



# FLORIDA Healthy People 2010

## Program Report

**2009 OFFICE OF MINORITY HEALTH**

Charlie Crist, Governor

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State Surgeon General, Florida Department of Health

Florida Healthy People 2010 Minority Program Health Report  
December 2009  
Florida Department of Health, Office of Minority Health

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Section 381.736, Florida Statutes, requires the Department of Health, in collaboration with the Agency for Health Care Administration (AHCA) to provide a progress report to the Florida Legislature regarding the status of the implementation of the Florida Healthy People 2010 Program by December 31 of each year.

# Minority Health

## Florida Healthy People 2010 Program

### December 2009

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## EXECUTIVE SUMMARY

The mission of the Florida Department of Health (DOH) is to promote, protect, and improve the health of all people in Florida. In compliance with Florida Statutes, Section 381.736, Healthy People 2010 Program, an annual progress report is provided to the State Legislature regarding Florida's status in health disparities and in meeting federal Healthy People 2010 goals and objectives. Federal Healthy People 2010 goals and objectives are designed to measure and help to improve the health of all Americans by seeking to increase the quality and length of healthy life and eliminate health disparities among different segments of the population. The Department of Health works in collaboration with the Agency for Health Care Administration (AHCA) to produce the Florida Healthy People report. A goal of the Florida Healthy People 2010 Program is to educate professionals, culturally and linguistically, about methods of reducing negative health outcomes associated with some racial and ethnic cultures.

A component of the report requires the state to work with the Minority Physician Networks (MPNs) to address health disparities. The MPNs - Access Health Solutions and NetPass - provided culturally competent medical services to minority populations in the Florida Medicaid/MediPass program. In 2008, Access Health Solutions entered into an agreement with Sunshine State Health Plan (HMO) and Florida NetPASS entered into an agreement with Molina Healthcare (HMO). As a result, in 2009, Access Health Solutions and Florida NetPASS patients began to be transitioned from the MPNs to the new HMOs. The final transition from Florida NetPass to Molina Healthcare will take place effective January 1, 2010. The transitions from Access Health Solutions to Sunshine State Health Plan will continue to occur throughout 2010 with the final transitions occurring effective July 1, 2010. Due to the transitioning of the Minority Physician Networks, this will be the last report that will include this required legislative mandate.

To fulfill legislative requirements to promote the establishment of public and private partnerships to increase the proportion of health care professionals from minority backgrounds, the Department has formed a collaborative partner and has become a stakeholder with the Florida Alliance for Health Professions Diversity. This partnership provides an opportunity to fulfill the requirement, close the gap in health care professionals, and health disparities.

While the Florida Health Status Data in this report may not reflect a large decrease in several of the health status indicators to close the health gap, there are exceptions that demonstrate overall that Florida is performing better than the national goal. For example, the age-adjusted death rate for coronary heart disease in Florida is 129.2 and the national goal is 162.0. Florida's Health Status Data reflects that since 2005, the coronary heart disease age-adjusted death rate per 100,000 for Blacks has continued to decline from 152.5 to 120.6 in 2008. Rates for Blacks in breast and cervical cancer and HIV/AIDS have also declined. However, the disparate health gap in infant mortality is sobering as the rate is 12.9 for blacks and 5.5 for whites.

This report also provides an overview of cultural competence and linguistically appropriate health literacy, the Department's efforts to develop a web-based cultural competence training module, and train staff to become culturally and linguistically competent. Collaborative partners – The Florida Alliance for Health Professions Diversity, The Florida Division of the American Cancer Society, The Health Council of South Florida, and the Department's Family Health Services Cancer Program are also addressed. These collaborative public and private partnerships work with the Office of Minority Health to address and fulfill the requirements of HP 2010 and seek to close the gap in health disparities.

## INTRODUCTION

### *Focus of Program*

To develop collaborative partnerships to combat health disparities among minorities and non-minorities and increase minorities in health care professions. Particular attention must be given to the impact of racial and ethnic culture on health status throughout the state.

### *The Problem*

As stated in previous Florida Healthy People 2010 reports, the 2008 Florida Health Status Data continues to demonstrate that disparities exist in minority populations. Those causes exist on multiple levels and are restated:

- barriers to access, socioeconomic and health risks factors, the need for improved language communication, cultural familiarity and education;
- the health care delivery system itself, resulting in variations in the quality of care delivered at the patient-provider level;
- the complexities of navigating managed care have been identified, but solutions are complex; and,
- the lack of minorities in health care professions.

### *Examples of Disparities*

Disparities in the 2008 Florida Health Status Data report can be seen in diabetes, infant mortality, HIV/AIDS, coronary heart disease, prostate cancer and other diseases that affect minority populations. The Florida Health Status Data (2005-2008) are included in table format on page 4, and in chart format on pages 12-13. When compared to the United States and National Healthy People 2010 goals, Florida is performing better than the identified goals in coronary heart disease, breast cancer, and prostate cancer. Florida is also significantly close to achieving the national goals established for colorectal cancer. However, Florida must continue its efforts to close the gap in infant mortality and HIV/AIDS to reach the goal stated in National Healthy People 2010. See page 10.

### *Collaborative Approaches*

The Florida Department of Health pursues collaborations to increase the number of health professionals from minority backgrounds, to promote innovation in the reduction of health disparities, and to encourage local minority students to pursue professions in health care.

In 2008, minorities comprised over 36% - 15.9% black and 21.0% Hispanic - of Florida's total population and trends suggest that the numbers of minorities will continue to grow. With this growth, there is concern regarding health disparities, including health status and the healthcare system. In particular, the concern regarding the lack of diversity in the professional workforce to provide health services to minority consumers continue to exist. To address these concerns and diversify health professions, the Florida Alliance created research experiences for students, a student symposium on health professions, and the University of Florida as a member of the Alliance developed a semester lecture series on diversity dialogue. See page 6. The overall objective of the Alliance is to improve healthcare and health outcome disparities by producing more minority researchers and practitioners.

