Florida's State Health Assessment: Key Findings 2016–2017

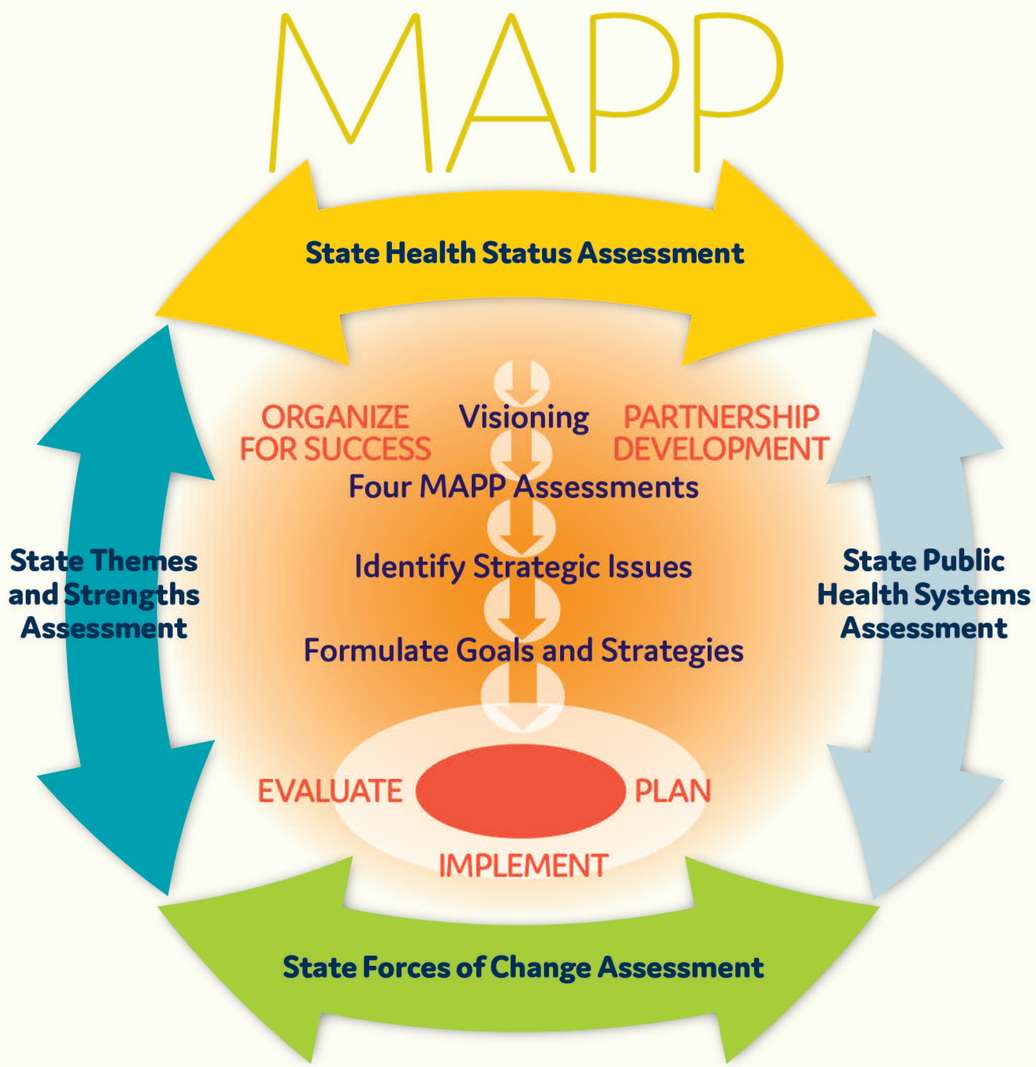
Florida HEALTH

04/23/18

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.



State Health Assessment (SHA) Process

In January 2016, the Department, along with public and private partner organizations, began a state health improvement planning process using the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model.

MAPP is a community-driven strategic planning process used for improving community health by identifying strategic issues from four assessments and using the issues to set priorities and implement evidence-based initiatives to advance health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness and ultimately the performance of public health systems (NACCHO, 2016). In addition to using MAPP for the SHA, Florida's local health departments use this process for local community health assessments to develop community health improvement plans.

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.)

