

Taylor County

Community Health Improvement Plan



April 2023-December 2026

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Executive Summary

The initial Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) for Taylor County were developed between 2011 and 2013 by utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework, as developed by the National Association of County and City Health Officials. The development of these documents was funded, in part, by the Florida Department of Health in Taylor County (DOH-Taylor).

MAPP is designed on principles of broad community engagement and strategic planning, which prepare the community to work together on identified health issues and improve the health of the community at large.

In early 2017, DOH-Taylor began a coordinated effort to draft a new Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Taylor County. The group decided to refer to themselves as the Taylor County Health Council (hereinafter referred to as TCHS) implementing a new CHIP in 2018.

To leverage resources and most effectively work together, DOH-Taylor and Doctors' Memorial Hospital (DMH) partnered to complete the 2022 CHA. This assessment is a critical element in understanding, prioritizing, and addressing the community health needs.

While the CHIP is a community driven and collectively owned plan, DOH-Taylor and DMH have provided significant leadership, resources, and data throughout the process of implementing the most recent CHA and drafting the new CHIP.

Introduction

Health is essential to well-being and participation in society. The absence of health results in suffering, disability and loss of life. The economic and social impacts of health can supersede actual decisions regarding an individual's health. Though health is often seen as an individual issue, the whole community is affected. One tool used to educate and improve the wellness of a community is the Community Health Improvement Plan (CHIP).

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address health issues in a community based on results from a community health assessment. The plan submits priorities for action and is used by the local public health system to implement policies and programs that address health.

Purpose:

- Monitor progress towards the four priority issue areas: mental health services, substance abuse/rehabilitation services, expanded healthcare providers/services in Taylor County, and free or affordable health screenings while focusing attention and resources on strategies that work towards positive outcomes in the issue areas
- Identify community assets
- Help to inform the strategic planning processes for various local government entities (DOH-Taylor, DMH, Board of County Commissioners, Taylor County School Board)

Measures: This report uses two types of data to measure progress toward improving the health environment in the community:

- Activity measures – designed to capture and inform data collected locally and more directly reflect how the community plans to influence the priority issues
- Performance measures – collected as part of the larger population health measures and presented in FL Health CHARTS, Behavioral Risk Factor Surveillance System (BRFSS), and others referenced in the 2022 Community Health Assessment (CHA).

Key Community Health Needs Assessment Issues

Health measures were collected from various sources to highlight the general health of Taylor County.

COUNTY HEALTH RANKINGS AND ROADMAPS

The County Health Rankings & Roadmaps program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects health data annually to bring awareness to the factors that influence health and strategies for improving the health of communities.

For the 2022 County Health Rankings, Taylor County is among the lowest ranked (less than the 25th percentile) counties in the state for Health Factors and Health Outcomes.

Health Factors are defined as environmental influences that affect how well and how long people live. The County Health Rankings consider **physical environment** (housing and transit and air & water quality), **social and economic factors** (community safety, family & social support, income, employment, and education), **clinical care** (quality of care and access to care), and **health behaviors** (sexual activity, alcohol & drug use, diet & exercise, and tobacco use).

The table below includes select measures from County Health Rankings & Roadmaps.

Taylor County Health Rankings – Select Measures Taylor County (FL)		FL
Health Outcomes		
Ranking (of 67)		59
Premature death	10,900	7,500
Quality of Life		
Poor to Fair Health	28%	18%
Low Birthweight	10%	9%
Health Behaviors		
Adult smoking	28%	15%
Adult obesity	37%	26%
Physical inactivity	35%	26%
Alcohol-impaired driving deaths	39%	22%
Teen births	41	18

The County Health Rankings define Premature Death as leading causes of death for those under the age of 75 within the categories of malignant neoplasms, diseases of the heart, accidents (unintentional injuries), chronic lower respiratory diseases and intentional self-harm (suicide). The data is reported as “years of potential life lost before age 75 per 100,000 population” and is age-adjusted to ensure it is comparable across counties. The rate of premature deaths in Taylor County is significantly higher than compared to the State. Additionally, “poor to fair health” status was 10% higher in Taylor County than FL (28% compared to 18%, respectively).

