



State Health Improvement Plan Steering Committee Meeting MINUTES

Details:

Date: September 30, 2021, 8:30 am – 4:00 pm

Address: First District Court of Appeal; Room 1183
2000 Drayton Drive | Tallahassee, FL 32399

Facilitator: Mirine Richey, MPH, IBCLC

Meeting Expectations/Objectives:

1. Review 2021 State Health Assessment findings.
2. Discuss health issues to consider as priorities for the 2022–2026 State Health Improvement Plan.
3. Select final priorities for the 2022–2026 State Health Improvement Plan.
4. Present next steps.

Member Participation:

Member Name	Member Organization	Attendance
Simone Marsteller, JD	Agency for Health Care Administration	<input checked="" type="checkbox"/>
Tom Rice for Barbara Palmer	Agency for Persons with Disabilities	<input checked="" type="checkbox"/>
Robin Safley, JD	Feeding Florida	<input checked="" type="checkbox"/>
Cynthia M. Harris, PhD, DABT	Florida Agricultural and Mechanical University – Institute of Public Health	<input checked="" type="checkbox"/>
Paul Rowley	Florida American Indian Health Advisory Council	<input type="checkbox"/>
Ben Browning, MPA	Florida Association of Community Health Centers	<input checked="" type="checkbox"/>
Mike Hill	Florida Association of Health Planning Agencies	<input type="checkbox"/>
Paul Runk, MS (virtual)	Florida Association of Health Plans	<input checked="" type="checkbox"/>
Melanie Brown-Woofter	Florida Behavioral Health Association	<input checked="" type="checkbox"/>
Kelli Tice, MD	Florida Blue	<input checked="" type="checkbox"/>
Mark Wilson, CCE	Florida Chamber Foundation	<input type="checkbox"/>
Alexandra Abboud, DPL (virtual)	Florida Dental Association	<input checked="" type="checkbox"/>
Nikki Fried, JD	Florida Department of Agriculture and Consumer Services	<input type="checkbox"/>



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Member Name	Member Organization	Attendance
Shevaun Harris, MSW, MBA	Florida Department of Children and Families	<input checked="" type="checkbox"/>
Adrienne Johnston, MS	Florida Department of Economic Opportunity	<input type="checkbox"/>
Eric Hall, EdD	Florida Department of Education	<input type="checkbox"/>
Richard Prudom	Florida Department of Elder Affairs	<input checked="" type="checkbox"/>
Britney Moore	Florida Department of Environmental Protection	<input checked="" type="checkbox"/>
Joseph A. Ladapo, MD, PhD	Florida Department of Health	<input type="checkbox"/>
Shamarial Roberson, DrPH, MPH	Florida Department of Health	<input checked="" type="checkbox"/>
Sarah Quaranta, MPH	Florida Department of Health – Rural County Health Department	<input checked="" type="checkbox"/>
Robin Napier, MS (virtual)	Florida Department of Health – Medium County Health Department	<input checked="" type="checkbox"/>
Aaron Kissler, MPH	Florida Department of Health – Large County Health Department	<input checked="" type="checkbox"/>
Ulyee Choe, DO (virtual)	Florida Department of Health – Metro County Health Department	<input checked="" type="checkbox"/>
Josefina Tamayo, JD	Florida Department of Juvenile Justice	<input checked="" type="checkbox"/>
Lora Hollingsworth, PE	Florida Department of Transportation	<input type="checkbox"/>
Ryan Lock for Kevin Guthrie, MA, CEM, MEP, FPEM	Florida Division of Emergency Management	<input checked="" type="checkbox"/>
Mary Mayhew	Florida Hospital Association	<input checked="" type="checkbox"/>
Elaine Roberts	Florida Housing Finance Corporation	<input checked="" type="checkbox"/>
Joseph West, ScM, ScD	Florida Institute for Health Innovation	<input type="checkbox"/>
Elena Bastida, PhD	Florida International University – Robert Stempel College of Public Health and Social Work	<input type="checkbox"/>
Ashley Heath Dietz, MS	Florida Philanthropic Network	<input type="checkbox"/>
George Rust, MD, MPH	Florida State University – Center for Medicine and Public Health	<input type="checkbox"/>
Rachel Kamoutsas, JD	Office of Attorney General Ashley Moody	<input checked="" type="checkbox"/>
Rick Owen, MA	United Way of Florida	<input type="checkbox"/>
Cindy Prins, PhD, MPH, CIC, CPH	University of Florida – College of Public Health and Health Professions	<input checked="" type="checkbox"/>



