol or illicit drug dependence or abuse.
85–90% Did not receive treatment in the past year.

13% Untreated mental health disorders account for 13% of the total global burden of disease.
25 Individuals with serious mental illness die on average 25 years earlier than the average American.
state health assessment:

**Cancer**

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

**AREAS OF CONCERN**

1 out of 3 Americans will develop cancer in their lifetime, and cancer will affect three out of four families.

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

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

**Cancer Burden in Florida, 2013**

**Most Common Cancers**

- Newly Diagnosed:
  - Lung & Bronchus: 16,306
  - Female Breast: 14,268
  - Prostate: 11,396
  - Colorectal: 9,545
  - Melanoma: 5,810

- Deaths:
  - Lung & Bronchus: 11,730
  - Colorectal: 3,662
  - Pancreas: 2,759
  - Female Breast: 2,736
  - Prostate: 2,210

**Health Equity—Disparities in Florida**

- Over the 10-year period of 2004–2013 for all cancers combined:
  - Men have higher cancer incidence and death compared to females.

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

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

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

**Risk Factors**

- Each cancer type develops differently and has different risk factors.

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

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

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

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

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

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

**Goals**

Reduce cancer incidence and increase cancer survival. Using 2012 data, by December 31, 2018, the Department’s Agency Strategic Plan targets the following reductions per 100,000 people:

- **424.6 to 400**
  - The rate of new cancer.

- **41.3 to 40.2**
  - The rate of late- and advanced-stage female breast cancer.

- **8.4 to 8.0**
  - The rate of invasive cervical cancer.

- **36.5 to 33.7**
  - The rate of invasive colorectal cancer.
Chronic diseases and conditions—such as heart disease, asthma, cancer, type 2 diabetes, obesity and arthritis—are among the most common, costly and preventable of all health problems.

GOALS

Healthy People 2020 (HP 2020) Objectives

REDUCE CORONARY HEART DISEASE DEATHS PER 100,000
HP 2020 target: 93.9→Florida Target: 96.9

REDUCE THE ANNUAL NUMBER OF NEW CASES OF DIAGNOSED DIABETES PER 1,000 ADULTS
HP 2020 target: 7.2→Florida Target: 7.2

REDUCE DIABETIC DEATHS PER 100,000
HP 2020 target: 66.9→Florida Target: 62.8

REDUCE EMERGENCY DEPARTMENT VISITS FOR ASTHMA PER 100,000 CHILDREN UNDER AGE 5
HP 2020 target: 95.7→Florida Target: 150.3

Sources:
FactSheet_FINAL1.pdf.

IN THE U.S.

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

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

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

Chronic diseases are largely preventable by engaging in healthy behaviors.

AREAS OF CONCERN

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

Treat people with chronic diseases accounts for 76 cents of every dollar spent on health care.

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

The number of injury-related deaths (67%); 57,987 (47%) non-fatal hospitalizations.

Injury prevention

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

PREVALENCE IN FLORIDA, 2015

13.1 million
People with at least 1 chronic disease.

5.6 million
People with ≥2 chronic diseases.

Health Equity—Disparities in Florida

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

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

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

Certain racial and ethnic groups are disproportionately burdened.

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Likelihood of hospitalization and hospital costs is higher for a patient who has sustained an injury.

Hospitalizations paid by Medicare, 31%
Hospitalizations paid by commercial insurance, 51%
Hospitalizations paid by self-paid/under-insured, 13%

Healthcare costs for non-fatal hospitalizations.

83% unintentional injuries

Injuries are unintentional, intentional or accidental:

Child Drownings
Falls
Firearm Safety
Homicide
Motor Vehicle Crashes
Poisoning
Suicidal Intent
Traumatic Brain Injury

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

4% Assault injuries—includes homicides.

4% Undetermined.

PER 100,000

DEATHS

YEAR RATE

2009 69.1
2010 67.7
2011 68.3
2012 68.4
2013 65.9

HOSPITAL REPORTS ON INTENTIONAL INJURIES

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LEADING CAUSES OF INJURY FOR ALL AGES

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

3 days Average hospital stay of an injury patient.

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

51% Hospitalizations paid by Medicare.