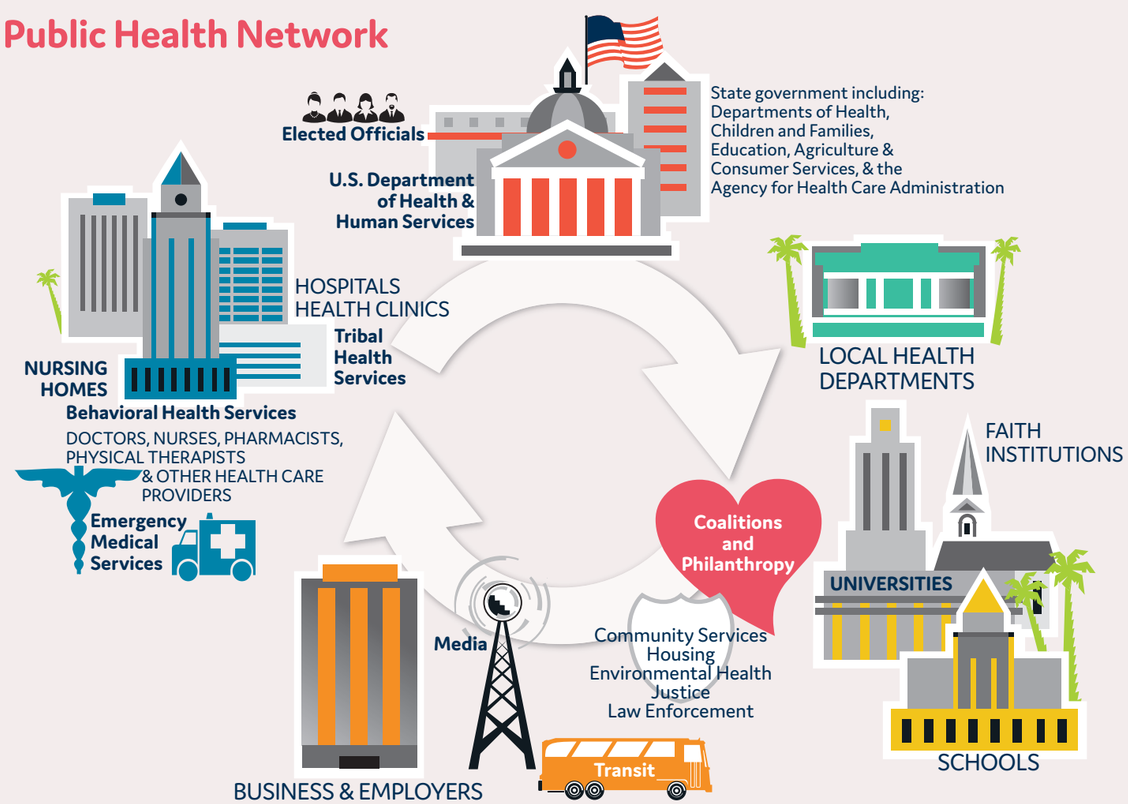
State Health Status Assessment

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 include 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 Health Status Assessment Workgroup determined which indicators to keep or delete and whether additional indicators were needed to determine critical health issues in Florida. Once the indicators were compiled, workgroup members selected 31 health issues for inclusion in the Health Status Assessment. Subject-matter experts worked within their programs and also gathered input from external partners to prepare narratives and data for the issues. A sub-group of five members from the Health Status Assessment 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 priortized the top seven issues: cancer, chronic disease and injury prevention, healthy weight, immunizations and influenza, maternal and child health, and substance abuse.

Public Health Network



State Public Health Systems Assessment

The Department led a statewide effort to assess the state public health system and used a state-level instrument from the National Public Health Performance Standards Program. The goals of this assessment were to create stronger systems through collaboration; identify strengths, challenges and system-wide solutions; foster quality improvement by using national benchmarks to more fully inform community health improvement planning efforts; fulfill national voluntary public health agency accreditation requirements and positively impact health outcomes of Floridians.

A public health system comprises public, private and non-profit entities that contribute to public health activities within a given area. Depicted as a network of entities, this framework recognizes the significant contributions and roles of partners in the health and well-being of communities and the state. The infographic **"Public Health Network"** presents the examples of organizations and groups in the network.

ASSESSMENT METHOD Diverse groups of public health professionals and partners representing a wide range of fields gathered for two half-day forums to assess the performance and capacity of Florida's public health system. (See Appendix A for the list of the participants.) The groups assessed 6 of the 10 Essential Public Health Services. During each forum, a facilitator read aloud the essential service description, activities and model standard for each group of indicators. A brief discussion followed, during which participants shared how their organization contributed to meeting the standard and Florida's overall performance in the area. Participants cast votes ranging from no activity to optimal. In addition, the Department planning team surveyed a group of Department staff and partners to assess the remaining four essential public health services. Department staff entered responses for all 10 Essential Public Health Services into a standardized tool developed by the Centers for Disease Control and Prevention to obtain final results.

The National Public Health Performance Standards Program seeks to ensure that strong and effective public health systems are in place to deliver essential public health services. The 10 Essential Public Health Services are the underlying framework for the performance assessment instruments. Each essential service is divided into several indicators, which represent major components of performance for the service. Each indicator has an associated model standard that describes aspects of optimal performance, along with a series of assessment questions that serve as measures of performance.

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

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

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.