A comprehensive coordinated strategy is necessary to close the gap in racial disparity. It begins with increased awareness of all stakeholders in the health care continuum; including health care payers, providers, regulators and patients. It continues by making improvements in cultural competence, evidence-based medical practice, along with prevention and educational

programs. Such programs must be supported through the collaboration of government agencies, health plans, networks of providers, community and faith-based organizations, and entire communities. The Florida Division, Incorporated of the American Cancer Society developed a grant program to address prevention and early detection among the Hispanic and African American populations in Florida. The Florida Division collaborated with the Office of Minority Health on a co-branded mailing for colorectal cancer in recognition of Colorectal Cancer Awareness Month.

The Florida Department of Health (DOH) Office of Minority Health (OMH) addresses health disparities through the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program. In coordination with existing community-based initiatives, Closing the Gap projects focus on priority areas of disparity that include maternal and infant mortality, cancer, cardiovascular disease, diabetes, adult and child immunizations, oral health and HIV/AIDS. In 2009, 42 projects in 23 Florida counties were awarded grants to provide prevention, education, interventions, screenings, limited diagnostic, and referrals. The Office also provides partnership and board development training through its State Partnership Grant to community based organizations statewide. This program is funded through the U.S. Department of Health and Human Services initiative.

### *Key Elements to Improve Disparities in Health Care*

To improve racial and ethnic disparities in health care services in Florida, the following identified elements are critical pathways to increasing minorities in health care professions and eliminating health care disparities.

- A well-informed, culturally competent provider delivery system;
- Diversity in healthcare professions nationally and in the State of Florida;
- In-depth community outreach and effective communication among all parties;
- Addressing social determinants of health in order to promote health and achieve health equity, and;
- Facilitation of partnerships between existing university/college programs and the Florida Alliance to:
  - recruit, retain, and graduate minorities in Biological Sciences, medicine, and dentistry; and,
  - increase the number of males awarded doctoral degrees in Public Health;

### *Sample Quality Indicators*

Diabetes remains one of the top disparities that affect racial and ethnic populations. This report will again use, as an example, diabetes data from the Minority Physicians Network (MPNs), Health Plan Employer Data and Information Set (HEDIS), and Florida Health Maintenance Organizations (FL HMO) to compare performance quality indicators that are listed on page 9.

### *Quality Measures Summary of Quality Indicators and Member Satisfaction*

~Clinical Outcomes: The certified MPN Quality Indicators, page 11 show higher performance outcomes in Diabetes Care, Lipid Profile Performed and HbA1c Testing than HEDIS measurements and HMOs.

~Member Satisfaction: The certified member satisfaction results on page 11 show the MPN – Access Health Solutions - with an overall higher satisfaction rate than the HEDIS measures and HMOs.

## Florida Health Status Data: 2005 to 2008

Health Status Indicator	2005			2006			2007			2008			2008 Disp*
	WHT	BLK	OTH	WHT	BLK	OTH	WHT	BLK	OTH	WHT	BLK	OTH	
Diabetes, age-adjusted death rate per 100,000 [1]	19.5	46.7	28.0	18.6	45.7	21.9	18.1	43.5	27.5	18.0	41.7	26.6	23.7
Infant mortality rate, per 1,000 live births [1]	5.3	13.6	7.8	5.6	12.9	7.1	5.2	13.4	7.4	5.5	12.9	7.5	7.4
Births to unwed mothers (%) [1]	36.5	68.8	26.9	38.6	69.1	27.0	40.2	70.2	28.0	40.9	70.5	28.3	29.6
Births to women ages 15-19, per 1,000 women ages 15-19 [1]	36.7	59.8	35.8	38.4	61.6	34.9	37.8	62.0	35.4	34.7	61.3	34.4	26.6
HIV/AIDS, age-adjusted death rate per 100,000 [1]	4.6	36.6	8.9	4.3	38.9	5.3	3.7	32.3	3.5	3.4	30.3	3.1	26.9
AIDS case rate, per 100,000 population [2]	11.8	92.1	18.3	12.2	89.3	15.7	9.1	72.0	15.9	11.8	90.0	18.0	78.2
HIV case rate, per 100,000 population [2]	15.0	98.5	14.2	13.6	87.4	16.5	17.7	96.0	16.7	22.6	118.0	19.7	95.4
Chlamydia cases, per 100,000 population [4]	126.1	821.8	152.7	132.9	941.4	128.0	142.7	1,144.0	114.5	177.5	1,387.4	139.3	1,209.9
Gonorrhea cases, per 100,000 population [4]	39.7	482.0	45.1	41.7	579.6	42.2	37.3	566.3	21.3	37.5	561.1	26.6	523.6
Coronary heart disease, age-adjusted death rate per 100,000 [1]	136.7	152.5	112.8	125.0	140.2	105.8	112.4	128.1	91.0	107.5	120.6	94.7	13.1
Pneumonia/influenza, age-adjusted death rate per 100,000 [1]	11.0	14.4	9.1	9.2	12.1	9.1	8.1	11.5	7.2	8.2	10.5	9.6	2.3
Breast cancer, age-adjusted death rate per 100,000 [1]	20.9	29.1	15.1	20.1	26.1	19.4	19.0	27.5	10.3	19.5	27.1	20.5	7.6
Cervical cancer, age-adjusted death rate per 100,000 [1]	2.6	4.4	4.5	2.6	4.3	1.9	2.2	3.7	2.6	2.4	4.6	5.2	2.2
Lung cancer, age-adjusted death rate per 100,000 [1]	52.2	41.6	34.4	49.8	42.4	33.5	47.9	39.7	32.4	48.1	40.6	33.8	(7.5)
Colorectal cancer, age-adjusted death rate per 100,000 [1]	15.2	21.6	16.6	14.9	19.8	12.4	14.4	18.6	17.8	14.5	18.5	15.8	4.0
Prostate cancer, age-adjusted death rate per 100,000 [1]	19.0	51.2	18.8	17.4	48.7	16.6	17.3	49.2	13.4	16.4	41.9	17.6	25.5
Unintentional injury, age-adjusted death rate per 100,000 [1]	48.3	34.5	38.0	47.6	34.8	37.4	48.3	33.2	35.8	47.2	31.0	34.7	(16.2)
Homicide, age-adjusted death rate per 100,000 [1]	3.5	14.5	9.3	4.4	16.5	6.5	4.7	18.9	7.2	4.6	18.5	6.1	13.9
Adults who have no healthcare coverage (percent) [3]	13.4	22.6	25.1	13.6	22.6	20.6	12.2	22.8	19.1	12.3	20.6	22.4	8.3
Adults age 65+ receiving a pneumonia vaccination (%) [3]	67.3	N/A	N/A	68.5	38.3	N/A	67.7	44.8	N/A	67.7	44.6	N/A	(23.1)
Adults age 65+ receiving a flu shot (%) [3]	58.6	N/A	N/A	66.2	37.7	N/A	68.4	45.0	N/A	68.5	43.4	N/A	(25.1)

