



Florida's Health

Florida's Health Performance Measures

Florida's Measures of Health and Well-Being

Tobacco

- Decrease the proportion of adults who smoke
- Decrease the proportion of adolescents who report using tobacco in the past 30 days

Overweight and Obesity

- Decrease the proportion of adults who are overweight or obese
- Decrease the proportion of adolescents who are overweight
- Increase the proportion of adults and adolescents exercising regularly
- Increase the number of adults and adolescents consuming five or more servings of fruits and vegetables daily

Diabetes

- Decrease the prevalence of diabetes in adults

Immunization

- Increase the proportion of two-year olds that are fully immunized
- Increase the proportion of adults aged 65 and older that have had a flu shot in the last year

Infant Mortality

- Decrease the total infant mortality rate
- Decrease the black infant mortality rate

Teen Births

- Decrease the teen birth rate

Infectious Disease

- Decrease the AIDS case rate
- Decrease the tuberculosis case rate
- Decrease the bacterial STD case rate among 15-24 year olds

Environmental Public Health

- Reduce rates of environmental public health-related diseases
- Reduce childhood lead poisonings

Injury and Trauma

- Decrease the unintentional injury death rate
- Decrease the trauma death rate

Public Health and Medical Preparedness

- Comply with Department of Homeland Security health and medical Target Capabilities
- Increase the number of new volunteers in the Florida Medical Reserve Corp Network

Work Force

- Increase the number of active licensed physicians per capita
- Increase the number of active licensed nurses per capita

Smoking and Tobacco Use

Smoking remains the leading cause of preventable death in the U.S., impacting people at all stages of life. Approximately 28,700 adult Floridians die each year from smoking. Annual health care costs directly caused by smoking in Florida is \$6.32 billion.

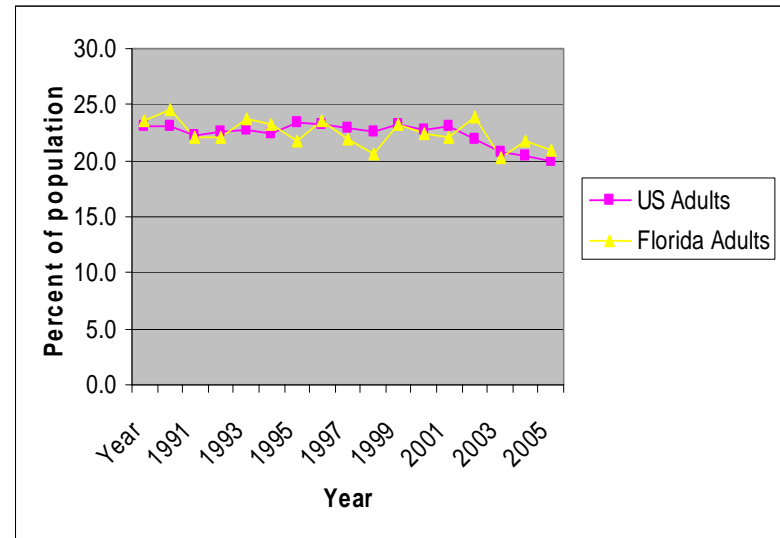
Of adults who smoke, 89 percent began smoking when they were 18 or younger. Of the current Florida population under 18, about 369,000 will die prematurely from smoking.

Tobacco companies spend more on advertising in Florida than they do in any other state.

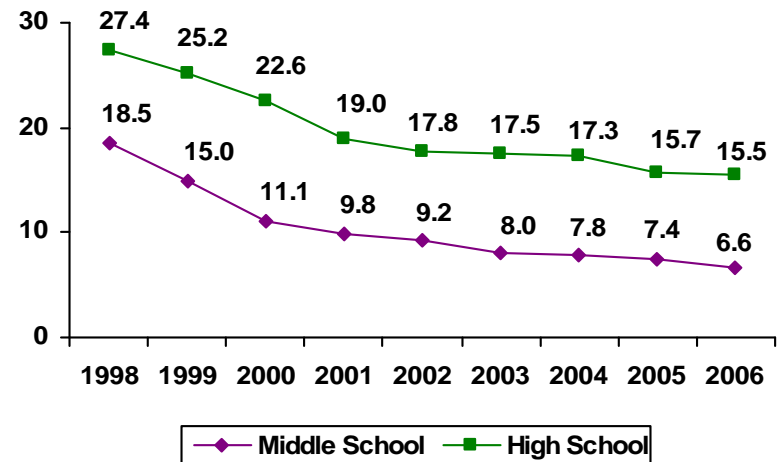
Why is this Important?

- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined.
- There is no risk free level of secondhand smoke exposure.
- Quitting smoking has immediate and long term benefits, reducing the risks for diseases caused by smoking and improving health in general.

Proportion of adults who smoke



Proportion of adolescents who smoke
(from The Florida Youth Tobacco Survey -FYTS)



Smoking and Tobacco, cont'd

How is Florida Doing?

- About one fifth (21.1 percent) of Florida's adult population smokes, a proportion that has changed little since 1990.
- In 2006, Florida's adult smoking prevalence ranked 31st among 51 states and the District of Columbia. Florida remains significantly higher than the Healthy People 2010 objective of 12.0 percent for all adults.
- Florida's adult smoking prevalence was lower than in Kentucky (28.6 percent) and Alabama (23.3 percent), but higher than California (14.9 percent) and New York (18.3 percent). Only Utah has achieved the Healthy People 2010 target (9.8 percent).
- The most precipitous decline in youth smoking occurred between 1998 and 2001 during the height of the funding for youth tobacco prevention. Although the proportion of youth who smoke continued to decline slightly from 2002 to 2006, these reductions have been far less dramatic among both middle and high school students.
- In 2003 the Florida Clean Indoor Air Act was expanded to include enclosed, indoor workplaces with some specific exemptions.
- Florida has a long-standing history in tobacco prevention efforts, conducting tobacco-related activities since 1989. In 2006 Floridians passed a constitutional amendment requiring that 15 percent of the annual tobacco settlement payments fund a statewide, comprehensive tobacco education and prevention program.



Smoking and Tobacco, cont'd

What Influences Smoking?

- Florida has one of the lowest tobacco taxes in the nation at 33.9 cents per pack.
- Funding mass media educational campaigns reduces smoking initiation and promotes smoking cessation when combined with other interventions.
- Laws and policies aimed at restricting smoking reduce the amount of exposure to secondhand smoke.

What is the State's Role?

States can:

- Adopt and enforce smoking bans to reduce exposure to secondhand smoke.
- Promote quitting by establishing toll-free tobacco cessation quitlines and offering nicotine replacement therapies.
- Place restrictions on tobacco advertising aimed at youth.
- Enforce laws concerning tobacco sales to minors.
- Build and sustain capacity and infrastructure for comprehensive tobacco control programs.

Florida Initiatives

The Florida QuitLine is a toll-free telephone-based tobacco use cessation service. Any person living in Florida who wants to try to quit smoking can use the QuitLine. The services that are available through the QuitLine include Counseling sessions, Self help materials, Counseling and materials in English and Spanish, Translation service for other languages, Pharmacotherapy assistance; and TDD service for the hearing impaired.