National Research Council and Institute of Medicine

mental health

interconnected

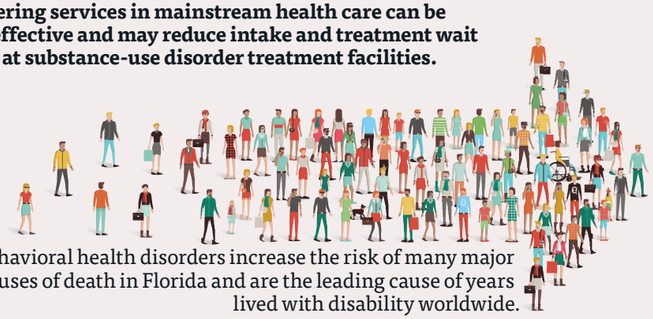
Behavioral health disorders, mental illness, substance abuse and other general medical conditions are often interconnected.

AREAS OF CONCERN

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

cost effective

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



Behavioral health disorders increase the risk of many major causes of death in Florida and are the leading cause of years lived with disability worldwide.

mental illness

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.

substance abuse

behavioral health disorders include substance abuse

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.

PREVALENCE IN FLORIDA

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.

HEALTH EQUITY—DISPARITIES IN FLORIDA

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.

Sources:

addiction.surgeongeneral.gov/surgeon-generals-report.pdf.

www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-FL.pdf.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2012). *The NSDUH Report: Need for and Receipt of Substance Use Treatment among Hispanics*. Retrieved on October 7, 2015 from www.samhsa.gov/data/sites/default/files/NSDUH117/NSDUH117/NSDUHSR117HispanicTreatmentNeeds2012.pdf.

Substance Abuse and Mental Health Services Administration (2015). Results from the 2014 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved on October 10, 2015 from www.samhsa.gov/data/sites/default/files/NSDUH-MHDetTabs2014/NSDUH-MHDetTabs2014.pdf.

World Health Organization (2011). Global Burden of Mental Disorders and the Need for a Comprehensive, Coordinated Response from Health and Social Sectors at the Country Level. Retrieved from apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf.

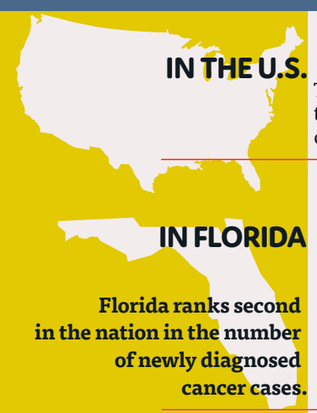
2016 Medical Examiners Commission Drug Report. http://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2016-Annual-Drug-Report.aspx.

state health assessment: cancer

The term cancer covers not one but many diseases that share the common feature of abnormal cell growth. It can occur in almost any part of the body.

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

AREAS OF CONCERN



IN THE U.S.

1 out of 3

The latest information shows that approximately one out of three Americans will develop cancer in their lifetime, and cancer will affect three out of four families.

IN FLORIDA

Florida ranks second in the nation in the number of newly diagnosed cancer cases.

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

110,000+ Over 110,000 new cancers are diagnosed each year.

$5 billion+ 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	15,268
Prostate	11,396
Colorectal	9,545
Melanoma	5,810

Deaths

Lung & Bronchus	11,730
Colorectal	3,662
Pancreas	2,750
Female Breast	2,736
Prostate	2,110

ALL CANCERS COMBINED:
Age-Adjusted Rates per 100,000

	INCIDENCE	MORTALITY
Florida	425.8	158.6
Male	463.8	191.0
Female	397.7	133.3
Non-Hispanic White	444.9	162.6
Non-Hispanic Black	397.9	163.7
Hispanic	322.5	116.7

Source: Florida Department of Health's Cancer Data System and Bureau of Vital Statistics.

people age 65+

Approximately 60% of newly diagnosed cancers and 70% of cancer deaths occur in people age 65 and older—approximately one-fifth of Florida's total population.

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.

RISK FACTORS CAN BE CLASSIFIED AS:

BIOLOGICAL
Age
Race/Ethnicity
Gender
Family History

BEHAVIORAL
Alcohol Use
Diet
Physical Activity
Tobacco Use

ENVIRONMENTAL
Hazardous Agent
Carcinogen

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.

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.

state health assessment:

chronic disease

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.

AREAS OF CONCERN

IN THE U.S.

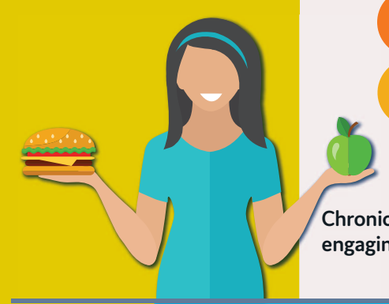
Chronic diseases are among the **leading causes** of morbidity, mortality and disability.

Treating people with chronic diseases accounts for **86 cents of every dollar** spent on health care.

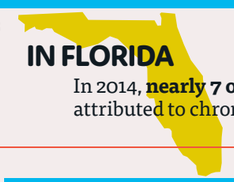
Most health care related costs in the U.S. are associated with chronic disease conditions.

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.



IN FLORIDA

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

PREVALENCE IN FLORIDA, 2015

13.1 million
People with at least 1 chronic disease.

5.6 million
People with 2+chronic diseases.