[1] Florida Department of Health, Office of Vital Statistics

[2] Florida Department of Health, Bureau of HIV/AIDS

[3] CDC, Behavioral Risk Factor Surveillance System (BRFSS)

[4] Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control

N/A = data not available

\* 2008 Disp (Disparity) = The difference between Black and White for the year 2008

Other: Hispanic/Latino, Asian/Pacific Islander, American Indian

## Cultural Competence and Linguistically Appropriate Health Literacy

Florida is one of the most diverse states in the United States and minorities are the fastest growing segment of all the racial and ethnic populations. The U.S. Census estimates that minorities will make up nearly half the U.S. population by the year 2020. As Florida's cultural and demographic environment rapidly change, health disparities also increase. Racial and ethnic disparities or gaps in health status are defined as the difference in the burden of disease, disability, illness, and death experienced between racial and ethnic minority populations and Whites.

To address health disparities it is important to recognize that diversity exists. Differences in values, beliefs, and behaviors are shared among population groups and shapes how health care is received and given. To reduce disparities in health care it is essential to understand the importance of providing culturally competent and linguistically appropriate health care services. Although there is no universally accepted definition of cultural and linguistic competency, a useful definition adopted by the Office of Minority Health (OMH) distinguishes between culture, competence and the relationship between the terms:

- "Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations.

According to Goode and Jones, linguistic competence is "the capacity of an individual or organization and its personnel to effectively communicate with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities" *The Henry J. Kaiser Foundation (2003, January), Compendium of Cultural Competence Initiatives in Health Care.*

The Florida Department of Health in collaboration with St. Petersburg College are finalizing a web-based cultural competence training that consists of three modules – an overview of cultural competence, language access, and health literacy. These on-line web based modules are designed to promote culturally competent and linguistically appropriate health services. In order to increase the quality of life for minority populations a cultural competency curriculum must be implemented to improve the health of minorities, and eliminate health disparities in Florida's racial and ethnic populations. The modules consist of:

- A **30** minute introduction of cultural competence in health care for the Department of Health, county health department staff, and new employees.
- A **90**-minute on-line cultural competency training curriculum designed for the general audience, clinical, and non- clinical staff in the central office and county health departments.
- An in-depth training curricula for doctors and nurses using a modified version of the web-based courses developed by the United States Department of Health and Human Services Office of Minority Health.

The cultural competency training curriculum will be introduced first to physicians, then nurses and lastly to all non-clinical personnel. It is anticipated that cultural competence training will assist health care providers and department personnel to learn effective ways to communicate with individuals who are from different cultural backgrounds. It will:

- Encourage providers and non-clinical personnel to educate all individuals on the importance of why medical services should be sought early and not delayed, in a manner that is culturally sensitive and appropriate.
- Educate providers to make diagnoses and treatment decisions based on clinical signs and symptoms and not on the race and ethnicity of the patient.
- Assist in eliminating misdiagnoses and poor adherence when patients and providers do not speak the same language, do not trust one another, and may not communicate well.
- Ensure health messages and materials are developed in appropriate languages and reading levels.
- Train health care providers and public health workers in cultural competence and health literacy.

To assess knowledge gained, upon completion of each training module, participants will be required to complete a short on-line questionnaire and a certificate of completion will be issued.

### **Florida Alliance for Health Professions Diversity**

Under the guidance of The Honorable Dr. Louis Sullivan, former U.S. Secretary of Health and Human Services, a working meeting was held June 18-19, 2007 in Tallahassee, Florida to explore the development of the Florida Alliance for Health Professions Diversity. The purposes of the meeting were to examine the need for diverse health professionals in Florida and to determine how to move forward to establish partnerships to address the need. Over 100 people, including representatives from 13 higher education institutions and several stakeholder organizations, attended the conference. At the meeting, an inaugural report on *Documenting Disparities in Florida's Health Care* (MGT of America, 2007) was presented which included data on practicing professionals and on enrollments in four-year higher education institutions. Conference participants formed workgroups to develop recommendations for next steps for the Florida Alliance. One of the recommendations was to move forward to organize the Florida Alliance as an official organization. This work began in August 2007 with the following goals: 1) lay groundwork for Florida Alliance including, among others, goals and strategic plans, structure, governance system, and funding mechanisms; 2) provide funding support for work of the Florida Alliance during the three-year start-up period; 3) promote the Florida Alliance to universities, other educational institutions, stakeholders and the general public; and 4) develop programs to demonstrate the mission and goals of the Florida Alliance.