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Member Name	Member Organization	Attendance
Ana Palacio, MD, MPH	University of Miami – Department of Public Health Sciences	<input checked="" type="checkbox"/>
Leslie Pearsall	VISIT FLORIDA	<input checked="" type="checkbox"/>

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Meeting Notes:

Topic	Summary of key points, decisions and action items	Presenter
<p>Opening Remarks</p>	<p>Meeting facilitator, Mirine Richey, reviewed housekeeping items and welcomed Steering Committee members to the meeting. Ms. Richey then introduced the Chair of the meeting, Simone Marstiller, JD, Secretary, Agency for Health Care Administration (AHCA).</p> <p>Secretary Simone Marstiller welcomed committee members to the meeting. She stated that she was honored to be sitting in for the new State Surgeon General, Dr. Ladapo, as Chair for this meeting. She thanked the First District Court of Appeal for providing the space and allowing the committee to use their facilities. She stated that she was proud to represent the AHCA. The AHCA's mission is "Better health care for all Floridians," and Secretary Marstiller emphasized that we must all work together to prioritize the health of all Floridians with the goal of sharing the vision of improved health in Florida. She stated that the State Health Improvement Planning process is an iterative process, and the plan is a living document that needs to be addressed and visited periodically to assess objectives and priorities. She referenced the current plan and how it can be used to shape the new one. Secretary Marstiller stated that the Governor has been vocal about priorities for Florida health. Issues such as Alzheimer's disease, Maternal and Child Health, Neonatal Abstinence Syndrome, opioid use disorder and mental health should all be considered for the upcoming State Health Improvement Plan. Secretary Marstiller stated that the State Health Assessment has given a framework from which to develop the 2022–2026 State Health Improvement plan. She recognized the State Health Assessment Advisory Group and thanked them for their work. Secretary Marstiller concluded with this takeaway message: "Today is a very big vote, and the hope is that we will come to a consensus on the health priorities for the 2022–2026 SHIP (State Health Improvement Plan)."</p>	<p>Simone Marstiller, JD Secretary Agency for Health Care Administration</p>
<p>Steering Committee Member Introductions</p>	<p>2022–2026 Steering Committee members introduced themselves and their respective agency or organization.</p>	<p>Steering Committee members</p>

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<p>2021 State Health Assessment Findings and Recommended Priority Health Issues</p>	<p>Melissa Murray Jordan, MPH, Director, Division of Community Health Promotion, Florida Department of Health, provided an overview of the 2021 State Health Assessment, which is the roadmap and framework to help committee members think about health outcomes. Ms. Jordan reviewed priority health concepts and encouraged the group to think about gaps and to categorize priorities into meaningful groupings. America’s Health Rankings Model & Roadmap was reviewed.</p> <p>Ms. Jordan discussed the perception surveys that were conducted as part of the State Health Assessment:</p> <ul style="list-style-type: none"> • Resident Survey • Health Care Provider Survey • Stakeholder Survey <p>Results of these surveys yielded three overarching themes:</p> <ul style="list-style-type: none"> • Access to affordable care and nutritious food • Drug abuse and misuse • Behavioral health/dental care being the services most difficult to obtain <p>Ms. Jordan reviewed the role of the State Health Assessment Advisory Group and explained that the group looked at the State Health Assessment data to assist them in making recommendations for the 2022–2026 State Health Improvement Plan health priorities. The Advisory Group first met in August 2021, and again in September 2021 where, ultimately, they proposed twelve health priority areas for recommendation to the Steering Committee at the time of this meeting.</p> <p>Ms. Jordan and the committee members discussed some cross-cutting issues to consider, such as health equity and vulnerable populations.</p> <p>Ms. Jordan reviewed the twelve topic areas put forth as recommendations by the State Health Assessment Advisory Group, and she reiterated that the goal for this meeting was working toward a consensus so that the health priorities could be finalized at the next Steering Committee meeting to be held in October 2021.</p>	<p>Melissa Murray Jordan, MPH Director, Division of Community Health Promotion Florida Department of Health</p> <p>Steering Committee members</p>