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

GOALS

Healthy People 2020 (HP 2020) Objectives

REDUCE CORONARY HEART DISEASE DEATHS PER 100,000
HP 2020 target: 103.4→→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: 66.6→→Florida Target: 47.8

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

HEALTH EQUITY—DISPARITIES IN FLORIDA

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

Certain racial and ethnic groups are disproportionately burdened.

Sources:

Florida Health CHARTS, 2014, www.floridacharts.com.

Partnership to Fight Chronic Disease Florida White Paper, www.fightchronicdisease.org/sites/default/files/PFCD_White_Paper_Florida_V2.pdf.

Partnership to Fight Chronic Disease Florida Fact Sheet, www.fightchronicdisease.org/sites/default/files/download/PFCD_FL.FactSheet_FINAL1.pdf.

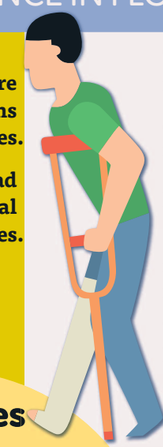
injury prevention

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, 2013

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

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



12,727 Number of injury related deaths.

4,236 females Number of injury related deaths (33%); 66,219 (52%) non-fatal hospitalizations.

8,486 males Number of injury related deaths (67%); 57,987 (47%) non-fatal hospitalizations.

124,224 Number of hospitalizations for non-fatal injuries. Whites represented 99,648 non-fatal hospitalizations and 10,832 deaths; Blacks, 13,335 non-fatal hospitalizations and 1,543 deaths; and other/non-white races, 9,746 non-fatal hospitalizations and 315 deaths.

9,559 Hospitalizations for non-fatal self-inflicted injuries.

all injuries

3 days Average hospital stay of an injury patient.

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

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

51% Hospitalizations paid by Medicare.

21% Hospitalizations paid by commercial insurance.

13% Hospitalizations self-paid/under-insured.

HEALTH EQUITY—DISPARITIES IN FLORIDA

Adults, 85+ Highest rates of fatal injuries and non-fatal hospitalizations.

Males 67% of all injury deaths, and in all age groups, the fatality rate was higher than females.

Injuries are unintentional, intentional or accidental:

- Child Drownings
- Falls
- Firearm Safety
- Fire-Related Injury
- Homicide
- Motor Vehicle Crashes
- Poisoning
- Suffocation
- Suicides
- Traumatic Brain Injury

LEADING CAUSES OF INJURY FOR ALL AGES

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

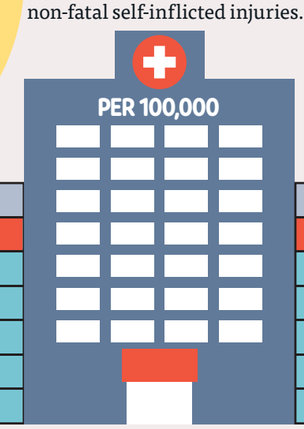
83% unintentional injuries

HOSPITAL REPORTS ON INTENTIONAL INJURIES

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

4% Assault injuries —includes homicides.

4% Undetermined.



HOSPITALIZATIONS	
YEAR	RATE
2009	647.2
2010	650.6
2011	670.9
2012	643.8
2013	643.0

DEATHS	
YEAR	RATE
2009	69.1
2010	67.7
2011	68.3
2012	68.4
2013	65.9

state health assessment:

healthy weight

For both adults and children, healthy weight is defined as having a body-mass index (BMI) from 18.5 to 24.9.

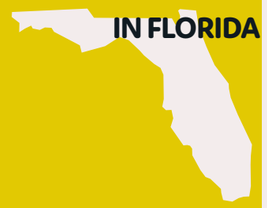
Florida had the lowest obesity rate in the southeast in 2016.

AREAS OF CONCERN/HEALTH PRIORITIES

IN THE U.S.

34.9% More than one-third, or 34.9%, of adults are obese.

$147–$210 billion Current per year health care cost estimates due to obesity. Obesity is one of the biggest drivers of preventable chronic diseases and health care costs.



IN FLORIDA

35.7%
Adults at a healthy weight in 2014.

69.5%
About 7 out of 10, or 69.5%, of high school students were at a healthy weight in 2015.

The Florida Department of Transportation adopted a **Complete Streets Policy** and engaged with statewide partners to implement it. Complete Streets are designed and operated to enable safe access for everyone: pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops and bicycle to work and will ultimately support healthy weight through exercise.

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.

co-morbidity

The presence of 2 chronic diseases or conditions.

Common co-morbidity among Floridians who are obese:

- diabetes
- hypertension
- cardiovascular disease
- stroke
- certain types of cancers

Source: Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey.

An unhealthy diet and a sedentary lifestyle increase the risk of becoming obese.