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

13% Hospitalizations self-paid/under-insured.

IN FLORIDA

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

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

**HEALTH EQUITY—DISPARITIES IN FLORIDA**

Who has a healthy weight?

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults, 2014</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>41.2%</td>
</tr>
<tr>
<td>Males</td>
<td>30.2%</td>
</tr>
<tr>
<td>Non-Hispanic Whites</td>
<td>37.2%</td>
</tr>
<tr>
<td>Non-Hispanic Blacks</td>
<td>29.1%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>33.9%</td>
</tr>
</tbody>
</table>

**PREVALENCE IN FLORIDA**

- **2014:** More than 3 out of 5 adults, 62.2%, were overweight or obese.
- **2015:** More than 1 out of 4 high school students, 26.8%, were overweight or obese.

**HEALTHY WEIGHT OUTREACH & EDUCATION TOOLS**

- **Healthy Weight Florida initiative** Ongoing interventions promoting nutrition and physical activity throughout the community.
- **Let’s Move! Child Care’s 5 Healthy Goals** Helps prevent childhood obesity and ensures that kids are healthy in child care and early education programs.
- **Healthier U.S. Schools Challenge** Improves the health of the nation’s children by promoting healthier school environments.
- **Healthy District Award** Recognition to school districts that have met standards to become a Florida Healthy School District.
- **Centers for Disease Control and Prevention Worksite Health ScoreCard** An assessment tool for employers to prevent heart disease, stroke and related health conditions.

**BENCHMARKS**

- **Increase the proportion of adults at a healthy weight**
  - 2014: U.S., 33.4%, Florida, 35.7%
- **Reduce the proportion of adults who are obese**
  - 2014: U.S., 29.6%, Florida, 26.2%

An unhealthy diet and a sedentary lifestyle increase the risk of becoming obese.
Immunization has reduced vaccine-preventable diseases (VPDs) by 99%. Research has identified it as among the most cost-effective public health interventions, saving $295 billion in health care costs and $1.38 trillion in indirect societal costs.

**AREAS OF CONCERN**

There is no scientific evidence linking vaccines with the cause of autism.

**GOALS**

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

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

**Goal:** 95%

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

**Florida rates for completion:**
- 2014: 88%; 2015: 91%; 2016: 93%

**Goal:** 95%

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

**AREAS OF CONCERN**

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

- People age 65+
  - On average, 46% of all reported outbreaks occur in settings serving people over the age of 65.
  - On average, 30% of all reported outbreaks occur in settings that serve children.

- Children under age 5
  - On average, 12,500+ children under age 5 visit emergency departments across Florida due to flu and flu-like illness.
  - On average, five children die every year.

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

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

**Goal:** 95%

Threats to high vaccination rates and low VPDs.

**Sources:**
- Florida Department of Health’s Immunization Kindergarten and Seventh Grade Status Reports.
- The Florida State Health Online Tracking System (Florida SHOTS).
- MMWR: 63 (16); 352–355.
The percent of preterm and low birth weight births in Florida is highest among Non-Hispanic Black infants.

**AREAS OF CONCERN**

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

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

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

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

**PREVALENCE IN FLORIDA, 2013**

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

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

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

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

- **HEALTH CARE PROVIDERS** Should provide preconception health care and educate clients about reproductive health plans and safe sleep practices for infants.
There are 345 sexually transmitted disease (STD) infections diagnosed each day in Florida—each hour, there are over 14 STD infections.

**AREAS OF CONCERN**

**HIV IN FLORIDA**

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

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

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

2,090 Number of people with infectious syphilis.

38 Number of congenital syphilis cases in 2015.

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

36% Percent incidence of infectious syphilis in women.

**SYphilis/CAUSES/RISKS FACTORS/CONTRIBUTING FACTORS:**
40% Co-infected with HIV and late or no prenatal care.

**people with infectious syphilis:**

- 40% are HIV positive.
- 3-5 times more likely to transmit or acquire HIV.

**PREVALENCE IN FLORIDA, 2015**

**HIV**

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

**SYphilis**

Infectious syphilis: 10.52 per 100,000 people.

Congenital syphilis: 16.8 per 100,000 live births.