New in 2022, but not factored into the County Health Ranking, are expanded metrics on life expectancy and measures of distress.

**Taylor County Health Rankings – FL
Additional Metrics Taylor County
(FL)**

Additional Health Outcomes

COVID-19 age-adjusted mortality	98	56
Life expectancy	74.3	79.7
Premature age-adjusted mortality	560	350
Frequent physical distress	19%	12%
Frequent mental distress	20%	14%
Diabetes prevalence	12%	9%
HIV prevalence	763	615

For Taylor County, the COVID-19 age-adjusted mortality rate was nearly double than reported for the State of Florida. This measure includes all deaths occurring between January 1, 2020, and December 31, 2020, due to COVID-19, per 100,000 population.

In addition to Health Outcomes and Health Behaviors, a number of Clinical Care measures were also reviewed for the service area.

**Taylor County Health Rankings – Clinical
Care Measures Taylor County (FL)**

Clinical Care

Ranking (of 67) FL 62

Uninsured	15%	16%
Primary Care Physicians	3,080:1	1,370:1
Dentists	3,600:1	1,630:1
Mental Health Providers	3,090:1	550:1
Preventable Hospital Stays	4,394	4,203
Mammography Screening	36%	44%
Flu Vaccinations	34%	45%

While Taylor County’s uninsured population is similar to the rest of Florida, the ratio of primary care, dental and mental health providers in Taylor County is significantly higher when compared to the State ratios of these same providers. Mammography screenings and flu vaccinations were also notably lower in Taylor County when compared to the State.

CANCER INCIDENCE RATES

In reviewing cancer incidence data among men and women for Taylor County compared to the State of Florida and United States, Taylor County has a **significantly higher rate of lung cancer**. While the rate is notably higher, the overall 5-year trend indicates the rate is falling for both men (-3.1) and women (-2.4) in Taylor County.

Table: Taylor County – Cancer Incidence (All Races)

Age Adjusted Cancer Incidence	Taylor County			Florida			U.S.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
All Cancers (All Races - includes Hispanic)	426.2	463.9	428.3	499.9	431.0	460.2	487.4	422.7	448.6
Prostate	64.4	-	64.4	95.2	-	95.2	106.2	-	106.2
Lung	99.6	62.9	78.9	65.2	50.1	56.9	65.7	50.8	57.3
Breast (Female)	-	120.3	120.3	-	120.4	120.4	-	126.8	126.8
Skin	<3 cases	<3 cases	16.1	34.0	18.4	25.4	28.9	18.0	22.6
Pancreas	<3 cases	<3 cases	11.7	14.6	11.1	12.7	14.9	11.5	13.1

Source: State Cancer Profiles (statecancerprofiles.cancer.gov), Latest 5-Year Average (2014-2018)

Given the demographic make-up of Taylor County, cancer data was also reviewed specific to the Black (including Hispanic) population. Specific cancer rates were not available due to data limitations but in general, cancer incidence rates for the Black population are lower in Taylor County when compared to the All-Races cohort.

Table: Taylor County – Cancer Incidence (Black – includes Hispanics)

Age Adjusted Cancer Incidence	Taylor County			Florida			U.S.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
All Cancers (Black - includes Hispanic)	412.7	389.5	338.6	452.9	372.2	405.1	516.5	396.9	444.9

Source: State Cancer Profiles (statecancerprofiles.cancer.gov), Latest 5-Year Average (2014-2018)

MORTALITY RATES

Mortality rates from the Centers for Disease Control and Prevention indicates Taylor County has a significantly higher rate of mortality when compared to the State of Florida. While specific, county-level data were not available for some metrics, Taylor County has a mortality rate due to Chronic Obstructive Pulmonary Disease (COPD) and Pneumonia that is twice the rate of the State. Additionally, the rate of death due to cancer is notably higher, even with cancer incidence rates trending down.