<http://www.doh.state.fl.us/tobacco/quitline.html>

Florida's Students Working Against Tobacco (SWAT) gathers youth throughout the State of Florida in a relentless fight against the tobacco industry and its manipulation and targeting of youth to use their product.

www.gen-swat.com

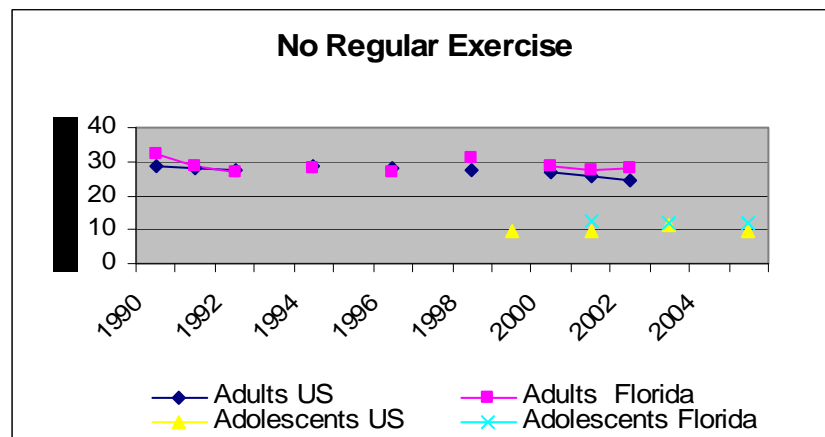
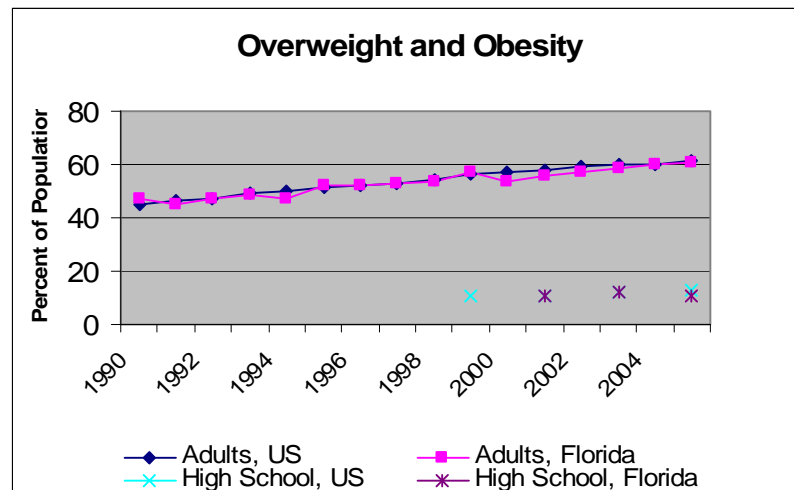
Florida Clean Indoor Air Act (FCIAA) was enacted by the Florida Legislature in 1985. It is the purpose of the FCIAA to protect people from the hazards of second-hand tobacco smoke and to implement the Florida health initiative in the state constitution.

Overweight and Obesity

Obesity and overweight are the result of physical inactivity and poor or over-nutrition. Overweight and its causes are major contributors to a variety of conditions, including adult-onset diabetes, high blood pressure, high cholesterol, coronary heart disease, stroke, osteoarthritis and some cancers.

Why is this Important?

- Physical activity and eating patterns are set early in life, and are hard to change.
- People with normal bodyweight have a potential to enjoy a higher quality of life.
- People with normal body weight are less likely to die prematurely.
- US economic competitiveness is hurting as our workforce becomes less healthy and productive.
- Obesity related health care costs are draining dollars from the bottom line of businesses.



Overweight and Obesity, cont'd

How is Florida Doing?

- Florida ranks the 16th heaviest in the nation.
- The proportion of Florida adults who are overweight or obese has increased by 29% over the last 15 years, from 47% to 61% of Florida's population over age 18. The pattern parallels the US increase.
- The proportion of Florida adults that are physically inactive has declined since 1998, from 31 to 27.9, after six years of a gradual increase. Florida mirrors the US pattern, although US levels of inactivity are about three percentage points lower than the Florida rates. The proportion of high school students that are inactive has shown little change. Florida teens have higher rates of inactivity than teens in the rest of the nation.
- According to the 2005 Behavioral Risk Factor Surveillance Survey, 26.2% of Florida adults reported consuming five or more servings of fruits and vegetables.
- According to the 2005 Youth Risk Behavior Survey, 21.9% of Florida high school students reported eating fruits and/or vegetables five or more servings a day.



Overweight and Obesity, cont'd

What Influences Overweight and Obesity?

- Overweight and obesity result from an energy imbalance that involves eating too many calories and not getting enough physical activity.
- The choices people make are influenced by their relationships with family, friends, neighbors and colleagues; their home, workplace, neighborhood and school environments; their economic limitations; and their genetics, physiology, psychology and life-stage.

What is the State's Role?

States can

- Encourage businesses to implement Employee Wellness Programs.
- Encourage the insurance industry to support wellness activities aimed at reducing overweight and obesity.
- Set aside green space for parks
- Support physical education in schools and safe, supervised activities for children
- Provide incentives that make healthy food available in low-income communities.
- Build sidewalks and encourage use of mass transport.

Florida Initiatives

In 2007, the **Governor's Council on Physical Fitness** was established to develop a state plan of action to increase Floridians level of physical fitness through regular exercise and sound nutritional practices.

Step Up, Florida - On Our Way To Healthy Living!" is a statewide initiative promoting the importance of daily physical activity for people of all abilities and to highlight local opportunities for Floridians to engage in physical activity.

http://www.doh.state.fl.us/Family/chronicdisease/walk_index.html

Be Wise About Your Portion Size is part of a national nutrition education campaign that encourages Floridians to be aware of the size of the food portions they are consuming, as well as their total daily intake of food.

<http://doh.state.fl.us/Family/obesity/documents/BeWise.html>

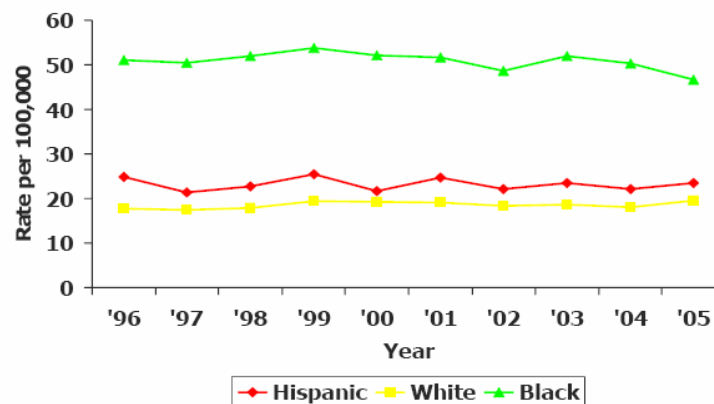
Diabetes

Diabetes is a disease characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications. The cause of diabetes is a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

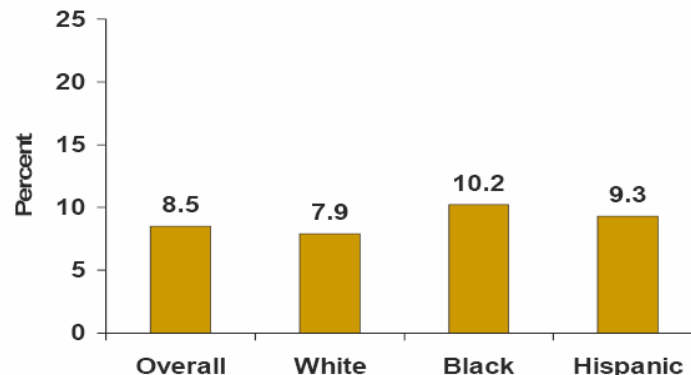
Why is this Important?

- Each day approximately 2,700 people are diagnosed with diabetes. About 1 million people aged 20 years or older will be diagnosed this year.
- Diabetes is the sixth leading cause of death in Florida. Death rates are higher among those who are Black or Hispanic.
- While diabetes occurs in people of all ages and races, some groups have a higher risk of developing the disease than others. Diabetes is more common in African Americans, Latinos, Native Americans, and Asian Americans/Pacific Islanders, as well as the aged population.
- Those with diabetes are two to four times more likely to develop heart disease or have a stroke. Diabetes is the leading cause of non-traumatic lower extremity amputations, adult blindness, and end stage renal disease.