HEALTH EQUITY—DISPARITIES IN FLORIDA

who has a healthy weight?

adults, 2014

41.2%, Females

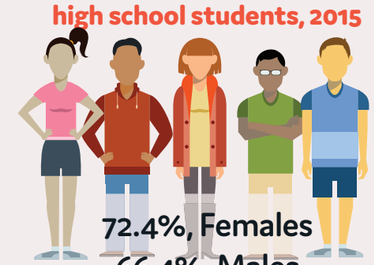
30.2% Males

37.2%, Non-Hispanic Whites

29.1% Non-Hispanic Blacks

33.9%, Hispanics

high school students, 2015



72.4%, Females
66.4%, Males
71.5%, Non-Hispanic Whites
66.7%, Non-Hispanic Blacks
68.4%, Hispanics

obese
BMI >30.0

overweight
BMI 25.0–29.9

healthy
BMI 18.5–24.9

underweight
BMI <18.5

Healthy Weight Outreach & Education Tools

Healthiest 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%

state health assessment:

immunization

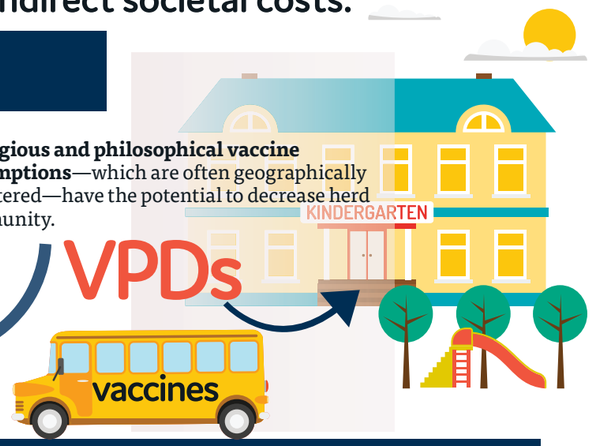
Immunization has reduced vaccine-preventable diseases (VPDs) by 99%. Research has identified it as among the most cost-effective public health interventions, saving $295 billion in health care costs and $1.38 trillion in indirect societal costs.

AREAS OF CONCERN

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

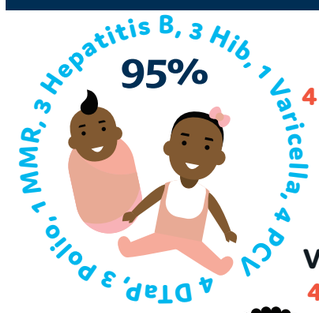
Threats to high vaccination rates and low VPDs.

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



80%
U.S. Healthy People 2020 initiative goal for vaccination rate in U.S.

GOALS



Vaccines recommended by the age of 2:
4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib, 1 Varicella, 4 PCV series
Florida rates for completion:
2014, 88%; 2015, 91%; 2016, 93%
Goal: 95%

Vaccines required for kindergarten:
4 or 5 doses of DTaP; 3, 4 or 5 doses of Polio; 2 doses of MMR; 3 doses of Hepatitis B; 2 doses of Varicella
Florida rates for completion:
2013–14, 93.2%; 2014–15, 93.3%; 2015–16, 93.7%
Goal: 95%

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

Sources:

Florida Department of Health's *Immunization Kindergarten and Seventh Grade Status Reports*.

The Florida State Health Online Tracking System (Florida SHOTS).

The Center for Disease Control and Prevention: www.cdc.gov/vaccinesafety/concerns/autism.html.

National Institute of Health: www.nimh.nih.gov/news/science-news/2013/autism-risk-unrelated-to-total-vaccine-exposure-in-early-childhood.shtml.

JAMA. 2007; 298 (18): 2155–2163.

MMWR: 63 (16); 352–355.

influenza

Influenza (flu) has the largest burden of disease of any vaccine-preventable disease in Florida.

AREAS OF CONCERN

Annual vaccination is the best protection against flu.

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

pregnant women

600+ every year 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.**

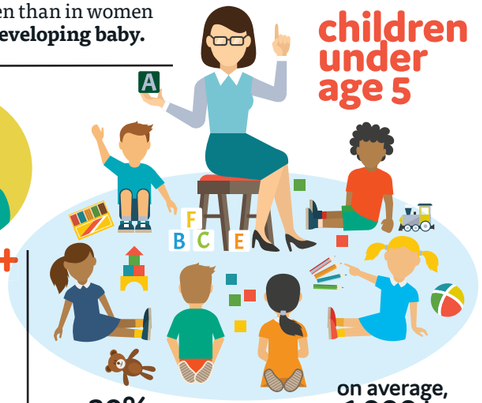
people age 65+

46%
every year
On average, 46% of all reported outbreaks occur in settings serving people over the age of 65.

on average,
12,500+
every year
The number of emergency departments visits across Florida due to flu and flu-like illness.
That's a visit every hour and a half.

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

children under age 5



30% every year
On average, 30% of all reported outbreaks occur in settings that serve children.

on average,
1,000+
every week
Children who visit emergency departments across Florida due to flu and flu-like illness. **On average, five children die every year.**

Sources:

Florida Department of Health, Florida Flu Review: www.floridahealth.gov/floridaflu.