Table: Taylor County – Mortality Rate

Age Adjusted Death Rates	Taylor County	FL
Total	1,091.4	735.7
Coronary Heart Disease	240.3	201.2
Cancer	275.1	136.3
COPD & Pneumonia	86.2	43.1
Accidents	Unreliable	67.7
Stroke	Unreliable	43.5
Diabetes	Unreliable	22.8
Homicide	No Data	7.8
Suicide	No Data	13.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

RURAL HEALTH INFORMATION HUB

The Rural Health Information Hub also provides data for measures that are defined as social determinants of health.

Table: Social Determinants of Health

	Taylor County (FL)	Rural FL	Urban FL
SDOH			
18-24 Year Olds Without a High School Diploma	38.8%	24.8%	14.1%
Low Access to Healthy Food*	84.8%	45.2%	48.3%
Median Household Income	\$43K	\$47K	\$60K
Personal Income \$100K and Over	14.4%	16.7%	26.0%
Personal Income Under \$25K	29.8%	26.5%	19.5%
Population Without a High School Diploma	18.9%	18.8%	11.2%
Poverty	19.3%	18.9%	12.2%
Unemployment Rate	6.2%	7.8%	6.4%

Source: Rural Health Information Hub via data from the US Census ACS, 2010, 2015, and 2020 5-year estimates; USDA Economic Research Service, 2019 (low access to health food); and the US Census Small Area Income and Poverty Estimates, 2009-2020.

Taylor County has a much higher percentage of 18–24-year-olds without a high school diploma compared to other Florida counties.

Access to healthy food as measured by residents’ proximity to the nearest supermarket (more than 10 miles) is also a significant issue in Taylor County compared to other areas in the State.

Overview of Process

The CHIP is a living document and an on-going process. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data sources being utilized to monitor the progress.

In January of 2019, after an extended absence from the staffing of the CHIP, the process was reevaluated to identify successes, challenges/barriers, and recommendations for changes to the CHIP. The Florida Department of Health in Taylor County took the lead in gathering information to create a draft of current statuses which was provided to the council for input. This led to a shift in the objectives of the CHIP to make them more obtainable and measurable.

In March 2022, DMH and FDOH – Taylor partnered to initiate an update of the 2018 Taylor County Community Health Assessment. The service area was defined as Taylor County with a supplemental snapshot of health metrics in Lafayette County, Florida, to account for the expansion of DMH’s service area and presence in Lafayette County. A combined quantitative and qualitative approach was used that incorporated hundreds of health indicators for the service area as well as three (3) community focus groups with thirty-one (31) participants and an online community health survey that generated 159 respondents.

Focus groups were used to collect qualitative feedback from community members. In March 2022, community members were identified by the CHA Steering Committee and invitations were extended to participate in one of three focus group sessions. In April 2022, three, 75-minute focus groups were conducted with thirty-one individuals representing the broad interest of the community.

The group looked at identifying available health services in the community, the overall perception of the community’s health, environmental concerns, discussed what could be done to improve the quality of life in the community, and what health care services were needed in the community.

In addition to the focus groups, an online survey was developed to gather feedback from a broader cross-section of the community. The survey collected 159 responses and looked at medical homes, overall health rankings, mental health, personal health challenges, access to care, top challenges for community members, and needs to improve the health in our community.

In consideration of the quantitative as well as qualitative feedback; the following community health needs were identified and prioritized:

Health Priority 1: Mental Health Services

Background: Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts. It also helps to determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. With a ratio of 3,090 residents to every 1 mental health provider in Taylor County (*Source: County Health Rankings and Roadmaps*) it is imperative that Taylor County begin to address these issues.

Priority Area: Mental Health Services

Objective 1.1: By December 31, 2023, a mental health resource guide will be developed and updated by December 31 of each year.

Objective 1.2: By December 31, 2026, reduce the number of hospitalizations for mental and behavioral health disorders from 188 (2021) to 180.