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	<p>The twelve topic areas put forth were:</p> <ul style="list-style-type: none"> • Behavioral Health (including substance use) • Health Care Access and Quality • Social and Structural Determinants of Health • Vulnerable Populations • Chronic Diseases and Conditions (co-morbidities) • Infectious Diseases • Injury, Safety and Violence • Diet and Exercise • Emergency Preparedness (pandemic readiness and emergency response) • Environmental Health • Tobacco Use (e-cigarettes and vaping) • Oral Health 	
<p>Discussion of Recommended Priority Health Issues</p>	<p><u>Josefina Tamayo, JD, Florida Department of Juvenile Justice</u> Secretary Josefina Tamayo commented that vulnerable populations, such as “at-risk youth” like those served at the Florida Department of Juvenile Justice (DJJ), should be included in the proposed health priorities. She suggested that Adolescent Health could be one of the health priorities included in the 2022–2026 State Health Improvement Plan.</p> <p><u>Shevaun Harris, MSW, MBA, Florida Department of Children and Families</u> Secretary Shevaun Harris asked about Alzheimer’s Disease and Related Dementias. Melissa Murray Jordan explained that the State Health Assessment Advisory Group had recommended this to be placed into the Chronic Diseases category.</p> <p><u>Simone Marstiller, JD, Agency for Health Care Administration</u> Secretary Simone Marstiller indicated that she was glad to see violence included in the proposed topics and emphasized that violence is an indicator/determinant of</p>	<p>Steering Committee Members</p>

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	<p>health. She posed two questions: What was the thought process around changing the groupings within the current SHIP? Do we have information to tell the Steering Committee on progress the state has made toward current SHIP objectives?</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson commented that the group may want to consider pulling out specific issues and call them stand-alone priorities (for example, not having a category such as “adolescent health” buried under “vulnerable populations”). She also suggested that there should be a focus on lessons learned plus what worked and what did not; and there should be a data-driven and actionable approach.</p> <p><u>Melissa Murray Jordan, MPH, Florida Department of Health</u> Ms. Melissa Jordan explained SMART objectives (Specific, Measurable, Achievable, Relevant, Timely), the State Health Improvement Plan Annual Progress Report (APR) and the process of the State Health Improvement plan quarterly data collection.</p> <p><u>Michelle Branham, Florida Alzheimer’s Association</u> Ms. Michelle Branham advocated for the existing priority of Alzheimer’s Disease and Related Dementias. She stated that she would like to see the continuation of the early detection and diagnosis momentum within the next State Health Improvement Plan. She emphasized that there are currently 580,000 individuals in Florida living with Alzheimer’s disease, and she pointed out that there will be a significant increase in Alzheimer’s patients within the next five years. Ms. Branham also pointed out that Florida is the only state that has Alzheimer’s Disease and Related Dementias as part of its State Health Improvement Plan.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Dr. Christopher Cogle made the observation that three of the top four proposed priority issues appear to be broad domains.</p>	

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	<p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson spoke about evidence-based strategies and suggested that the group should focus on whether topics should be broad or focused. She also addressed emergent issues such as that the State Health Improvement Plan has meaningful impacts.</p> <p><u>Mary Mayhew, Florida Hospital Association</u> Ms. Mary Mayhew commented that there appears to be much overlap among the proposed health priorities. She suggested an analysis of how impactful each priority is on the overall State Health Improvement Plan and posed the following questions: What is the magnitude of the impact? How do we minimize any siloed goals? How can the priorities impact one another?</p> <p><u>Aaron Kissler, MPH, Florida Department of Health, Lake County Health Department</u> Mr. Aaron Kissler suggested that the categories could be narrowed down, as certain categories can fit under other more broad categories.</p> <p><u>Mirine Richey, MPH, IBCLC, Facilitator</u> Ms. Mirine Richey reminded the members that the final health priorities did not have to be decided at this meeting, but rather, this was the chance for members to come to a consensus so that they could move forward with the State health Improvement Planning process.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Dr. Christopher Cogle gave a brief presentation about the work of Medicaid and linkage to the State Health Improvement Plan. He pointed out that the work of Medicaid overlaps with State Health Improvement Plan goals and objectives. He spoke about the transition from fee-for-service to managed care, and he emphasized that the managed care organizations are good partners to help achieve health outcomes. He also mentioned that the movement is toward thinking of providers not as individual providers but as teams of providers from multiple specialties. He stressed the importance of data in achieving results. He spoke about health priorities that resonate within Medicaid such as mental health,</p>	