Age-adjusted diabetes death rates, by race/ethnicity, FL Vital Statistics, 1996-2005



Prevalence of diabetes overall and by race/ethnicity, 2006, FL BRFSS



Diabetes, cont'd

How is Florida Doing?

- Over the past 10 years, the prevalence of diabetes in Florida has increased by 62%, increasing from 5.3% of the adult population in 1995 to 8.6% in 2006.
- Based on national estimates, Florida currently (2005) has about 400,000 cases of undiagnosed diabetes among adults.
- In 2005, about 5,200 deaths cited diabetes as the underlying cause.
- Patients who are 45 years of age or older account for nearly 70% of hospitalizations with a primary diagnosis of diabetes.
- Since 1994, incident rates, adjusted by age, gender, and race, of end stage renal disease due to diabetes have been steadily increasing in Florida.

FLORIDA
diabetes
PREVENTION &
CONTROL
program

Diabetes, cont'd

What Influences Diabetes?

- Diabetes mellitus, commonly called “diabetes,” is a metabolic condition, which results in excessive amounts of glucose (sugar) in the bloodstream. Those with type 1 diabetes cannot produce any insulin due to cell destruction in the pancreas. Those with type 2 diabetes are unable to produce and/or use insulin to enable the body cells to use glucose as energy.
- Being obese is associated with developing type 2 diabetes.

What is the State's Role?

States can

- Promote the use of diabetes clinical care guidelines for both disease detection and management, such as those published by the American Diabetes Association.
- Work to improve the effectiveness and efficiency of the diabetes health system.
- Implement initiatives to improve health care provider education.
- Implement initiatives to empower those with diabetes to seek health care and engage in self-care practices.

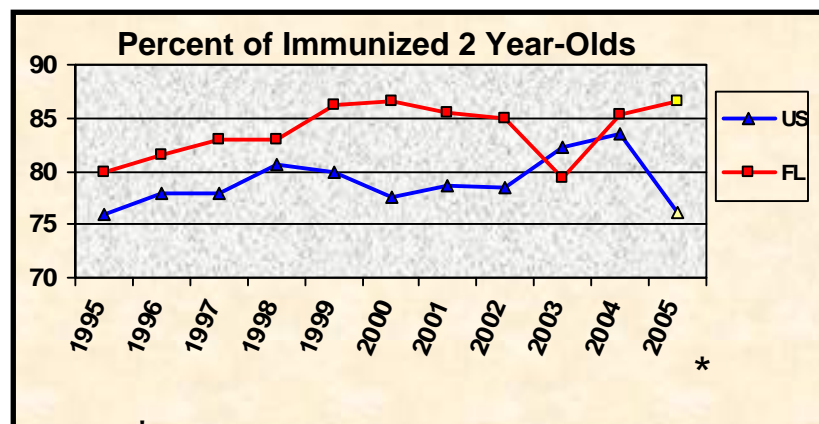
Florida Initiatives

Free CME/CE's designed for healthcare professionals with Course Curricula that address topics vital to the prevention, treatment and control of Diabetes. For more information, please visit: <http://www.onlinece.net/>

Healthy Hispanic Foods Resource Kit: The Florida Department of Health created a free set of resources for Hispanic families to make healthier food selections and to cook traditional foods in a healthier way. The Healthy Hispanic Foods Resource Kit is designed for dietitians, health educators, nurses and other health professionals who routinely conduct nutrition education classes for Hispanics with or at risk for diabetes.

Immunizations

Immunizations have proven to be one of the most cost-effective public health interventions. Vaccine-preventable disease levels are at or near record lows. To maintain our progress, Florida must continue to maximize immunizations among all Floridians, particularly young children.



* Immunization series expanded from 4:3:1 to 4:3:1:3:3:1

Why is this Important?

- Immunization is one of public health's leading health indicators and a primary defense against some of the most deadly and debilitating diseases known. It is particularly important to vaccinate small children to prevent them from contracting serious diseases that can be prevented by immunizations.
- Florida is striving to increase the proportion of two-year-old children that are fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, *Haemophilus influenzae* type b, hepatitis B, and varicella (chickenpox) to 90% by 2010 (Healthy People 2010 goal).

2 Year-Old Immunization Rates		
Year	US	Florida
1995	76	80
1996	78	81.6
1997	77.9	83
1998	80.6	82.9
1999	79.9	86.2
2000	77.6	86.6
2001	78.6	85.5
2002	78.5	85.3
2003	82.2	79.4
2004	83.5	85.3
2005*	76.1	86.6

*Immunization series expanded from 4 DTaP: 3 Polio: 1 MMR to 4 DTaP: 3 Polio: 1 MMR: 3 Hib: 3 Hep B:1 Varicella

Immunization, cont'd

How is Florida Doing?

- The 2006 statewide survey of two-year-old children indicates that 79% of Florida's two-year-old children have completed the combined immunization series 4:3:1:3:3:1 (4 DTaP – diphtheria, tetanus, pertussis, 3 polio, 1 MMR – measles, mumps, rubella, 3 Hib – *Haemophilus influenzae* type b, 3 Hep B – hepatitis b, and 1 varicella – chickenpox).
- Prevention of vaccine-preventable diseases: while at an all-time low, pertussis (whooping cough) continues to impact young infants, children, and adults. There were 228 cases of pertussis reported in Florida in 2006.



Mumps



Courtesy of Centers for Disease Control and Prevention

Polio



Courtesy of The World Health Organization

Pertussis
(Whooping cough)



Courtesy of The World Health Organization

Varicella
(Chickenpox)



Courtesy of Centers for Disease Control and Prevention

Immunization, cont'd

What Influences Immunization?

- Readily available immunization services at a minimal fee or free for all children
- Providing education about immunizations
- Providers administering all immunizations that a child needs at each visit
- Ensuring that immunization records for patients are accurate, complete, and easily accessible

What is the State's Role?

States Can

- Conduct an annual survey of Florida two-year-olds to assess immunization levels.
- Initiate mandatory immunization requirements for children attending childcare facilities and public and private schools.
- Conduct immunization program reviews among private and public immunization providers throughout the state.
- Coordinate immunization initiatives with coalitions and organizations that focus on child health.
- Track immunizations for all children through a statewide immunization registry.
- Provide pediatric vaccine at no cost to eligible children through the Vaccines for Children Program (VFC). Children eligible for the VFC program are those who are uninsured, underinsured, on Medicaid, American Indian, or Alaskan Native.

Florida Initiatives

National Infant Immunization Week (Last Week in April)

National, state, and local partners work together to promote the importance of immunizations.

National Immunization Awareness Month (August)

National, state, and local partners encourage communities to plan local health screenings or fairs, media events, and other related immunization outreach efforts to promote the benefits of immunizations.

State Immunization Registry

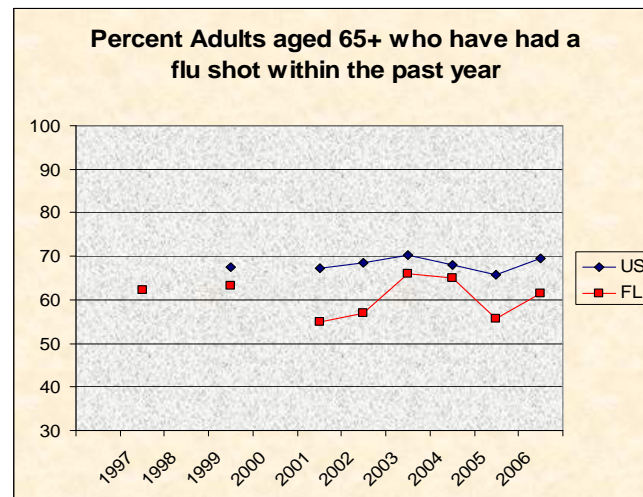
Florida SHOTS (State Health Online Tracking System) is a statewide immunization database that helps physicians, schools, and parents to keep track of immunization records.