Strategy	Target Population	Activities	Expected Outcomes	Partner Community Organizations
Drive awareness of available mental health services	Youth	Develop comprehensive directory of available services specific to mental health services Partner with local law enforcement to educate on available on mental health services	<ul style="list-style-type: none"> Increase awareness of available services to refer patients to the best care site/provider. 	<ul style="list-style-type: none"> DMH A New Dawn A New Beginning Taylor Co School District Apalachee Mental Health FDOH Taylor FDOH Lafayette
	Adults			
Expand access to mental health services	Geriatrics	Explore grants to host tele-mental health services Work with local mental health providers to understand capacity and barriers to care.	<ul style="list-style-type: none"> Expand mental health services through tele-mental health. Determine how best to support existing mental health providers. 	<ul style="list-style-type: none"> TMH Taylor County Sheriff's Office Perry Police Department Local faith-based organizations Battlefront

Health Priority 2: Substance Abuse/Rehabilitation Services

Background: Substance use disorder changes normal desires and priorities, interferes with the ability to work, or attend school, and can negatively impact relationships with friends and family. To achieve success in this priority area, the TCHC has identified four strategies through equity, education, intervention, and prevention efforts to comprehensively tackle substance use disorders.

Priority Area: Substance abuse/rehabilitation services

Objective 2.1: By December 31, 2026, increase the number of face-to-face substance abuse support groups from 1 to 5.

Objective 2.2: By December 31, 2026, increase the number of Narcan distribution sites in Taylor County from 6 to 10.

Strategy	Target Population	Activities	Expected Outcomes	Partner Community Organizations
Increase awareness of available tobacco cessation programs	All populations	Partner with primary care offices on distributing information on local tobacco cessation programs Leverage Big Bend AHEC tobacco cessation referral system (via DMH EMR) for free resources (education, classes, nicotine replacement, etc.)	<ul style="list-style-type: none"> Increase referrals to cost-free tobacco cessation programs Reduce the tobacco use rates in the community 	<ul style="list-style-type: none"> DMH FDOH Taylor Big Bend AHEC Local provider offices UF IFAS Local Pharmacies Tobacco Free Florida (11-17 option)
Develop drug intervention programs for the community		Explore “leave behind” program to distribute Narcan in Emergency Department	<ul style="list-style-type: none"> Prevent overdose deaths with use of Narcan outside health care facilities 	<ul style="list-style-type: none"> DISC Village EMS Taylor County’s Sheriff’s Office Perry Police Department Taylor County Recovery Battlefront
Expand collaborative community efforts		Engage with JMT Drug and Recovery Coalition to expand efforts	<ul style="list-style-type: none"> Increase awareness of community driven drug and recovery efforts 	<ul style="list-style-type: none"> DMH FDOH Taylor JMT Drug and Recovery Coalition
Improve health education around drug use	Youth	Partner with Taylor County Schools to support substance abuse program/ curriculum through UF IFAS	<ul style="list-style-type: none"> Prevent initial use of drugs through education 	<ul style="list-style-type: none"> DMH FDOH Taylor Taylor County Schools UF IFAS Local faith based

Health Priority 3: Expand healthcare providers/services in Taylor County

Background: Taylor County is greatly underserved with high provider to population ratios for primary care physicians, dentists, and mental health providers. Transportation disadvantages along with lack of reliable internet services limits those that can seek specialty care, whether face-to-face or through tele-health. Because of these disparities, annual screenings, and flu vaccinations were notably lower in Taylor County when compared to the state.

Priority Area: Expand healthcare providers/services in Taylor County

Objective 4.1: By December 31, 2026, increase the number of specialty providers available face-to-face in Taylor County from 7 to 10.

Objective 4.2: By December 31, 2026, create memorandum of agreements between Doctors' Memorial Hospital and 3 outside agencies to provide pediatric assistance in the emergency room for largescale pediatric crisis(es).