In 2007, The Florida Alliance for Health Professions Diversity was developed to examine the need for diverse health professionals in Florida. The mission of the Alliance is to increase the number of minority health professionals and researchers to mirror the ethnic and racial composition of the state's population and to reduce disparities in access to quality health care. The Alliance is comprised of members and stakeholders from universities and colleges, the public sector and private organizations. Members of the Alliance are Bethune-Cookman University, Florida A&M University, Florida International University, Florida State University, Sante Fe College, University of Florida, University of Miami, and the University of North Florida. Stakeholders are Access Health Solutions, Blue Cross Blue Shield of Florida, Florida Department of Health, Florida Medical Association, and Shands HealthCare.

In 2008 and 2009, The Florida Alliance and partners have successfully implemented and conducted activities in research experiences, a symposium on health professions, and faculty development. Presentations regarding workforce issues were also made at the Association of American Medical Colleges, the North Carolina Health Professions Diversity Conference, the Sullivan Alliance annual meeting, and the Florida Minority Health Summit.

*The Florida Alliance Research Experiences for Student Scholars Program* provides Under-graduate and master level students with immersive experiences in research. Seven students, four from Florida A & M University and three from Florida State University served as Florida Alliance Scholars in 2008 and 2009. The students completed a six-week community-based research project that examined, "The assessment of the A1C assay as a reliable test for diabetes with hemoglobin abnormalities." In Phase I, students completed the community-based fellowship and conducted a community-based research with Dr. Celeste Hart, a Tallahassee endocrinologist. In phase II, the students prepared a manuscript for publication in a refereed journal and were encouraged to present their work at professional meetings.

The Florida Alliance Student Symposium on Health Professions exposes undergraduate students to enrichment opportunities to strengthen their credentials for placement in graduate and professional schools. Students are given direction on how to become involved in undergraduate research. The initial symposium held April 24, 2009 was organized by Florida A & M and Florida State Universities, and will become an annual event. Approximately 50 students and 20 faculty/staff were in attendance.

As a member of the Florida Alliance, the University of Florida developed a lecture series on diversity dialogue. The series are held on a semester basis to build awareness regarding equity and diversity issues. Dr. Louis Sullivan, former U.S. Secretary of Health and Human Services, was a keynote speaker. The diversity dialogue forum with Dr. Sullivan promoted the Florida Alliance. This resulted in a commitment ceremony with pledges from the Presidents of the University of Florida, Shands HealthCare and Sante Fe College to support the mission of the Alliance. The diversity dialogues are under the leadership of Rebecca Pauly, MD, Associate Vice President for Health Affairs, Equity and Diversity, Health Science Center, at the University of Florida.

Additional documents and information on the Florida Alliance for Health Professions Diversity can be accessed at: [http://health.usf.edu/nocms/nursing/florida\\_alliance/](http://health.usf.edu/nocms/nursing/florida_alliance/).

### **The Florida Division, Incorporated of the American Cancer Society**

An overarching objective of the American Cancer Society's 2015 challenge goals is to eliminate disparities in the cancer burden among different segments of the US population. The causes of health disparities are complex and interrelated, but likely arise from socioeconomic disparities in work, wealth, income, education, housing and overall standard of living; economic and social barriers to high-quality cancer prevention, early detection, and treatment services; and the impact of racial and ethnic discrimination on all of these factors. Recent immigrants may also have other risk factors related to their country of origin, as well as language and cultural barriers. Biologic or inherited differences associated with race are thought to make a minor contribution to the disparate cancer burden between different racial/ethnic groups. Opportunities to reduce disparities exist across the entire cancer continuum, from primary prevention to palliative care.

The Florida Division, Incorporated of the American Cancer Society developed a grant funded program to address prevention and early detection among Hispanic and African American populations in Florida. The Community Education Grant Program to Address Cancer Disparities funds cancer initiatives focused on breast and/or colorectal cancer

activities. The grant program encourages community based organizations to delivery life saving cancer education messages that are culturally and linguistically appropriate to minority populations across the state.

This year, the Florida Division collaborated with the Office of Minority Health on a co-branded mailing for colorectal cancer in recognition of Colorectal Cancer Awareness Month. The mailing targeted the Office of Minority Health's state partnerships with a call to action message encouraging their constituents to get screened for colorectal cancer.

In an effort to reach the African American community with cancer awareness messages, the Florida Division of the American Cancer Society established significant partnerships with several statewide service organizations, including the Florida Chapters of 100 Black Men of America, Inc., Phi Beta Sigma Fraternity, Inc., Alpha Phi Alpha Fraternity, Inc., Zeta Phi Beta Sorority, Inc., and Delta Sigma Theta Sorority, Inc.

### **The Health Council of South Florida, Incorporated**

The Health Council of South Florida, Inc. is a part of a statewide network of 11 non-profit agencies established in 1969 by Section 408.033 Florida Statutes (F.S.) to conduct regional health planning and implementation activities. Each council's district is designated in Section 408.032, F.S. Local health councils develop district health plans containing data, analysis and recommendations that relate to health care status and needs in the community. The recommendations are designed to improve access to health care, reduce disparities in health status, assist state and local governments in the development of sound and rational health care policies, and advocate on behalf of the underserved. Local health councils study the impact of various issues on the health care system, provide assistance to the public and private sectors, and create and disseminate materials designed to increase the communities' understanding of health care issues.

In March 2008, a health disparities workgroup was established utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process to explore issues and concerns raised by the community. As a result, a *Racial and Ethnic Health Disparities in Miami-Dade County* report was created. This report addressed the need for better data to measure disparities within racial and ethnic groups and the challenges of providing quality healthcare to culturally diverse underserved and uninsured populations. Utilizing the MAPP process it was recognized that health disparities in Miami-Dade are primarily racial and this should be the focus area.

The report found that the largest disparities in health outcomes are in the local Black populations. The death rates are more than twice that of Whites and Hispanics for infant mortality, stomach, prostate, and cervical cancer, diabetes, and asthma. However, the rates are more than eight times higher from HIV/AIDS.