Influenza Immunization Rate for Adults aged 65+

Influenza (flu) is a contagious respiratory illness that can cause severe complications and, at times, death. The best way to prevent the flu is by getting a flu vaccination each year. Immunization has proven to be one of the most cost-effective public health interventions.

Why is this Important?

- Immunization is one of public health's leading health indicators and primary defense against deadly and debilitating diseases, such as influenza. Influenza is responsible for an average of approximately 114,000 hospitalizations and 20,000 deaths/year in the United States. In 2005, approximately 3.0 million persons aged 65 and older lived in Florida. Influenza and pneumonia together were the eighth leading cause of death in Florida in 2004, with over 3,000 deaths statewide.
- Increasing the influenza vaccine coverage rate among adults aged 65 and older will decrease disease, decrease hospital length-of-stay, decrease medical costs, and increase quality of life.



Year	US	Florida
1997	*	62.3
1998	*	*
1999	67.6	63.3
2000	*	*
2001	67.3	54.9
2002	68.6	57
2003	70.2	65.9
2004	68	65.1
2005	65.7	55.6
2006	69.6	61.5

* Data Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell, or if the state did not collect data for that calendar year. Source: The Behavioral Risk Factor Surveillance System (BRFSS)

Influenza Immunization Rate For Adults Aged 65+ cont'd

How is Florida Doing?

- In a national survey for Florida, data indicates only 61.5% of adults aged 65+ had a flu shot within the past year, significantly lower than the Healthy People 2010 goal of 90%.
- Florida legislation requires influenza immunization of residents in nursing homes aged 65 or older during the influenza season.
- Florida legislation requires influenza immunization of patients aged 65 or older in hospitals (prior to discharge) during the influenza season.

1918 influenza epidemic



Courtesy of the National Museum of Health and Medicine, Armed Forces Institute of Pathology, Washington, D.C., Image NCP 1603

Influenza



Courtesy of Centers for Disease Control and Prevention



**Bureau of
Immunization**

Influenza Immunization Rate for Adults aged 65+ cont'd

What Influences Prevention of Influenza in Adults 65+?

- Availability of immunization services, reimbursement by insurance, or reasonable cost
- Education on influenza vaccine and immunization recommendations
- Giving all immunizations that an adult aged 65 or older needs at each visit

What is the State's Role?

States Can

- Provide influenza vaccine annually to at-risk patients seeking influenza immunization services at county health departments.
- Impact health care decisions, messaging, and health practices of Floridians by promoting influenza prevention activities.
- Provide additional nurse positions in counties with a high population of persons aged 65 or older to promote influenza vaccine awareness and administration.
- Coordinate with the statewide Florida Flu and Pneumonia Coalition, and other organizations to increase influenza immunization coverage levels for adults aged 65 and older.
- Encourage all providers to use the state immunization registry to track immunizations for adults aged 65 and older.
- Encourage providers to send annual reminders for flu vaccine to their patients.

Florida Initiatives

National Influenza Vaccination Week (scheduled during November), National, State, and local partners work together to promote the importance of influenza immunizations.

National Adult Immunization Awareness Week (scheduled during late September) National, State, and local partners work together to promote the importance of adult immunizations.

National Immunization Awareness Month—August

National, State, and local partners encourage communities to plan local health screenings or fairs, media events and other related immunization outreach efforts to promote the benefits of immunizations.

State Immunization Registry

Florida SHOTS (State Health Online Tracking System) is a statewide immunization database that helps physicians, schools, and parents keep track of immunization records.

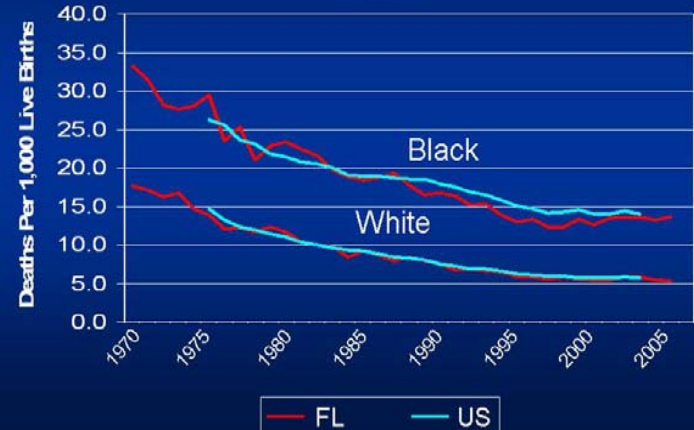
Infant Mortality

Florida has a multifaceted approach to addressing infant mortality which includes research into the root causes of infant mortality, supporting women to reduce health risks and behaviors that impact infant health before women become pregnant, ensuring early quality prenatal and infant health care, and promoting Safe Sleeping practices for all infants. Interventions are focused on at-risk populations and tailored to address the broad cultural, economic, and educational diversity found in Florida's population.

Why is this Important?

- Infant mortality reflects the baseline health of the population's reproductive age women as well as the quality of prenatal, birth and infant health care available to citizens.
- Infant mortality information is used by local county or city governments to identify areas in need and designate available resources.

Infant Mortality Rates by Race Florida



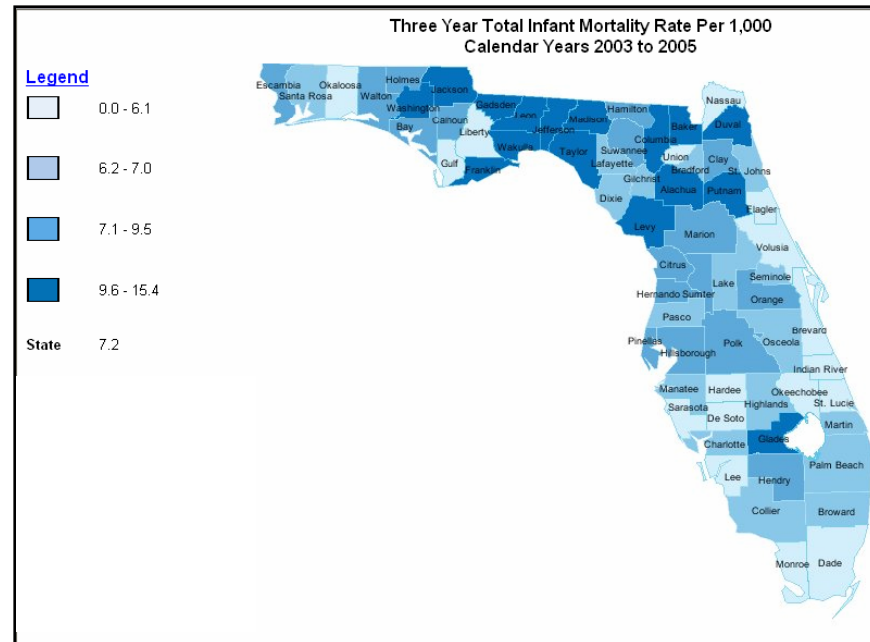
Infant Mortality Rates by Race Florida



Infant Mortality, cont'd

How is Florida Doing?

- Florida's Infant Mortality Rate has remained between 7.0 and 7.5 per 1000 live births for 10 years. This trend is consistent with national trends. The black infant mortality rate is approximately 2.5 times the rate of the white infant mortality rate.
- Conditions related to pregnancy and birth, chromosomal and congenital birth defects, prematurity and extreme low birth weight are the three leading causes of infant mortality in Florida.
- Florida's 1st trimester entry into prenatal care was at a high of 85.8% in 2003, but decreased to 78.55% in 2005.
- Smoking has been strongly and consistently shown to contribute to low birth weight and premature births. Births to women who smoked during pregnancy was 9.6 % in 2005.