Recruit more providers to the community	All populations	Align needs of the providers identified in the CHNA with the Doctors' Memorial Hospital provider recruitment plan.	<ul style="list-style-type: none"> Add providers to the local community to expand services 	<ul style="list-style-type: none"> DMH TMH Florida State University
Ensure staffing pipeline of critical healthcare positions		Recruit nursing and technical staff to support ongoing demand for services.	<ul style="list-style-type: none"> Maintain stable staffing of technical healthcare positions to ensure staff retention and reduce burnout/turnover 	
Explore innovative ways to deliver care in the community	Underserved Populations lacking transportation	Explore community medicine grants	<ul style="list-style-type: none"> Provide services through paramedicine model for those unable to travel to hospital/clinics for paramedicine appropriate services. 	

Health Priority 4: Free or affordable health screenings

Background: Getting recommended screenings and/or vaccinations is one of the most important things an individual can do for their health. The rate of premature death in Taylor County is significantly higher than compared to the state. Additionally, “poor to fair health” status was 10% higher in Taylor County than in the state of Florida (28% compared to 18%, respectively). While Taylor County’s uninsured population is similar to the rest of Florida, the ratio of primary care, dental, and mental health providers in Taylor County (3,080:1; 3,600:1; and 3,090:1 respectively) is significantly higher when compared to the State ratio (1,370:1; 1,630:1; and 550:1, respectively) of these same providers.

Priority Area: Free or affordable health screenings

Objective 4.1: By December 31, 2026, increase the number of free or reduced cost health screening events from 1 per year to 1 per quarter (or 4 per year).

Increase awareness and access to free or affordable health screenings	Underserved	Joint marketing to drive awareness of Big Bend AHEC efforts around A1C, blood pressure screenings, BMI and cholesterol screenings	<ul style="list-style-type: none"> Improve personal awareness of critical health indicators and direct to appropriate intervention programs based on screening results Increase breast and cervical health screenings through Taylor County Health Department Add access to HIV screening in Taylor County Improve partnerships with local employers to improve health of employed population through targeted programs 	<ul style="list-style-type: none"> DMH FDOH Taylor County TMH Primary Care Big Bend AHEC FDOH Leon County North Florida Medical Center Local employers UF IFAS RAM
	Youth	Joint marketing to drive awareness of breast and cervical health programs through Taylor County Health Department		
	Adult	Partner with Leon County Health Department (and others) for HIV screening events		
	Geriatric	Work with employers in community for health screenings supported by employer insurance plans		

Implementation

The TCHC believes that through enhanced collaboration, information sharing, communication strategies and community education that fosters community acknowledgement of health and healthcare issues and community approaches to addressing these issues will help in building the capacity for healthy lifestyles and positive health outcomes. It will also help the community's leaders, policymakers, and businesses with the true cost and benefit of individual health and the economic impact on the community.

The TCHC recognizes that improvement in health outcomes can take decades. In order to compensate for this lag in determining impact of activities, this plan will utilize two types of measures to determine progress toward improving the health of the community:

- Activity Measures – designed to capture and inform data collected locally and more directly reflect how the community plans to influence the priority issues
- Performance Measures – collected as part of the larger population health measures and presented in health reporting systems, such as FL Health CHARTS, the Behavioral Risk Factor Surveillance Survey, or others.

For each of the strategic priority areas, a task force and an action plan is being developed to tract the activities, provide progress notes, document successes, challenges, and allow for capture of discussion related to next steps in implementation.

Once raising the community's awareness is successful, the council anticipates seeing an increase in the number of local ordinances, policies, etc. that contain a health and wellness component. These policies may be around housing, transportation, education, community development or business opportunities.