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	<p>substance abuse, housing, telemedicine, vulnerable populations and access to care. He emphasized the importance of integrating behavioral health care with medical care and the importance of making changes at a policy level. Lastly, Dr. Cogle reminded the committee members that the State Health Improvement Plan does not belong to the Florida Department of Health. He said it belongs to the state of Florida, and there needs to be multiple stakeholders to achieve the goals of the plan.</p> <p><u>Mary Mayhew, Florida Hospital Association</u> Ms. Mary Mayhew commented that the SHIP complements Medicaid. She reiterated that the categories of behavioral health, chronic disease, etc. align with the work of Medicaid. She also stated that she believes mental health and substance abuse will need to be priorities. Additionally, she said the group should think about policy changes as the State Health Improvement Plan is developed.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson asked the group to consider the current SHIP and its successes, and she asked them to consider what would be the best way to continue moving forward. She mentioned that applications should be submitted for additional funding. She also stated that the community should be highlighted and communication with the public will be key. She reiterated that this is not the Florida Department of Health’s SHIP, but rather the state of Florida’s SHIP.</p> <p><u>Ursula Keller Weiss, PhD, Florida Department of Health</u> Dr. Ursula Keller Weiss presented on the highlights from the 2019 State Health Improvement Plan Annual Progress Report (APR). Dr. Weiss pointed out that the current State Health Improvement Plan contains 101 objectives. She reminded the committee members that this report could be found at FloridaSHIP.org, and she reviewed other resources housed on this website. Within the APR, Dr. Weiss showed the progress by priority area and pointed out areas of excellence as well as opportunities for improvement sections. She highlighted four priority areas: Health Equity, Maternal and Child Health, Injury, Safety and Violence, and Alzheimer’s Disease and Related Dementias.</p>	

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	<p><u>Melanie Brown-Woofter, Florida Behavioral Health Association</u> Ms. Melanie Brown-Woofter discussed the need to focus on substance abuse disorders and emphasized that the overall aspects of well-being are very important. Vulnerable populations need to be addressed by framing their health care in a more wholistic fashion. She stated that the group should figure out the most critical issues and focus on those first.</p> <p><u>Jennifer Johnson, MPH, Florida Behavioral Health Association</u> Ms. Jennifer Johnson talked about the importance of the integration of behavioral health and physical health. She highlighted the opioid epidemic and substance abuse in general. She also pointed out that behavioral health should be a priority in the State health Improvement Plan and should include access to Medication Assisted Treatment (MAT) for substance abuse disorders.</p> <p><u>Robin Safely, JD, Feeding Florida</u> Ms. Robin Safely commented that she felt that the current State Health Improvement Plan was somewhat sidetracked into measuring progress/process. She emphasized the need to be focused on how to change policy. The SHIP should be a dynamic document with focus on policy rather than reporting what has been done. Nutrition and hunger are embedded in all of the proposed health priorities.</p> <p><u>Shevaun Harris, MSW, MBA, Florida Department of Children and Families</u> Secretary Shevaun Harris stated that she is excited about Social Determinants of Health being recommended as a priority for the State Health Improvement Plan. She agrees with the earlier comment about access to MAT being a concern in the area of substance abuse.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson reiterated the SHIP process and reminded the group that this is the first draft; the finalized product will be produced in October. She commented that there should be a focus on maternal and child health. She also asked the members whether this category should be a “stand-alone” or whether it should be embedded in vulnerable populations.</p>	