Infant Mortality, cont'd

What Influences Infant Mortality?

- The prepregnancy health status of women of reproductive health age greatly influences pregnancy outcomes and the health and developmental outcomes of the infant.
- Obesity, substance use, smoking, and untreated chronic disease or infections can cause a baby to be born to early or with serious health or developmental conditions.
- Poverty, domestic violence and educational delays may prevent a woman or infant from receiving timely prenatal and infant health care.

What is the State's Role?

States can

- Support systems that analyze root causes and identify system gaps that contribute to infant mortality.
- Provide a safety net for gaps in direct services like primary, prenatal and infant health care through county health department, Healthy Start coalitions and other community stakeholders.
- Investigate cost effective models that provide quality primary care, prenatal and infant health care and education especially for at risk populations.
- Promote and support prevention oriented activities that decrease a woman's health risks prior to becoming pregnant.
- Encourage women to space births at least 18 months apart by assuring family planning services are available and encouraging breastfeeding.
- Educate on the health benefits of safe sleep practices.

Florida Initiatives

Florida has a Healthy Start Medicaid Waiver that supports Healthy Start Services throughout the state which include:

- Universal prenatal and infant risk screening
- Care Coordination Services
- Community based prenatal and infant health care coalitions responsible for ensuring a coordinated integrated system of maternal and child health care for their area.



Florida also has 5 Federal Healthy Start programs in the state.

Family Planning Medicaid Waiver that allows women up to 185% of poverty level to obtain free family planning services for 2 years after the birth of a child.

Closing the Gap Grants fund projects that address racial disparities in maternal and child health .

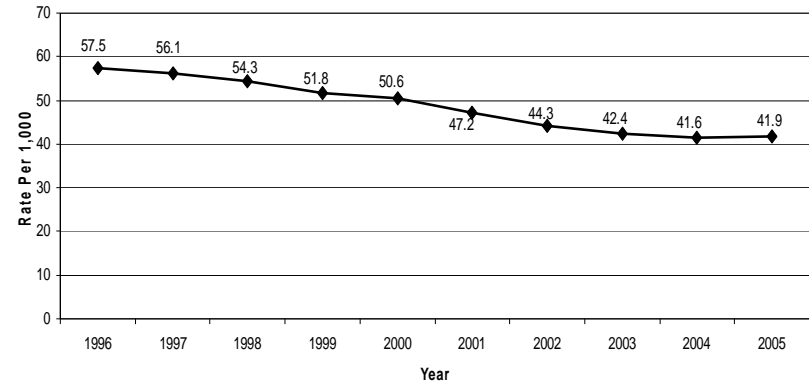
Teen Births

Teen pregnancy is closely linked to a host of problems, both for parents and the child. Florida is addressing the full spectrum of social issues that contribute to teen pregnancy.

Why is this Important?

- Teen pregnancy is a critical public health issue that affects the health, educational, social and economic future of the mother and child.
- Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and workforce development in particular.
- Adolescents are less likely to seek out prenatal care because they are afraid or embarrassed. This phenomenon and the immature physical nature of adolescents result in higher rates of low birth weight babies than in other age groups.
- As the offspring of adolescent mothers grow, they are more apt than children born to older women to have health and cognitive problems, and to be the victims of neglect or abuse.

Florida - Births to 15 - 19 Year-Olds: 1996 to 2005
Rate Per 1,000



	US	Florida
1986	50.2	59.1
1987	50.6	59.6
1988	53	63.4
1989	57.3	67.9
1990	60.3	69.9
1991	61.8	68.9
1992	60.3	65.7
1993	59	64.2
1994	58.2	63.3
1995	56	60.4
1996	53.5	57.5
1997	51.3	56.1
1998	50.3	54.3
1999	48.8	51.8
2000	47.7	50.6
2001	45.3	47.2
2002	43	44.3
2003	41.6	42.4
2004		41.6
2005		41.9

Teen Births, cont'd

How is Florida Doing?

- The rate at which adolescents between ages 15 and 19 are giving birth has been declining in Florida and across the nation for more than 15 years. The teen birthrate in the US has shown a 17% drop in 17 years, about a percent a year, while the Florida rate has decreased by 29% over a 19 year period. Florida's birth rate to teen girls aged 15-19 dropped from 85.7 per 1,000 in 1970 to 41.9 in 2005.
- Both nationally and in Florida, the steepest declines in teen birth rates were recorded for black teens. Florida's birth rate for black teens aged 15-19 has declined by 26% since 1991. Despite the decline, the proportion of Florida births in 2000 to nonwhite mothers aged 18 years and under continues to be higher (12.3%) than the proportion to white mothers (6.4%).
- The birth rates for Hispanic teens have not mirrored the decrease in overall teen birth rates. Florida's birth rate for Hispanic girls aged 15-19 has increased by 9% since 1991. The birth rates for the youngest mothers in Florida aged 10-14 dropped from 2.0 in 1991 to 1.1 in 2000. Of teen births in 1999 to girls aged 10-14, 59% were to black teens, 30% were to Hispanic teens, and 11% were to white teens.



Teen Births, cont'd

What Influences Teen Birth Rates?

- Adolescents become sexually mature approximately four to five years before they reach emotional maturity. Many adolescents receive cultural messages indicating that unmarried sexual relationships are common, accepted, and at times expected.
- Young women may be at higher risk for teen pregnancy if they:
 - Use alcohol and/or other drugs, including tobacco products
 - Drop out of school
 - Lack a support group or have few friends
 - Lack involvement in school, family, or community activities
 - Perceive little or no opportunity for success
 - Live in a community where early childbearing is common and viewed as the norm rather than as a cause for concern
 - Have been victims of sexual abuse or assault
 - Have a mother who first gave birth at age 19 or younger
 - Begin dating at an early age

What is the State's Role?

States can

- Ensure availability of primary care services, mental health/chemical dependency services; adolescent well-care services and family-planning services.
- Focus policy on the idea that preventing teen pregnancy is more than a reproductive health issue, but incorporates a host of other social issues.

Florida Initiatives

The Great to Wait Program shows why the best choice is sexual abstinence until marriage.

<http://www.doh.state.fl.us/family/abstinence/index.html>

The Healthy Start Program provides information and referral services, comprehensive assessment of service needs, ongoing care coordination and support to assure access to needed services, psychosocial, nutritional and smoking cessation counseling as well as childbirth, breastfeeding and parenting support and education.

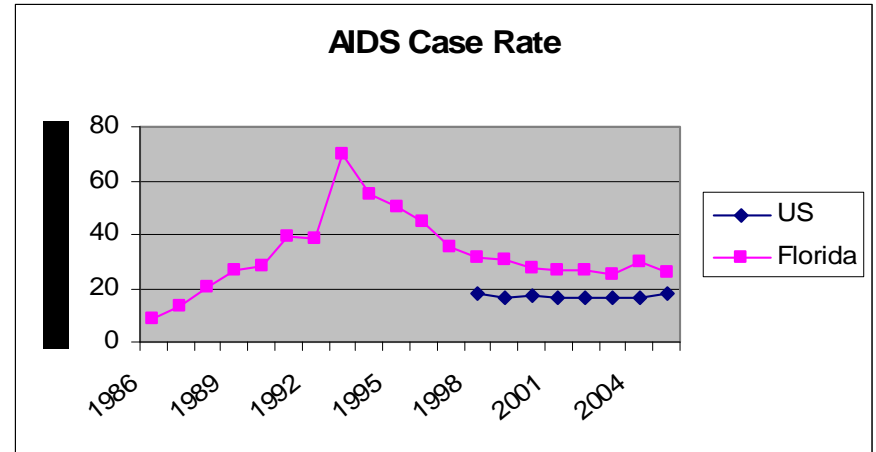
<http://www.doh.state.fl.us/Family/mch/hs/hs.html>

HIV/AIDS

HIV stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

Why is this Important?