Potential Policy Implications

Within the state of Florida, there are numerous policies which can be used to impact health issues within Taylor County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes (as needed)
Cancer (e.g., lung, prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of Cluster/Outbreak	
	FS 385.202	Requires Providers to Report to Florida Cancer Registry	
	FS 385.103	Chronic Disease Community Intervention Programs	
	FS 385.206	Hematology-Oncology Care Center Program	
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS 385.103	Chronic Disease Community Intervention Program	
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Program	
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Program	
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership	
	FS 385.204	Insulin; Purchase, Distribution; Penalty for Fraudulent	

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes (as needed)
		Application for and Obtaining of Insulin	
	FS 385.103	Chronic Disease Community Intervention Program	
Unintentional Injuries	FS 385.103	Chronic Disease Community Intervention Program	
	FAC 64B-7.001	Pain Management Clinic Registration Requirements	
	FAC 64K-100 (1,2,3,4, 5, 6, 7)	Establishment of Florida's Prescription Drug Monitoring Program	
	FS Title XXIX, Chapter 397	Substance Abuse Services	
	FS 316.613	Child restraint requirements	
	FS 316.614	Safety belt usage	
	FS 327.35	Boating under the influence; penalties; "designated drivers"	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Program	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
Arboviral Diseases	FS 388	Control of Arthropods in Florida	
Tuberculosis	FS 392	Tuberculosis Control	
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD (e.g., Hepatitis A)	
	FS 381.0072	Food Service Protection	
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities for the Care of Mildly-ill Children Requirements	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
		for Compulsory Immunizations for Admittance and Attendance	
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools, including Exemptions	
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FS Title XXIX, Chapter 384	STIs; Department Requirements	
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-200(2,3,4,6)	Outlines with Respect to HIV the Definitions, Confidentiality, Testing Requirements, and Registration of HIV Testing Programs	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
	FS 381.004	HIV Testing	

Maternal & Child Health			
Health Risk Factors	Florida Laws	Description	Changes
Birth Rates	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Infant Mortality	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Teen Pregnancy	FAC 64F-23.001	Informed Consent – Abortion	
	FS 63.053 and 63.054	Unmarried Father Registry	
	FS Title XXIX, Chapter 390	Termination of Pregnancies	
	Florida Constitution, Article X, Section 22	Parental Notice of Termination of Minor’s Pregnancy	
	FS Title XXIX, Chapter 384.31	STI: Testing of Pregnant Women; Duty of the Attendant	
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children’s Medical Services	

Health Resource Availability (Access & Resources)			
Health Risk Factors	Florida Laws	Description	Changes
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable	

Health Resource Availability (Access & Resources)			
Health Risk Factors	Florida Laws	Description	Changes
		Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FAC 64F-16.006	Sliding Fee Scale	
	FS 296.31	Veterans Nursing Home of Florida Act	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education and Prevention Program	
	FL Constitution, Article IX, Section 1	Public Schools, Education of All Students	
	FS Title XLVIII	K-20 Education Code (FS 1007 – Access)	
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent and Retired Senior Volunteer Services to High-Risk and Handicapped Children	
	FS Title XXX, Chapter 409	Social and Economic Assistance, Part I)	
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs, Alzheimer’s Disease Services	
	FS Title XXIX, Chapter 394	Mental Health	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
Disability	FS Title XXX, Chapter 410	Aging and Adult Services	
	FS Title XXX, Chapter 430	Elderly Affairs	
	FS Title XXIX, Chapter 393	Developmental Disability	
Crime	FS Title XLVI	Crimes in Florida	
	FAC 64B-7.002	Pain Clinic/Physician Disciplinary Guidelines	
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads or Blanks for Controlled Substance Prescribing	
	FAC 64B-21.504.001	School Psychology Disciplinary Guidelines	
	FS 767.04	Dog owner's liability for damages to person bitten (e.g., PEP)	
Suicide	FAC 64K-100 (1,2,3,4,5,6,7)	Establishment of Florida's Prescription Drug Monitoring Program – In Response to Overdose/Suicide Rates	
	FS 406.11	Examinations, Investigations, and Autopsies	
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
	FS 1003.455	Physical education; assessment	
Alcohol Use	FS Title XXXIV	Alcoholic Beverages and Tobacco Regulations	
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Act: FDOH shall	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
		regulate all facilities that DBPR does not with respect to this Act	
	FL Constitution, Article X, Section 20	Workplaces without Tobacco Smoke	
	FS Title XXXIV, Chapter 569	Tobacco Product Regulation	