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	<p><u>Kelli Tice, MD, Florida Blue</u> Dr. Kelli Tice commented that she feels maternal and child health should be a “stand-alone” priority, and she is concerned about it being buried under something else.</p> <p><u>Simone Marstiller, JD, Agency for Health Care Administration</u> Secretary Simone Marstiller talked about possibly focusing on population groups because the various population groups span each of the health issue categories. She stated that maybe the State Health Improvement Plan should be more person focused.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Following up on Secretary Marstiller’s comment, Dr. Christopher Cogle pointed out that one state other than Florida, California, does their SHIP by population. He mentioned that there is a spectrum, a cross-over of these issues. For example, maternal and child health, mental health and substance use span many populations.</p> <p><u>Cassandra Pasley, Florida Department of Health</u> Chief of Staff Ms. Cassandra Pasley agreed that each health issue priority affects many populations. She stated that the focus should be on the whole person, looking at the cross-section of conditions because they can impact at any stage of life. For example, she asked how it is possible to talk about diabetes in just one age group.</p> <p><u>Simone Marstiller, JD, Agency for Health Care Administration</u> Secretary Simone Marstiller pointed out that some diseases aren’t necessarily age-related, and the group should not be hesitant to re-focus priorities based on how they impact different ages.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson spoke about the life-course approach, focusing on how to address these health priority issues throughout life in</p>	

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	<p>an evidence-based way, rather than approaching each issue as a separate entity. Life-course should be used as a framework for the topics, not a topic itself, because life-course is an approach rather than a topic.</p> <p><u>Mary Mayhew, Florida Hospital Association</u> Ms. Mary Mayhew reiterated the importance of the SHIP being a “living document” with the State Health Improvement Plan being adjusted over time while maintaining a people-oriented focus. She pointed out that some challenges we are facing now may not be the same challenges we are facing five years from now.</p> <p><u>Melanie Brown-Woofter, Florida Behavioral Health Association</u> Ms. Melanie Brown-Woofter recommended moving Alzheimer’s Disease and Related Dementias back to a “stand-alone” topic. She also discussed the framework and how the health issues will be analyzed. She suggested Maternal and Child Health might be able to be looked at more on an age spectrum with social determinants of health guiding its goals. Ms. Brown-Woofter stated that social determinants of health were used to guide with success in the past, and she feels they would be good to use as a framework for the future SHIP.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Dr. Christopher Cogle talked about the life-course proposal and suggested there could be five categories to focus on within each life stage.</p> <p><u>Alexandra Abboud, DPL, Florida Dental Association</u> Ms. Alexandra Abboud proposed to move health care access and quality to a stand-alone health priority while moving oral health under access and quality. She suggested possibly renaming the priority to “Overall Health Access and Quality” or “Total Health Access and Quality.” She also pointed out that oral health literacy is very underdiscussed and needs to be addressed.</p> <p><u>Josefina Tamayo, JD, Florida Department of Juvenile Justice</u> Secretary Josefina Tamayo reaffirmed her proposal to break out adolescent health into its own priority area.</p>	

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	<p><u>Mary Mayhew, Florida Hospital Association</u> Ms. Mary Mayhew stated that mental health should be its own priority as it has multi-agency impact. She commented that states are trying to navigate a vision for behavioral health without the national focus that other priorities have, and she emphasized that behavioral health is critically important.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson commented that emergency preparedness is an integral part of the current State Health Improvement Plan. She asked the Steering Committee representative from the Florida Division of Emergency Management to provide input on how it should be framed in the next State Health Improvement Plan.</p> <p><u>Ryan Lock, Florida Division of Emergency Management</u> Mr. Ryan Lock stated that emergency preparedness spans all populations/health issues, but it does not need its own priority. He commented that he feels the life course approach is the way to go.</p> <p><u>Robin Safely, JD, Feeding Florida</u> Ms. Robin Safely reiterated that nutrition is a very important topic, and access to healthy food fits under all health issues/categories. She indicated that nutrition could be embedded within the Social Determinants of Health category for now.</p> <p><u>Shevaun Harris, MSW, MBA, Florida Department of Children and Families</u> Secretary Shevaun Harris reiterated the need for an effective State Health Improvement Plan. She stated that the group should determine what the biggest challenge with the structure of the current plan has been (for example, focus, marketing, organization, etc.).</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson stated that with the current State Health Improvement Plan, there has been a lack of effort from all parties involved in that there has not been as much support as is needed for success. She suggested</p>	