Centers for Disease Control and Prevention

state health assessment: maternal health & birth outcomes

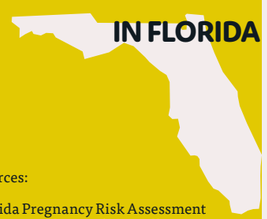
The percent of preterm and low birth weight births in Florida is highest among Non-Hispanic Black infants.

AREAS OF CONCERN

37 weeks

less than 2,500

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.

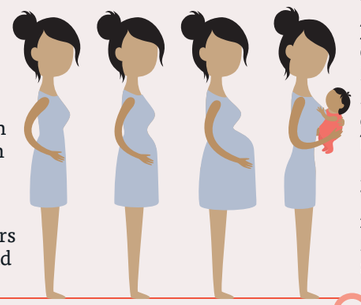


IN FLORIDA

16% Percent of infant deaths due to prematurity and low birth weight from 2005 to 2014.

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

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



29.3

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.

Sources:

Florida Pregnancy Risk Assessment Monitoring System (PRAMS), 2013.

Florida Vital Statistics.

National Center for Health Statistics, 2014.

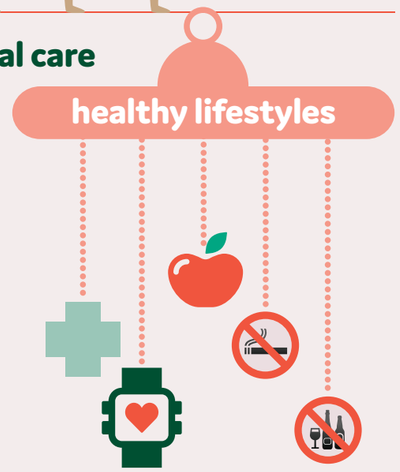
National Center for Health, 2013.

access to preconception health & prenatal care

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.



Social Determinants of Health

Education and access to care can have a large impact on reproductive health outcomes. Low levels of social support, lower socioeconomic status, chronic exposure to environmental hazards or social stressors such as racism play a role in the number of pregnancy-related deaths.

PREVALENCE IN FLORIDA, 2013

ACCORDING TO THE FLORIDA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM,

NEW MOTHERS REPORTED:

21% Received preconception education and counseling.

22% Were obese before becoming pregnant.

52% Breastfed their baby for at least 3 months.

65% Placed their baby on their back to sleep.

HEALTH EQUITY—DISPARITIES IN FLORIDA

2x

For every 1,000 live births in 2014, **Non-Hispanic Black infants died at more than twice the rate of Non-Hispanic White infants**: 10.6 versus 4.1. The rate for Hispanic infants was 4.9.

From 2005 to 2014, rates of **pregnancy-related deaths for Non-Hispanic Black women have been at least two times higher** than the rates for Non-Hispanic White or Hispanic women.

TRENDS FOR FLORIDA

	1990	1995	2000	2005	2010	2014
Births with adequate prenatal care:	62.6%	73.8%	74.0%	72.7%	71.3%	69.3%
Premature births (gestational age based on obstetric estimation):	8.6%	9.1%	10.3%	11.2%	10.5%	9.9%
Low birth weight births:	7.4%	7.7%	8.0%	8.8%	8.7%	8.7%

BENCHMARKS

U.S. Stats

Premature births: 9.6%

Low birth weight births: 8.0%

Infant mortality rate: 5.96 infant deaths per 1,000 live births

Non-Hispanic Black infant mortality rate: 11.22 infant deaths per 1,000 live births

state health assessment: sexually transmitted diseases

There are 345 sexually transmitted disease (STD) infections diagnosed each day in Florida—each hour, there are over 14 STD infections.

In 2015, there were 10,387 STD infections diagnosed among pregnant women.

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.

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

SYPHILIS IN FLORIDA

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 increase 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.

112,000

SYPHILIS
Infectious syphilis:
10.52 per 100,000 people.

Congenital syphilis:
16.8 per 100,000 live births.

In Florida, there were 4,708 cases of HIV diagnosed in 2015. That averages out to 91 new HIV cases each week and approximately 13 new cases each day.

Sources:

Florida HIV Surveillance Data: Florida Department of Health, HIV/AIDS Section, 2016.

U.S. HIV Surveillance Report, 2014, Vol. 26, Table 22.

Florida Health CHARTS, 2017.

HEALTH EQUITY—DISPARITIES IN FLORIDA

people living with HIV in Florida, adults ages 13+, 2015

NON-HISPANIC BLACKS
1 in 38 males and 1 in 61 females.

NON-HISPANIC WHITES
1 in 171 males and 1 in 1,048 females.

HISPANICS
1 in 97 males and 1 in 424 females.