Cause of Death	Death Rates (2006)		
	Hispanic Whites	Non-Hispanic Whites	Blacks (Hispanic and Non-Hispanic)
HIV/AIDS	8.1	<b>11.2</b>	<b>54.6</b>
Infant Mortality	4.2	<b>6.9</b>	<b>11.5</b>
Diabetes	<b>21.3</b>	18.6	<b>38.3</b>
Stroke	29.5	<b>32.1</b>	<b>51.6</b>
Asthma	<b>0.4</b>	0.1	<b>1.4</b>
Breast Cancer	18.2	<b>23.2</b>	<b>28.8</b>
Cervical Cancer	1.8	<b>3.2</b>	<b>4.5</b>
Prostate Cancer	<b>19.1</b>	15.7	<b>58.1</b>
Stomach Cancer	3.1	<b>3.9</b>	<b>4.9</b>
Homicide	<b>5.4</b>	5.0	<b>23.6</b>

Source: Florida Charts

Guidance from the workgroup to reduce health disparities include:

1. identifying promising local programs and develop best practices;
2. promoting the evaluation of local programs;
3. identifying local datasets that include relevant indicators and baseline measures to document the reduction of health disparities; and,
4. identifying critical characteristics (e.g., socio-economic status, national origin, and acculturation) within racial and ethnic groups that contribute to gaps in health status.

Recommendations to reduce health disparities in healthcare and service delivery strategies were provided to the Miami-Dade Health Action Network (MD-HAN). Recommendations for healthier lifestyle and chronic disease prevention strategies were provided to the Consortium for a Healthier Miami-Dade.

The development of a Community Health Action Plan was initiated to address health disparities and accomplish the following broad goals:

1. Educate community members on local health disparities.
2. Obtain better data on smaller populations within racial and ethnic groups.
3. Improve access to the system.
4. Increase collaboration/coordination of community resources.
5. Encourage healthy behaviors.

In an effort to further address health disparities and initiatives, on June 21, 2008, the Council coordinated a black community health forum with more than 120 attendees new to the initiative. Council staff also participates in the Black Infant Health Practice Initiative (BIHPI) meetings, and attended the Black Infant Health Community Collaborative (BIHCC) Partners in Leadership Conference held June 2009 in Tampa, Florida. The aim of the conference was to reconvene

communities around the state that launched BIHPI in 2008, discuss successes and challenges from the past year, and identify avenues to move forward.

### **Florida Department of Health, Family Health Services, Cancer Program**

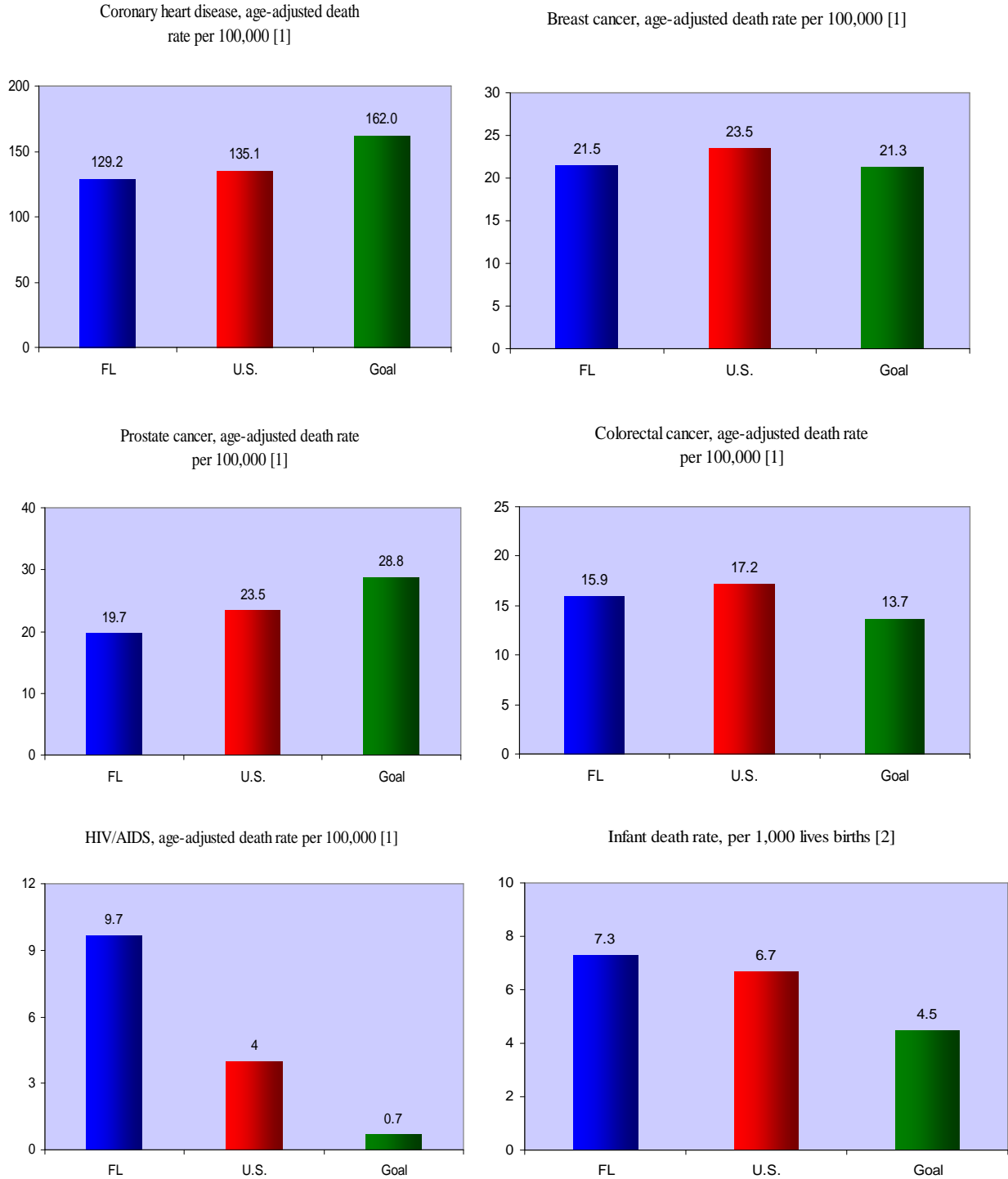
The Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP) provide screenings for low-income women ages 50-64 with no insurance. Regional services are provided through 16 lead county health departments (CHDs) and agreements are in place with the remaining 51 CHDs to coordinate services. The program is funded by the Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control. In 2008-2009, over 11,000 women were screened, of which over 21 percent were black, and over 35 percent were Hispanic. Women testing positive for cancer receive case management and treatment services through a special Medicaid option. Through a collaborative partnership with the Office of Minority Health, the Cancer Program manages the breast and cervical grant funded by the Closing the Gap initiative. This initiative targets primarily minority women ages 40-64. Women who test positive for cancer are also afforded the same opportunity for treatment as women served through the FBCCEDP.