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	<p>there is a need for increased funding. She stated that the work groups need to create action steps and request data to continue accreditation. Also, agencies need to truly own and commit to these priorities and objectives. There needs to be a consideration of time, money, personnel capacity and resources. When the plan is developed, it must be ensured that all agencies, organizations and programs have the tools needed for success.</p> <p><u>Shevaun Harris, MSW, MBA, Florida Department of Children and Families</u> Secretary Shevaun Harris reiterated that there are vulnerable populations within all age groups, and vulnerable populations should either be a separate priority or be included within all health issues/priorities.</p> <p><u>Dr. Cynthia Harris, PhD, DABT, Florida Agricultural & Mechanical University</u> Dr. Cynthia Harris commented that health equity should be its own priority because the data reflect the need.</p> <p><u>Melanie Brown-Woofter, Florida Behavioral Health Association</u> Ms. Melanie Brown-Woofter reminded the group that while it is important to track progress, it is also important to follow up and provide these resources to the communities, schools, etc.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Dr. Christopher Cogle talked about having “inspirational goals” or focused, short-term goals. He mentioned that tobacco is a major problem, and it reaches across several areas such as mental health, chronic disease, social determinants of health, etc.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson stated that tobacco should be considered as a health priority since it is so overarching. She mentioned using Tobacco Free Florida as a role model.</p>	

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	<p><u>Ulyee Choe, MD, Florida Department of Health, Pinellas County Health Department</u> Dr. Ulyee Choe stated that HIV, congenital syphilis and immunizations need to be considered, as infectious diseases are so over-arching. He advocated for Infectious Diseases being a stand-alone priority.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson commented that it is not the number of issues that is important. It is the capacity and commitment to working on the issues, whether three or ten, that is most important.</p> <p><u>Britney Moore, Florida Department of Environmental Protection</u> Ms. Britney Moore advocated for placing physical activity or access to physical activity under Social Determinants of Health.</p> <p><u>Robin Safely, JD, Feeding Florida</u> Ms. Robin Safely commented that we want to force synergy and not go back to our siloes. Access to healthy food should be placed under Social Determinants of Health. She stated that exercise opportunities should be renamed to something like “access to physical activities” and it should also be moved to under Social Determinants of Health. She commented that the more priorities there are, the more difficult it becomes for cross-over among agencies. She pointed out that the proposed health issues are all integrated and if they are separated too much, we risk going back into our “holes” and not working inter-agency.</p> <p><u>Dr. Cynthia Harris, PhD, DABT, Florida Agricultural & Mechanical University</u> Dr. Cynthia Harris brought up the issue of children in foster care with regard to access to behavioral health services and trauma-informed services. This speaks to vulnerable populations and ensuring access to health care for children.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson mentioned that health equity concepts should be applied specifically to each population, including vulnerable</p>	

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	<p>populations. She stated that every priority needs to be analyzed for its vulnerable populations.</p> <p><u>Kelli Tice, MD, Florida Blue</u> Dr. Kelli Tice stated that each priority area workgroup should be asking “who are we missing?” She stated it is important that social determinants stand alone because we need to figure out where on the care continuum folks are unable to access care or reach the resources needed. She emphasized that vulnerable populations are the most significantly impacted. She also stressed that health equity should be treated as a lens to look through, and it should be included in each priority. Dr. Tice also brought up the impact of climate change. Additionally, she spoke about educational priorities and suggested the group should be asking how to expand the resources for these problems and look at what is driving the disparities.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson stated that the priorities are based on data and the State Health Assessment. The priorities are being looked at to identify themes and health equity needs to be embedded in every priority. She pointed out that the data identify where we need to focus and what needs to be changed. Priority areas need to be intentional for all, and in all languages. The goal is to be the lead state in the health improvement process. This is a living process and a living document. Dr. Roberson also stated that there is no opposition to having more than five priorities in the State Health Improvement Plan, and that no one priority will be ranked above any other. Dr. Roberson re-capped the proposed priorities based on Steering Committee discussion: Injury, Safety and Violence; Tobacco Use; Chronic Diseases and Conditions; Infectious Diseases; Social and Structural Determinants of Health; Alzheimer’s Disease and Related Dementias; Maternal and Child Health; Health Care Access & Quality/Oral Health; Adolescent Health; and Behavioral Health (including mental illness and substance use).</p>	