Sources:
Florida Health CHARTS, 2017.
Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. Excessive alcohol use can lead to chronic diseases and other serious problems: high blood pressure; cancers; learning; memory and social problems; and alcohol dependence and alcoholism. Substance use can increase the risk of developing chronic diseases, contracting infectious diseases and triggering or intensifying mental disorders.

Emergence of Electronic Nicotine Delivery Systems (ENDS) E-cigarettes, vape pens, e-hookah and other vaping devices produce an aerosolized mixture containing flavored nicotine inhaled by the user.

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

Prevalence in Florida

### 2014
- 17.6% of adults 18 years+ were smokers.
- 6.9% of high school students were smokers.

### 2015
- 17% Adults 18 years+ who reported being heavy or binge drinkers.
- 33% High school students who reported having at least one drink of alcohol on one day during the past 30 days.

### 2016
- 7.6% of adults 18 years+ reported using marijuana during the past 30 days.
- 31.5% reported using marijuana one or more times during the past 30 days.
- 13.0% reported “ever taking” prescription drugs—OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin or Xanax—without a doctor’s prescription.

Total drug-related deaths increased by 22% (2,126 more) over 2015.
- 5,725 opioid-related deaths were reported—a 35% increase (1,483 more) over 2015. Opioids were identified as either the cause of death or present in the decedent.

## Health Equity—Disparities in Florida

### Adults
- Higher rates of heavy or binge drinking among males, Non-Hispanic White and Hispanic adults, and those with higher levels of education.
- Higher rates of current alcohol use among Non-Hispanic White and Hispanic students, and 11th and 12th graders.
- Contributing factors for adolescents who are more likely to smoke or use other tobacco products:
  - They are older; male; they are Non-Hispanic White, American Indian, Alaska Native or multi-racial; and they lack college plans or have parents who are not college educated.

### High School Students
- Higher rates of smoking among Non-Hispanic White students and 12th graders.
- Contributing factors for adolescents who are more likely to smoke or use other tobacco products:
  - They are older; male; they are Non-Hispanic White, American Indian, Alaska Native or multi-racial; and they lack college plans or have parents who are not college educated.

### FLORIDA DOLLARS
- About $17,259,100,000 Annual cost of tobacco use.
- $21,085,357,042 Annual cost of alcohol attributable adverse events.
- $22,681,284,691+ Annual cost of illicit drug attributable adverse events.

## GOALS
- Current cigarette smoking among adults, 15.8% (2016), and high school students, 5.2% (2016).
- FLORIDA GOALS BY 2020:
  - Adults, 14.3%.
  - High school students, 3.4%.
APPENDIX A: PARTICIPANTS IN STATE HEALTH ASSESSMENT KEY FINDINGS

STATE HEALTH IMPROVEMENT PLAN (SHIP) STEERING COMMITTEE
Andrew Behm, Florida Association of Community Health Centers
Ben Browning, Florida Association of Community Health Centers
Tony Carvajal, Florida Chamber Foundation
Lisa Conti, Florida Department of Agriculture and Consumer Services
Charles Coley, Florida Department of Juvenile Justice
Michelle Crum, Office of the Attorney General
Meredith DaSilva, VISIT Florida
Mike Dow, Florida Department of Transportation
Gray Dodge, Florida Department of Economic Opportunity
Carla Gaskin Mautz, Florida Department of Environmental Protection
Ted Grainger, United Way of Florida
Erin Gilgoff, Florida Department of Economic Opportunity
Nikole Hafey, Agency for Health Care Administration
Mike Hill, Florida Association of Health Planning Agencies
Roderick King, Florida Institute of Health Innovations
Alexia Lambert, Florida Department of Health
Molly McKenney, Florida Agency for Health Care Administration
Sarah McKune, University of Florida
Carmen Monroy, Florida Department of Transportation
Don Olson, VISIT Florida
Celeste Philip, Florida Department of Health
Jim Poppel, Florida Department of Economic Opportunity
Dana Reiding, Florida Department of Transportation
Lillian Rivera, Florida Department of Health in Miami-Dade County
Paul Rowley, Florida American Indian Advisory Committee
George Rust, Florida State University
Robin Safley, Feeding Florida
Heather Sarnos, Florida Department of Children and Families
Penny Taylor, Florida Department of Education