To educate communities of color about breast and cervical cancer, the Department in partnership with the H. Lee Moffitt Cancer Center, revised the multi-media toolkit to target African-American women. Materials were designed to reach individuals with lower health literacy, and were widely distributed by the cancer program.

Another component within the Cancer Program is the Comprehensive Cancer Control Program. This program manages the prostate and colorectal cancer contracts in the Closing the Gap initiative that addresses prevention, education, and screening for prostate and colorectal cancer in identified minority communities.

In 2009, Florida was awarded funding from the CDC to establish a Colorectal Cancer Control Program-Florida Screen for Life. Similar to FBCCEDP, the Screen for Life program will benefit individuals that are low income and uninsured, by providing preventive screening for colorectal cancer.

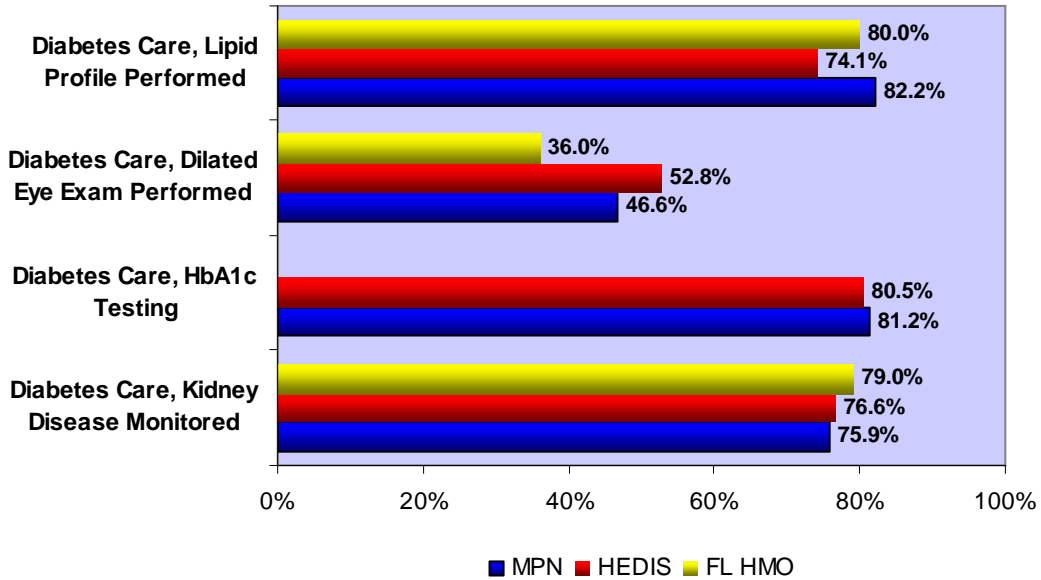
# Health Status Comparison: Florida, U.S. and Healthy People 2010 Goals



[1] FL Data Source: Florida Department of Health, Office of Vital Statistics, US Data Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File 1999-2005, CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2005

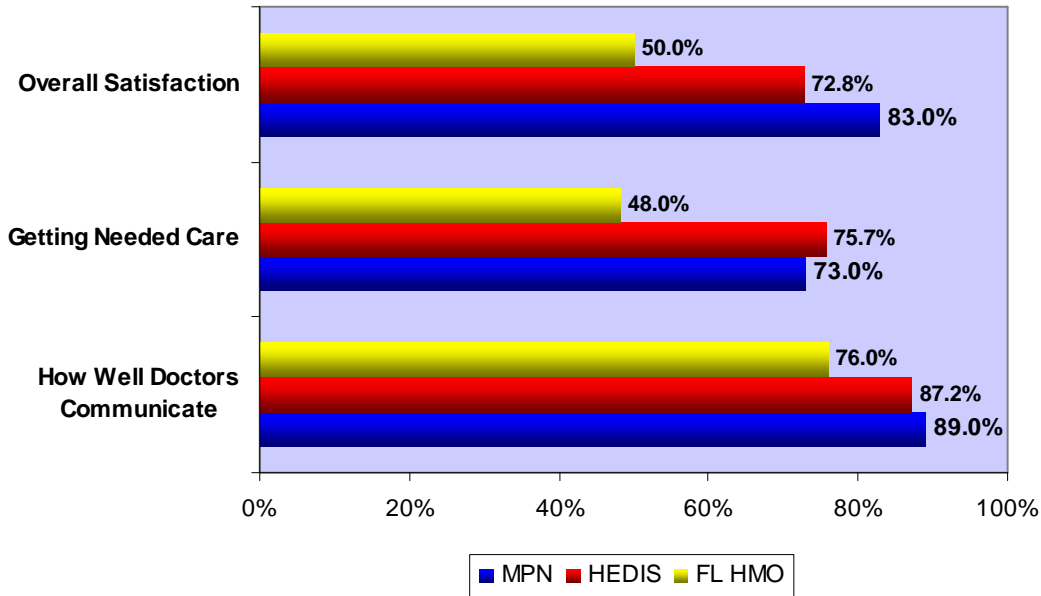
[2] FL Data Source: Florida Department of Health, Office of Vital Statistics; US Data Sources: [www.statehealthfacts.org/](http://www.statehealthfacts.org/) compare (all but repeat births to teens), [http://www.cdc.gov/nchs/data/nvsr/nvsr56\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56_03.pdf), and [http://www.cdc.gov/breastfeeding/data/report\\_card2.htm](http://www.cdc.gov/breastfeeding/data/report_card2.htm).