- AIDS is a significant and persistent public health problem, which first emerged in the late 1970s.
- Of all HIV infected people, 25% do not know their infection status.
- HIV/AIDS is the leading cause of death among black males and black females aged 25-44 years.
- Although good treatment and available medication regimes allow HIV to be managed like a chronic disease, HIV remains incurable.
- HIV infection is 100% preventable.



YEAR	US	Florida
1986		8.5
1987		13.2
1988		20.5
1989		26.6
1990		28.1
1991		39.2
1992		38.6
1993		69.5
1994		54.9
1995		50.4
1996		44.4
1997		35.1
1998	17.8	31.6
1999	16.8	30.2
2000	17	27.6
2001	16.3	26.9
2002	16.3	27
2003	16.6	25
2004	16.4	29.9
2005	18.1	25.8

HIV/AIDS, cont'd

How is Florida Doing?

- In Florida, more than 100,000 cumulative AIDS cases have been reported.
- 60,000 HIV/AIDS deaths have been reported through 2006.
- Approximately 90% of all diagnosed AIDS cases are reported.
- Florida is 3rd in the nation in cumulative AIDS cases.
- Florida is 2nd in pediatric (<13 years) cases.
- Pediatric AIDS cases have decreased 92% since they peaked in 1992.
- Among blacks, the most impacted racial/ethnic group, HIV/AIDS diagnoses have decreased more than 40% during 1999-2006.
- AIDS is a marker for broader racial/ethnic health disparities - more than 50% of cases are among blacks, who represent 14% of the state population.
- HIV/AIDS deaths in 2005 were 65% lower than when they peaked in 1994.



HIV/AIDS, cont'd

What influences HIV/AIDS?

- The HIV virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes.
- Infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

What is the State's Role?

States Can

- Make quality care and treatment accessible to all those diagnosed with HIV as soon as possible after the diagnosis.
- Promote medication adherence among those in treatment.
- Promote primary HIV prevention in reducing the burden of AIDS.
- Stress the importance of early detection of HIV infection to avoid its progression to AIDS.
- Provide partner counseling and referral services to those who are HIV diagnosed.
- Ensure that diagnosed HIV-infected people receive prevention case-management services to reduce further spread.
- Sustain the Targeted Outreach to Pregnant Women Act (TOPWA) Program.
- Sustain ADAP, the AIDS Drug Assistance Program that provides needed medication free of charge to approximately 12,000 HIV-infected persons ineligible for Medicaid.
- Sustain Medicaid coverage for care and treatment of large numbers of HIV-infected persons.

Florida Initiatives

National HIV Testing Day is June 27th. The Bureau of HIV/AIDS has worked with Early Intervention Consultants on identifying and promoting testing events throughout the state.

Florida's AIDS DRUG ASSISTANCE PROGRAM: The purpose of the AIDS Drug Assistance Program is to ensure that underserved and uninsured individuals living with HIV/AIDS have access to life-saving medications.

The AIDS Insurance Continuation Program (AICP) is a statewide program for persons who are diagnosed with AIDS or are HIV positive with symptoms and who, because of their illness, are unable to maintain their private health insurance coverage. The program makes direct payments (up to \$650/month) to each client's employer or insurance company for the continuation of medical, dental, mental health and optical coverage.

The Housing Opportunities for Persons with AIDS, known as HOPWA, is funded through a grant from the Department of Housing and Urban Development (HUD) to provide states and designated eligible metropolitan areas with resources and incentives for meeting the housing needs of persons with HIV disease and AIDS.

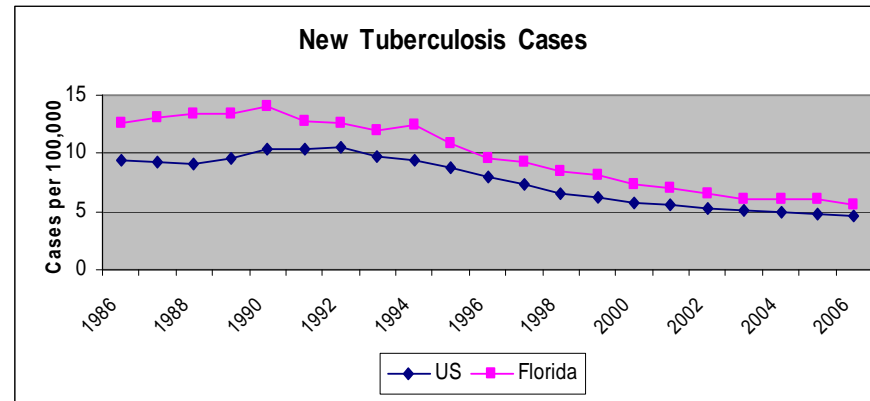
The Targeted Outreach for Pregnant Women Act (TOPWA) program was funded by the Legislature in 1998 to reach high-risk or HIV-infected pregnant women not receiving adequate prenatal care. The purpose of the program is to lower the number of babies born with prenatal drug exposure and HIV infection.

Tuberculosis

About 8 million new cases of Tuberculosis (TB) occur each year in the world and over 13,000 cases are reported in the United States. There are also an estimated 11 million people in the U.S. who are infected with TB.

Why is this Important?

- TB spreads from person to person through the air. Not everyone infected with TB gets sick. Thus, two TB conditions are possible: latent TB infection or latent TB disease.
- TB usually affects the lungs, but can also affect the brain, the kidneys the spine and other areas of the body. Permanent body damage and death can result from the disease.
- People with TB infection (without disease) cannot spread the germ to others. Medicine prescribed for this condition can often prevent progression to active TB.
- TB can affect anyone but it places a heavier burden on groups such as the poor, foreign-born from countries with high TB rates, people with depressed immune systems and people in institutional settings.



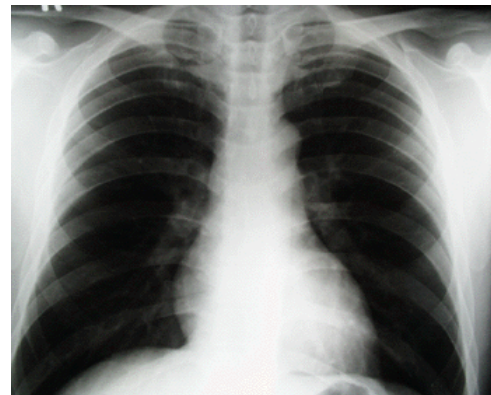
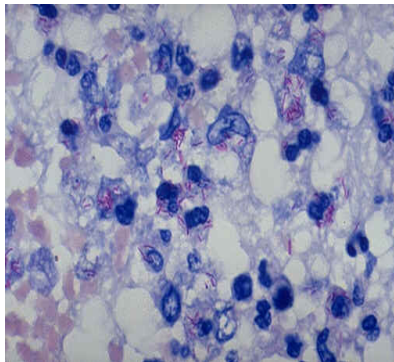
YEAR	US	Florida
1986	9.4	12.6
1987	9.3	13.1
1988	9.1	13.4
1989	9.5	13.4
1990	10.3	14.1
1991	10.4	12.8
1992	10.5	12.6
1993	9.8	12.0
1994	9.4	12.5
1995	8.7	10.8
1996	8.0	9.6
1997	7.4	9.3
1998	6.6	8.5
1999	6.3	8.2
2000	5.8	7.3
2001	5.6	7.0
2002	5.2	6.5
2003	5.1	6.1
2004	4.9	6.1
2005	4.8	6.1
2006	4.6	5.6

Tuberculosis, cont'd

How is Florida Doing?