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	<p><u>Dr. Cynthia Harris, PhD, DABT, Florida Agricultural & Mechanical University</u> Dr. Cynthia Harris spoke about environmental health and the built environment. Environmental health is cross-cutting, a big part of social determinants of health and should be viewed with a health equity lens.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson suggested the possibility of someone giving a short presentation on environmental health (why it is important and what should be addressed) at the October Steering Committee meeting.</p> <p><u>Richard Prudom, Florida Department of Elder Affairs</u> Secretary Richard Prudom mentioned the importance of environment and suggested it should be moved to under Social Determinants of Health. He also discussed social determinants and how they tie into aging.</p> <p><u>Paul Runk, MS, Florida Association of Health Plans</u> Mr. Paul Runk spoke about COVID-19 vaccine hesitancy and how this hesitancy is bleeding into other childhood vaccinations. He emphasized the importance of vaccines and advocated for considering vaccine related issues in Maternal and Child Health.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson followed up on Mr. Runk's comments and agreed that immunizations is a very important topic with all populations (children, the aging population, etc.). She stated that as we look at setting metrics, it should be considered as a subset of Maternal and Child Health.</p> <p><u>Elaine Roberts, Florida Housing Finance Corporation</u> Ms. Elaine Roberts mentioned that housing should be under Social Determinants of Health.</p>	

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	<p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson agreed with Ms. Roberts. She stated that housing is under health equity in the current SHIP although it is a public health issue. She agreed with moving it to Social Determinants of Health and indicated that it aligns with Healthy People 2030. Dr. Roberson stated she appreciates the partnership with the Florida Housing Corporation, and she looks forward to expanding partnerships.</p> <p><u>Christopher Cogle, MD, Agency for Health Care Administration</u> Dr. Christopher Cogle emphasized the importance of expanding data collection to better analyze the cross-cutting issues.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson stated that the pandemic has taught us that there are more ways to collect real-time data than how we have historically done it, and we should be applying that new knowledge to health data collection. She also mentioned that we should be looking at traditional and non-traditional data.</p> <p><u>Cindy Prins, PhD, MPH, CIC, CPH, University of Florida</u> Dr. Cindy Prins pointed out that data from COVID-19 was pandemic data and not necessarily an accurate reflection of typical data. She commented that although pandemic data are different data, a lot has been learned from it. Data teams could use data collection methods used during the pandemic.</p> <p><u>Ben Browning, MPA, Florida Association of Community Health Centers</u> Mr. Ben Browning stated that transportation should also be considered as a social determinant of health and it is a very important issue. Transportation is a potential barrier to accessing health care and healthy food.</p> <p><u>Shamarial Roberson, DrPH, MPH, Florida Department of Health</u> Deputy Secretary for Health Shamarial Roberson stated there is a health equity data profile with most of these determinant metrics. The existing data sources will</p>	

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	<p>be shared in the future, and new data sources will be documented. She agreed that transportation metrics should be included in future analyses. Dr. Roberson also mentioned the Florida Department of Health’s partnership study with Florida State University pertaining to housing and adolescents with HIV.</p> <p><u>Richard Prudom, Florida Department of Elder Affairs</u> Secretary Richard Prudom discussed Alzheimer’s disease. He spoke about President Trump’s legislation that was a breakthrough and focused more on prevention. Also, he talked about how Governor DeSantis made Alzheimer’s disease a stand-alone priority in the state’s current SHIP. He then stated that Florida is making Alzheimer’s research a priority, and it pushes Florida toward being the gold standard because no other state has this priority. Secretary Prudom emphasized how many Floridians are living with Alzheimer’s disease and other dementias, and that these numbers, as well as the number of caregivers, will continue to grow. He advocated to keep Alzheimer’s disease as a stand-alone priority.</p> <p><u>Sarah Quaranta, MPH, Florida Department of Health, Gulf/Franklin County Health Departments</u> Ms. Sarah Quaranta stated that from a county level perspective, the counties look to the SHIP to form their CHIPs (Community Health Improvement Plans). Counties can get behind all of these priorities. She emphasized the importance of the SHIP needing to be understood at the local level.</p>	
<p>Priority Health Issues Summation</p>	<p>Facilitator, Ms. Mirine Richey, summarized the proposed health priorities based on the Steering Committee discussion. The ten proposed priority issues are:</p> <ul style="list-style-type: none"> • Injury, Safety and Violence • Tobacco Use • Chronic Diseases and Conditions • Infectious Diseases • Social and Structural Determinants of Health • Alzheimer’s Disease and Related Dementias • Maternal and Child Health 	<p>Mirine Richey, MPH, IBCLC</p>