### 2008 Quality Indicators



Sources: MPN: Access Health Solutions and NetPass certified combined 2008 Quality Indicators rates.  
 HEDIS: NCQA, The State of Health Care Quality 2008, HEDIS Effectiveness of Care Measures, 2008 National Medicaid averages.  
 FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, 2008 Florida Medicaid HMO averages for services rendered in 2008 (Note: AHCA could not verify FL Medicaid HMO rate for Diabetes Care, HbA1c Testing).

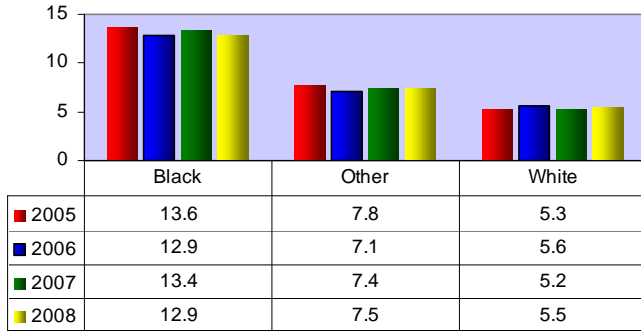
### 2008 Member Satisfaction



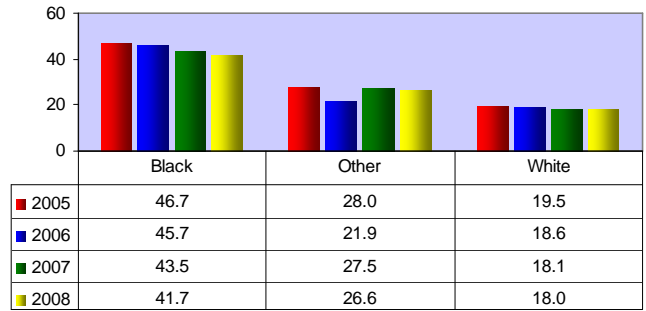
Sources: MPN: Access Health Solutions Certified 2009 CAHPS Survey rates (NetPass rates unavailable)  
 HEDIS: NCQA, The State of Health Care Quality 2008, CAHPS Member Satisfaction Measures, 2008 National Medicaid averages.  
 FL HMO: Florida Department of Health, FloridaHealthStat.com, Florida Health Plan Consumer Information, 2008 Florida Medicaid HMO averages.

## Florida Health Status Data: 2005 – 2008

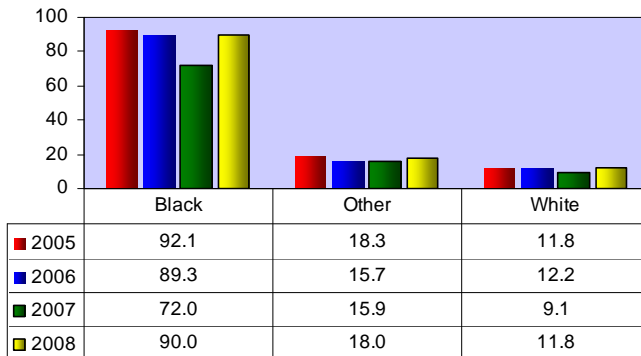
**Infant mortality rate, per 1,000 live births [1]**



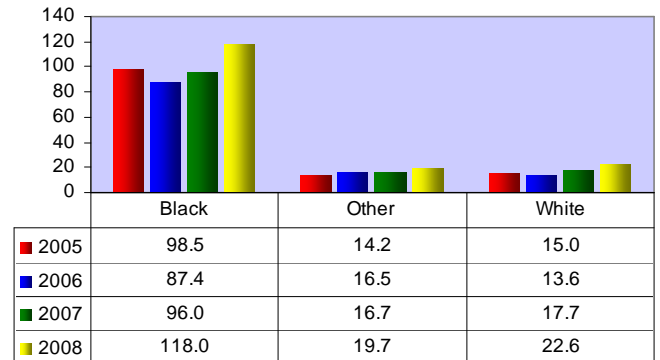
**Diabetes, age-adjusted death rate per 100,000 [1]**



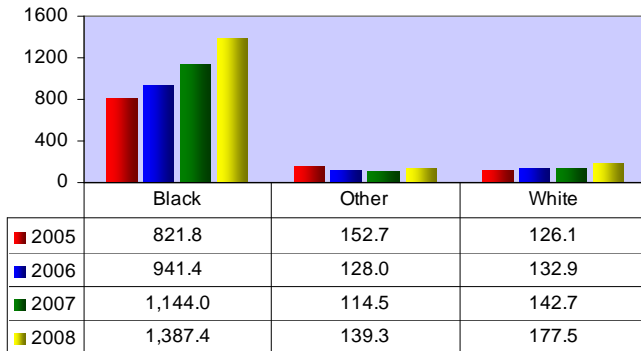
**AIDS case rate, per 100,000 population [2]**



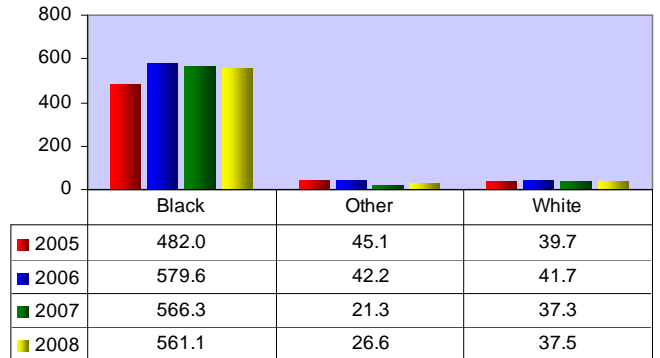
**HIV case rate, per 100,000 population [2]**