NON-HISPANIC BLACKS—15% OF THE ADULT POPULATION, YET:

HIV/AIDS Cases
42% HIV
51% AIDS

Syphilis Cases
34% INFECTIOUS SYPHILIS
56% FEMALE INFECTIOUS SYPHILIS
60% CONGENITAL SYPHILIS

FLORIDA HIV, 2015

93 Average number of new HIV infections were diagnosed each week.

13 Average number of new HIV infections were diagnosed each day.

1 IN 8 HIV-infected persons who do not know they are infected.

9 Number of babies born infected with HIV.

873 Number of HIV-infected Floridians who died.

BENCHMARKS/GOALS

HIV/AIDS

2014 estimated case rate of HIV infection per 100,000:
U.S., 13.9
Florida, 26.9

Healthy People 2020 U.S. goal for new HIV infections for adolescents and adults by 2020: **reduce to 36,450.**

FLORIDA'S GOALS BY 2020

Reduce the number of new HIV infections for adolescents and adults: **from 4,613 in 2014 to 4,086.**

Goal to reduce the number of new HIV infections per 100,000 people: **from 23.6 in 2014 to 20.9.**

SYPHILIS

2014 rate of infectious syphilis:
U.S., 2.2 per 100,000 people.

2014 rate of congenital syphilis:
U.S., 11.6 per 100,000 live births.

2015 rate of infectious syphilis:
Florida, 10.52 per 100,000 people.

2015 rate of congenital syphilis:
Florida, 16.8 per 100,000 live births.

Healthy People 2020 U.S. goals to reduce rates of syphilis infection by 2020:
congenital syphilis, **9.6 per 100,000 live births;**
infectious syphilis among males, **6.7 per 100,000;**
infectious syphilis among females, **1.3 per 100,000.**

FLORIDA'S GOALS BY 2018

Reduce the number of early syphilis cases (primary/secondary/early latent): **from 22.08 per 100,000 in 2015 to 17.9.**

Reduce the number of congenital syphilis cases: **from 38 in 2015 to 24.**

state health assessment: tobacco, alcohol & substance abuse

Sources:

Florida Department of Health's Youth Risk Behavior Surveys, 2014 and 2015.

Centers for Disease and Control and Prevention's Behavioral Risk Factor Surveillance System, 2014.

National Survey on Drug Use and Health, 2014.

Tobacco Free Florida Strategic Plan.

2016 Medical Examiners Commission Drug Report. http://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2016-Annual-Drug-Report.aspx

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.

AREAS OF CONCERN 400%+

Emergence of Electronic Nicotine Delivery Systems (ENDS)

E-cigarettes, vape pens, e-hookah and other vaping devices produce an aerolized 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.

2015: 6.9% of high school students were smokers.

3.1%

According to the 2014 National Survey on Drug Use and Health, the percent of U.S. adults 18 years and older who reported drug use, other than marijuana, in the past 30 days. Drugs included cocaine, crack, heroin, hallucinogens, inhalants and prescription drugs used non-medically.

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.

2014

7.6% of adults 18 years+ reported using marijuana during the past 30 days.

high school students

21.5% 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.

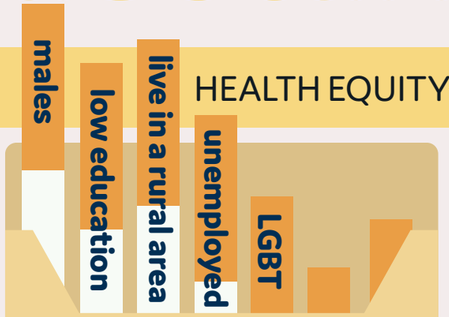
2016

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 smoking among males; people with lower levels of education, who live in rural areas or are unemployed; and the lesbian, gay, bisexual and transgender (LGBT) population.

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. (www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/risk-and-protective-factors).

Adults Higher rates of heavy or binge drinking among males, Non-Hispanic White and Hispanic adults, and those with higher levels of education.

High school students Higher rates of current alcohol use among Non-Hispanic White and Hispanic students, and 11th and 12th graders.

High school students 11th and 12th graders have higher rates of current marijuana use and *ever taking* prescription drugs without a doctor's prescription than 9th and 10th graders.

root causes of substance abuse

Causes are complex and often involve co-occurring mental health issues and adverse childhood events. Many people self-medicate to cope with psychological stress.

smokers

2–4 times more likely

Smokers are 2–4 times more likely than non-smokers to develop heart disease and have a stroke. They are 25 times more likely to develop lung cancer.

90%

Percent of adult smokers who began smoking in their teens, or earlier. Two-thirds become regular, daily smokers before 19.

32,000+ each year

Number of Florida adults who die from smoking.

10,300 each year

Number of Florida youth under age 18 who become new daily smokers.

270,000

Number of youth now under 18 who will die prematurely from smoking.

FLORIDA DOLLARS

about $17,259,100,000
Annual cost of tobacco use.

$21,085,357,042
Annual cost of alcohol attributable adverse events.

Excessive alcohol use has immediate short-term health risks: injuries, violence, alcohol poisoning, risky sexual behaviors and miscarriage or fetal alcohol spectrum disorders.

$22,681,284,691+
Annual cost of illicit drug attributable adverse events.