State Health Improvement Plan Steering Committee Meeting
Minutes

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	<ul style="list-style-type: none"> • Health Care Access & Quality/Oral Health • Adolescent Health • Behavioral Health (including mental illness and substance use disorder) 	
<p>2022-2026 State Health Improvement Plan Priority Selection and Voting</p>	<p>Steering Committee members (both in-person attendees and virtual attendees) were asked to vote on the above health priority issues. They were asked to vote for the issues that they would like to move forward as potential priorities to be included on the 2022–2026 State Health Improvement Plan. Voting was completed.</p>	<p>Steering Committee members</p>
<p>2022-2026 State Health Improvement Plan Next Steps</p>	<p>Dr. Ursula Keller Weiss presented on the 2022–2026 State Health Improvement Plan next steps. She explained that the Steering Committee would reconvene in a few weeks (late October) to finalize the health priorities for the 2022–2026 State Health Improvement Plan. The Priority Area Workgroups (PAWs) will then develop goals for each priority. The goals will then be presented to the Steering Committee for approval in December 2021.</p> <p>Dr. Weiss described the role of PAWs, explaining that it is the PAWs’ responsibility to develop meaningful goals and measurable objectives, to meet regularly, suggest revisions and serve as State Health Improvement Plan champions to increase awareness and engagement.</p> <p>Lastly, Dr. Weiss presented the 2021 Steering Committee timeline:</p> <ul style="list-style-type: none"> • September 30, 2021 meeting (the date of this meeting) • October 2021 meeting (the priority finalization meeting) This will be a one-to-two hour meeting, either face-to-face or virtual, depending on members’ preference. Members will be receiving a Doodle poll to indicate preferences for dates and in-person vs. virtual. • November 2021: PAWs goal development • December 2021: Steering Committee goal review • January 2022: launch of the new State Health Improvement Plan 	<p>Ursula Keller Weiss, PhD Director Division of Public Health Statistics and Performance Management</p>

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<p>Public Comment</p>	<p>At this point, members of the public were given the opportunity to comment.</p> <p>Ghasi Phillips-Bell, PhD (Florida Department of Health): Dr. Phillips-Bell introduced herself as the internal co-chair for the Maternal and Child Health priority area. She commented that she noticed that immunizations were placed under maternal and child health, and she stated it is her opinion that immunizations may fit better under infectious diseases. She also stated that she observed that infant safe sleep was placed under injury, safety and violence, but she recommends it to be placed under the maternal and child health priority.</p> <p>Paul Runk (Florida Association of Health Plans): Mr. Runk mentioned that immunizations should be under maternal and child health. However, he stated he agrees (and thinks it was recognized) that immunizations can cut across all age groups. He stated that from his association’s standpoint, it is something they focus on intently as it is a HEDIS (Healthcare Effectiveness Data and Information Set) measure for association members.</p>	<p>Members of the public</p>
<p>Closing Remarks</p>	<p>Secretary Simone Marstiller provided closing remarks. She stated that she was very proud of the team and excited about both how the meeting went and the new State Health Improvement Plan. She stated that she looks forward to the next meeting, during which time the health priorities will be finalized.</p> <p>Meeting adjourned at 2:10 PM</p>	<p>Simone Marstiller, JD Secretary Agency for Health Care Administration</p>