**Chlamydia cases, per 100,000 population [4]**



**Gonorrhea cases, per 100,000 population [4]**



[1] Florida Department of Health, Office of Vital Statistics

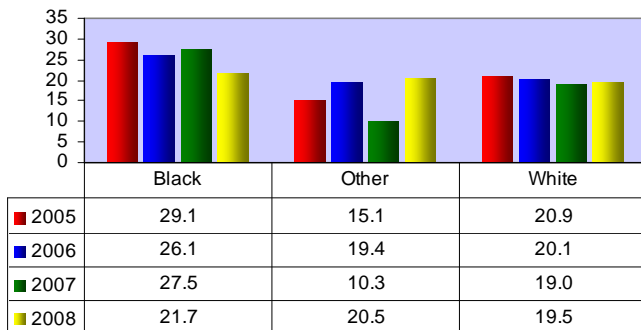
[2] Florida Department of Health, Bureau of HIV/AIDS

[3] CDC, Behavioral Risk Factor Surveillance System (BRFSS)

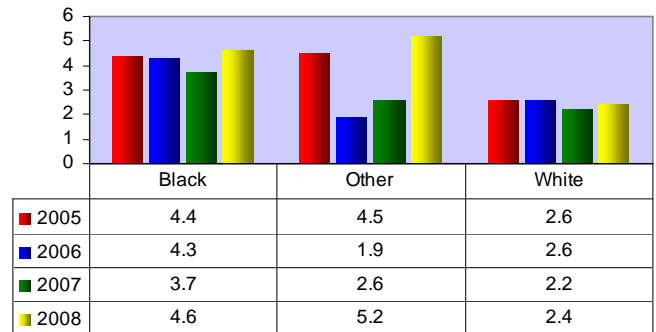
[4] Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control

## Florida Health Status Data: 2005 – 2008

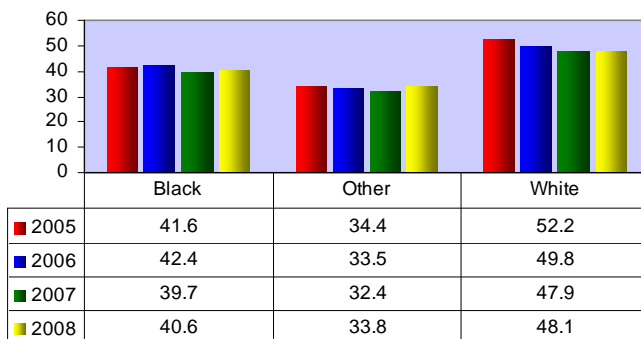
**Breast cancer, age-adjusted death rate per 100,000 [1]**



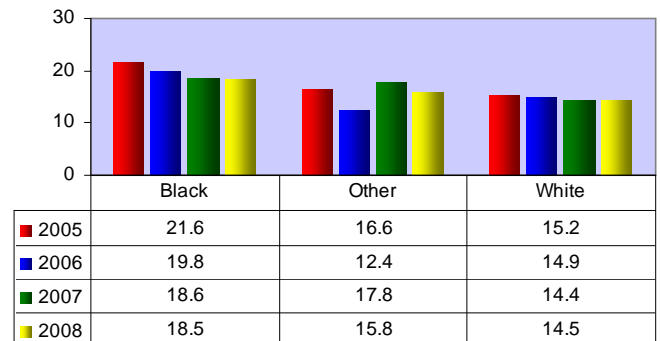
**Cervical cancer, age-adjusted death rate per 100,000 [1]**



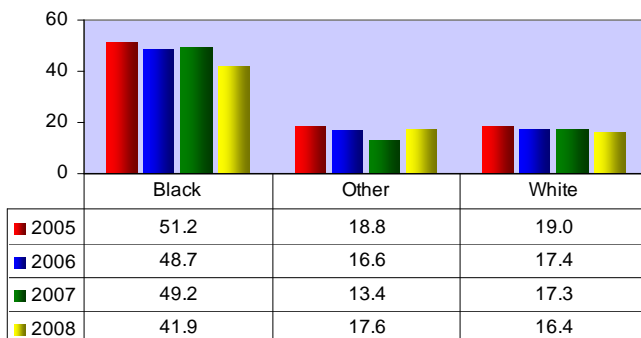
**Lung cancer, age-adjusted death rate per 100,000 [1]**



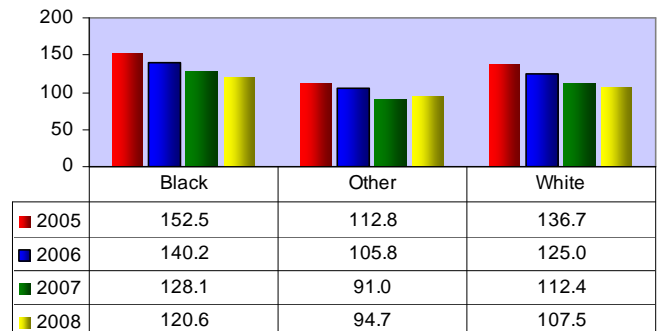
**Colorectal cancer, age-adjusted death rate per 100,000 [1]**



**Prostate cancer, age-adjusted death rate per 100,000 [1]**



**Coronary heart disease, age-adjusted death rate per 100,000 [1]**



[1] Florida Department of Health, Office of Vital Statistics

[2] Florida Department of Health, Bureau of HIV/AIDS

[3] CDC, Behavioral Risk Factor Surveillance System (BRFSS)

[4] Florida Department of Health, Bureau of Sexually Transmitted Diseases Prevention and Control