STATE HEALTH ASSESSMENT ADVISORY GROUP (SHA-AG)
Carina Blackmore, Florida Department of Health
Ben Browning, Florida Association of Community Health Centers
Tony Carvajal, Florida Chamber Foundation
Jeff Cece, Florida Department of Children and Families
Steve Chapman, Florida Department of Health
Michelle Crum, Office of the Attorney General
Chuck Faircloth, Florida Department of Veteran’s Affairs
Jeff Feller, WellFlorida Council
Marisela Garcia, Florida Department of Economic Opportunity
Lucy Gee, Florida Department of Health
Kim Goehle, University of Florida
Christina Harris, Office of the Attorney General
Nikole Hafey, Florida Agency for Health Care Administration
Christina Hahn, Florida Institute of Health Innovation
Lakesha T. Hood, Florida Department of Agriculture and Consumer Services
Shamsia Hughes, Florida Department of Health
Brittany Hunt, Florida Chamber Foundation
Mark Jones, Muscogee Indian Paramedic
Wayne Kiger, Florida Department of Environmental Protection
Roderick King, Florida Institute of Health Innovation
Jerry Lang, Florida American Indian Health Advisory Council
Patty Lewandowski, Florida Department of Agriculture and Consumer Services
Ximena Lopez, Florida Department of Health in Miami-Dade County
Mike Mason, Florida Department of Health
John McCaffrey, Florida Department of Health
Ed McElrath, Florida Department of Health
Wayne North, Florida Department of Health
Casandra Paisley, Florida Department of Health
Lola Poncey, Florida Department of Health
Paul Rowley, Florida American Indian Health Advisory Council
Sharon Sassick, Florida Department of Environmental Protection
Jessica Sims, Florida Department of Children and Families

STATE PUBLIC HEALTH SYSTEM ASSESSMENT PARTICIPANTS
Nicola Blackburn, Florida Department of Health in Leon County
Brandon E. Bramley, Florida Department of Health
Jeffery Gace, Florida Department of Health
Karen Weller, Florida Department of Health
Mara Gambineri, Florida Department of Health
Rhonda Herndon, Florida Department of Health
Tara Hinton, Florida Department of Health
Abigail Holland, Florida Department of Health
Ken Jones, Florida Department of Health
Wayne Kiger, Florida Department of Environmental Protection
Brandi Knight, Florida Department of Health in Leon County
Ximena Lopez, Florida Department of Health in Miami-Dade County
Mike Mason, Florida Department of Health
Ashlea Matthews, Florida A&M University
Wayne North, Florida Department of Health
Jerry Parulis, Florida Chamber Foundation
Lola Poncey, Florida Department of Health
Kesha Reid, Florida Department of Health
Shamarial Roberson, Florida Department of Health
Pat Ryder, Florida Department of Health
William M. Sappenfield, University of South Florida
Steve Chapman, Florida Department of Health

STATE FORCES OF CHANGE ASSESSMENT PARTICIPANTS
Ben Browning, Florida Association of Community Health Centers
Tony Carvajal, Florida Chamber Foundation
Jeff Cece, Florida Department of Children and Families
Steve Chapman, Florida Department of Health
Vanessa Crowther, Florida Department of Health
Michelle Crum, Office of the Attorney General
Chuck Faircloth, Florida Department of Veteran’s Affairs
Jeff Feller, WellFlorida Council
Kim Goehle, University of Florida

PLANNING TEAM—FLORIDA DEPARTMENT OF HEALTH
Vanessa Crowther
David Davis
Julia Fitz Gibby
Siera Holthaus
Daphne Holden
Jo-Ann Steele
Dan Thompson

Sharon Sawicki, Florida Department of Environmental Protection
Lydia Smith, Florida Department of Health
Sharon Sawicki, Florida Department of Health
Nicole Stookey Florida Department of Children and Families
Karen Weller, Florida Department of Health

Gus Tindall, Florida Chamber Foundation
Nancy Spyker

Lola Poncey, Florida Department of Health
Shamarial Roberson, Florida Department of Health
Pat Ryder, Florida Department of Health
Wayne North, Florida Department of Health

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