- Florida rates of TB continue to be higher than the overall US rate.
- The number of new TB cases in Florida has decreased by more than 50% from 12.6 per 100,000 population in 1986 to 5.6 per 100,000 in 2006. This parallels the declining TB rate in the US as a whole.
- Florida's TB incidence continued to decline in 2006. The number of TB cases decreased from 1,086 cases reported in 2002 to 1,038 cases reported for 2006. This represents a recent trend of 4.4% decrease in TB cases for Florida. Although Florida has reduced TB morbidity, it remains fourth in the nation for TB cases and eighth for TB incidence. In 2006, Florida's TB incidence rate was 5.6 per 100,000 population in comparison to the national rate of 5.1 TB cases per 100,000.

Mycobacterium tuberculosis



Tuberculosis, cont'd

What Influences Tuberculosis?

- People sharing the same breathing space (such as family members, friends, co-workers) with someone who has TB disease
- Patient access to healthcare and perceptions about personal health
- Patient psychological condition
- Increased migration of people from countries with endemic TB prevalence
- Substance abuse
- Medical conditions such as HIV, diabetes, certain types of cancers, and malnourished underweight conditions

What is the State's Role?

States can

- Provide health departments and community health care providers with accessible, expert and cost effective TB clinical consultation and services.
- Assure that expert TB consultation is available to all citizens regardless of where they reside.
- Promote screening and follow-up among at-risk populations.
- Maintain A.G. Holley State Hospital as a center of excellence for managing complex TB cases such as multi-drug resistant (MDR) and extensively drug resistant (XDR) cases.

Florida Initiatives

TB awareness activities during March revolving around World TB Day, March 24th

Statewide TB & Refugee Health Meeting providing education and updates in current public health practice

TB teleradiology ensuring patient access to public health TB medical experts

Purchase of client services and TB medication using general revenue funds

Patient incentives and enablers promoting patient adherence to medical follow-up

Directly observed therapy to monitor patient tolerance and response to therapy

A.G. Holley State Hospital provides state-of-the art medical care for TB patients with complex case management issues such as MDR and XDR cases

Southeastern National TB Center under contractual arrangement with FL DOH provides medical consultation and education to the southeastern region of the US

<http://www.doh.state.fl.us/disease%5Fctrl/tb>

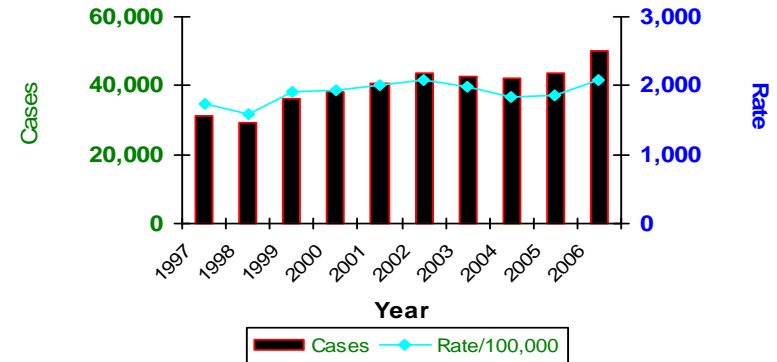
Bacterial STDs, ages 15-24

Bacterial sexually transmitted diseases (STDs) are chlamydia, gonorrhea, and syphilis. This measure tracks cases of bacterial sexually transmitted diseases in persons age 15 through 24 in the community.

Why is this Important?

- Since chlamydia became reportable in Florida in September 1993, the 15-24 age group has consistently had at least 60% of all reported bacterial sexually transmitted diseases, and this percentage has steadily increased. In 2006, the 15-24 age group had 66% of all reported bacterial sexually transmitted diseases.
- Decreasing the case rate of bacterial sexually transmitted diseases in the 15-24 age group is important because these sexually transmitted diseases are often asymptomatic. When untreated, chlamydia and gonorrhea are common causes of pelvic inflammatory disease among females, which often leads to infertility and life-threatening ectopic pregnancy.
- If syphilis progresses to the late stage, it may damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.
- People infected with bacterial sexually transmitted diseases are more likely to become infected with HIV if exposed.

**Reported Bacterial STDs
Among Males and Females, Age 15-24,
Cases and Rate per 100,000 Population,
Years 1997 - 2006**

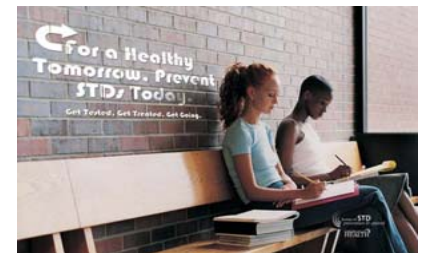


Year	Florida Cases	Florida Case Rate
1997	31,109	1,745
1998	29,119	1,588
1999	36,140	1,909
2000	38,055	1,940
2001	40,787	2,000
2002	43,437	2,082
2003	42,414	1,980
2004	42,016	1,837
2005	43,573	1,866
2006	50,090	2,087

Bacterial STDs, ages 15-24, cont'd

How is Florida Doing?

- During 2006, Florida had the highest bacterial sexually transmitted disease case rate per 100,000 population in the 15-24 age group compared to any year of the prior decade.



Bacterial STDs, ages 15-24, cont'd

What Influences Bacterial STDs?

- Patients may lack access to healthcare and or have misperceptions about personal health
- People can avoid contracting sexually transmitted diseases by abstaining from sexual contact or committing to a mutually monogamous relationship with a partner who has been tested and is known to be uninfected.
- Condom usage and screening initiatives can impact Bacterial Sexually Transmitted Disease rates.
- Access to health care and insurance coverage can impact the numbers of infected persons identified.
- Reporting from laboratories and health care practitioners that is timely, complete and accurate can reduce the spread of infection in a community.

What is the State's Role?

States Can

- Encourage early diagnosis and treatment of sexually transmitted diseases.
- Promote screening among at-risk populations.
- Support the use of field delivered therapy when possible.
- Evaluate access to prevention and treatment services.

Florida Initiatives

April Sexually Transmitted Diseases Awareness Month

Florida has various statewide activities to support Sexually Transmitted Diseases Awareness Month, which have included: outreach screenings, presentations, targeted education to students, and radio talk shows.

Sexually Transmitted Diseases Awareness Ribbon

In 2006, Florida partnered with Oregon to develop a light green (PMS 352C) sexually transmitted diseases awareness ribbon. Since then, other states along with the National Coalition of Sexually Transmitted Diseases Directors have supported this ribbon effort.

InSPOT Florida

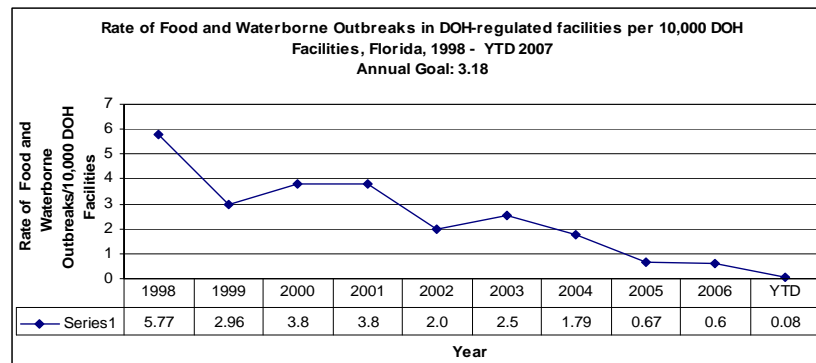
InSPOT.org/Florida is an online sexually transmitted diseases partner notification system that allows e-cards to be sent anonymously or from a user's personal email address. InSPOT became available to Floridians in May 2007.