Using drugs at an early age may impede brain development, affecting learning, critical thinking, memory and emotions; it can also increase the risk of developing substance abuse behaviors as an adult.

GOALS

Current cigarette smoking among adults, 15.8% (2015), 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 Behrman, 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 Corley, Florida Department of Juvenille Justice

Michelle Crum, Office of the Attorney General

Meredith DaSilva, VISIT Florida

Mike Dew, Florida Department of Transportation

Grey Dodge, Florida Department of Economic Opportunity

Carla Gaskin Mautz, Florida Department of Environmental Protection

Ted Grainger, United Way of Florida

Erin Gillespie, Florida Department of Economic Opportinity

Nicole Helvey, Agency for Health Care Administration

Mike Hill, Florida Association of Health Planning Agencies

Roderick King, Florida Institute of Health Innovations

Alexis Lambert, Florida Department of Health

Molly McKinstry, Florida Agency for Health Care Administration

Sarah McKune, University of Florida

Carmen Monroy, Florida Department of Transportation

Dan Olson, VISIT Florida

Celeste Philip, Florida Department of Health

Jim Poppell, 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 Stearns, 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 Gokhale, University of Florida

Christina Harris, Office of the Attorney General

Nikole Helvey, Florida Agency for Health Care Administration

Christine Hom, Florida Institute of Health Innovation

Lakeisha T. Hood, Florida Department of Agriculture and Consumer Services

Shannon Hughes, Florida Department of Health

Brittany Hunt, Florida Chamber Foundation

Mark James, 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 McEachron, Florida Department of Health

Wayne North, Florida Department of Health

Cassandra Pasley, Florida Department of Health

Lola Pouncey, Florida Department of Health

Paul Rowley, Florida American Indian Health Advisory Council

Sharon Sawicki, Florida Department of Environmental Protection

Jessica Sims, Florida Department of Children and Families

Nicole Stookey, Florida Department of Children and Families

Deb Watson, Winter Park Health Foundation

Karen Weller, Florida Department of Health in Miami-Dade County

David Whiting, Florida Department of Environmental Protection

HEALTH STATUS WORKGROUP

Duane Ashe

Carina Blackmore

Tracina Bush

Philip Cavicchia

Shay Chapman

Cheryl Clark

Leah Colston

Mary Crew

Rahel Dawit

Russell Eggert

Jamie Forrest

Kendra Goff

Janet Hamilton

Meredith Hennon

Rhonda Herndon

Tara Hylton

Lori Johnston

Jeanne Lane

Christie Luce

Megan Macdonald

Lorene Maddox

Madgene Moise

Melissa Murray Jordan

Lauren Porter

Laura Reeves

Keshia Reid

Shamarial Roberson

Pat Ryder

Stacy Shiver

Nancy Spyker

Dan Thompson

STATE PUBLIC HEALTH SYSTEM ASSESSMENT PARTICIPANTS

Claudia Blackburn, Florida Department of Health in Leon County

Brandon E. Brantley, Florida Department of Health

Jeffrey Cece, Florida Department of Children and Families

Karen Chapman, Florida Department of Health in Okaloosa County

Steve Chapman, Florida Department of Health

Adrian Cooksey, Florida Department of Health in Gadsden County

Nathan Dunn, Florida Department of Health

Russell Eggert, Florida Department of Health

James Futch, Florida Department of Health

Mara Gambineri, Florida Department of Health

Meredith Hennon, Florida Department of Health

Rhonda Herndon, Florida Department of Health

Tom Herring, Florida Department of Health

Daphne Holden, Florida Department of Health

Abigail Hollicky, 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

Arlesia Matthews, Florida A&M University

Wayne North, Florida Department of Health

Jerry Parrish, Florida Chamber Foundation

Lola Pouncey, Florida Department of Health

Keshia Reid, Florida Department of Health

Shamarial Roberson, Florida Department of Health

Pat Ryder, Florida Department of Health

William M. Sappenfield, University of South Florida

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 Gokhale, University of Florida

Christina Harris, Office of the Attorney General

Nikole Helvey, Florida Agency for Health Care Administration

Shannon Hughes, Florida Department of Health

Brittany Hunt, Florida Chamber Foundation

Patty Lewandowski, Florida Department of Agriculture and Consumer Services

Anna Likos, Florida Department of Health

Ximena Lopez, Florida Department of Health in Miami-Dade County

Ed McEachron, Florida Department of Health

Lola Pouncey, Florida Department of Health

Sharon Sawicki, Florida Department of Environmental Protection

Jessica Sims, Florida Department of Children and Families

Nicole Stookey, Florida Department of Children and Families

Karen Weller, Florida Department of Health in Miami-Dade County

David Whiting, Florida Department of Environmental Protection

PLANNING TEAM—FLORIDA DEPARTMENT OF HEALTH

Vanessa Crowther

David Davis

Julia Fitz Gibby

Sierra Helfrich

Daphne Holden

Jo Ann Steele

Dan Thompson