Florida Medical Association (FMA)

The Bureau of Sexually Transmitted Diseases Prevention & Control partnered with the FMA to publish an entire journal devoted to adolescent sexual health in 2008.

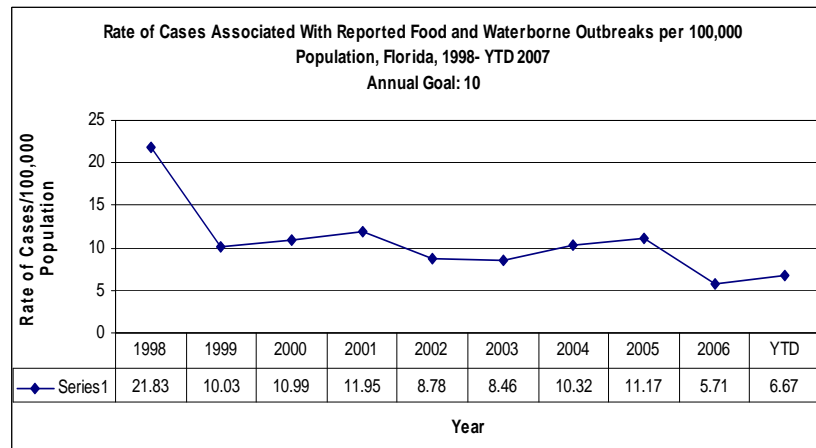
Environmental Public Health – Food and Waterborne Outbreaks

Florida has an estimated 18 M population and 85.8 M annual visitors, as well as an aging and high risk population. DOH has ongoing responsibility and authority for epidemiological investigation in public food establishments and institutions such as hospitals, prisons, and schools. Responsibility for routine, regulatory inspections of other public food establishments was transferred from DOH to the Department of Business and Professional Regulation and to the Department of Agriculture and Consumer Services through 1992 legislation.



Why is This Important?

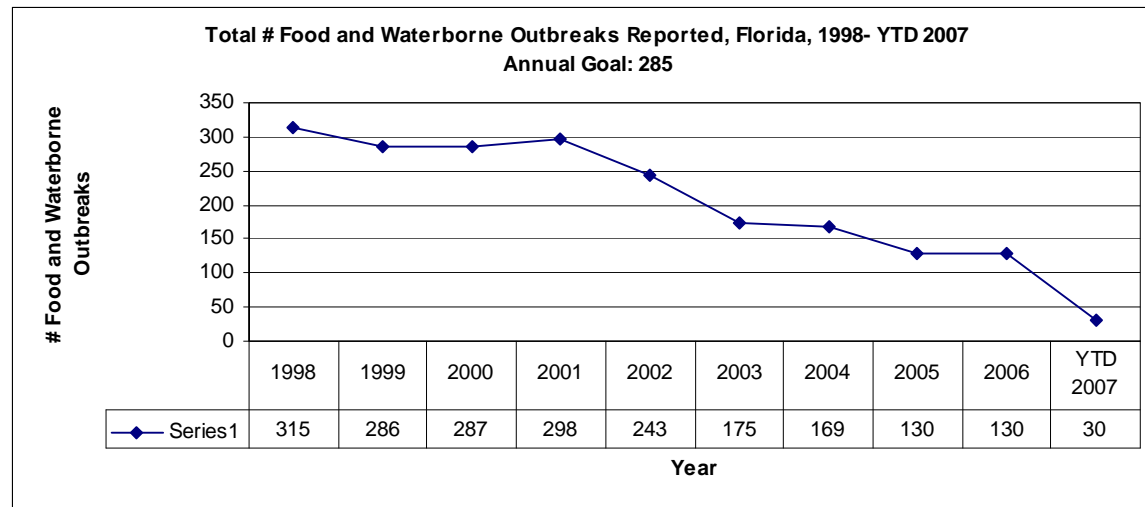
Changing patterns of individual and global economic behavior have complicated the public health control of food and waterborne diseases in recent years and have accentuated the Major food and waterborne diseases include: campylobacteriosis, salmonellosis, shigellosis, staphylococcus, norovirus, giardiasis, hepatitis A and *Clostridium perfringens*. Emerging pathogens such as cryptosporidium, cyclospora, and *E. coli* O157:H7 have also caused recent outbreaks of illness. *Vibrio vulnificus* has caused severe illness and death in high-risk categories of people who choose to consume raw oysters. Recent emerging pathogens and vehicles include saxitoxin in Florida pufferfish, *Salmonella Typhi* in frozen imported mamey, cyclospora in fresh imported basil (the largest reported cyclospora outbreak in Florida history) and hepatitis A in raw oysters (the first such outbreak in 20 years). The risk of consumption of raw milk has also become a frontline public health issue.



Environmental Public Health, Food and Waterborne Outbreaks cont'd

How is Florida Doing?

- From 1994-2005, the Food and Waterborne Disease Program has investigated 3,227 outbreaks with 25,686 cases. In addition to outbreak investigations, the program also follows up on 2,000 – 4,000 individual food and waterborne illness complaints every year. Among selected specific activities, since norovirus accounts for as much as 35% of foodborne outbreak-related cases (national estimates are 67%), training has been developed on norovirus, as well as *E. coli* O157:H7 and Salmonella and is being presented around the state. Florida has had several experiences with recreational waterborne disease outbreak investigations in swimming pools, water parks and interactive water fountains that have been combined into a presentation that was given at DOH Grand Rounds in 2001 and the 2002 National Environmental Health Association Annual Education Conference (NEHA AEC) in order to share this information with other health departments nationwide. This presentation has become a standard component of the Certified Pool Operators training that is conducted around the state. A subsequent presentation on foodborne marine pathogens was given at the 2003 NEHA AEC. At NEHA in 2004, a presentation on Foodborne Norovirus and another on 10 years of Foodborne Outbreak Disease data were given. At NEHA in 2005, two presentations on Foodborne Salmonella and *Vibrio vulnificus* were given along with the display of two posters on saxitoxin and on hepatitis A. In 2006, the NEHA presentation was on the 2005 statewide *Cyclospora* outbreak. Ongoing efforts by staff include working with CHDs to provide hepatitis A prevention education to food workers and to the public. Although there have been several high profile foodborne hepatitis A outbreaks, the fact remains that foodborne hepatitis A outbreaks account for less than 1% of outbreaks and outbreak-related cases from 1994-2005. The Regional Environmental Epidemiologists are also assisting CHDs on request with the exclusion of ill food workers.
- In 2001 and 2002, the Food and Waterborne Disease Program also worked collaboratively with the Florida Wildlife Conservation Commission and the Florida Department of Agriculture and Consumer Services on an investigation into the cause of an unusual outbreak of saxitoxin poisoning from Florida puffer fish consumption. Prevention outreach education and marine research on this issue are ongoing. The number of reported food and waterborne disease outbreaks has decreased somewhat from 175 in 2004 to 131 in 2005 and 147 in 2006). The number of cases per 100,000 population increased from 2004 (12.99) to 2005 (11.17). The number of reported food and waterborne disease outbreaks in DOH facilities decreased from 2004 (1.79) to 2005 (0.64). The percentage of final summary outbreak reports received within 30 days of the end of the investigation increased from 75% in 2004 to 85.9 in 2005.
- While the numbers of food and waterborne disease outbreaks and rates of cases declined in 2006 compared to 2005, additional data years are needed to determine if this is a continuing positive trend. Since 1994, the food and waterborne illness prevention messages were targeted to the general population, high risk groups and the professional health care population. These include the statewide *Vibrio vulnificus* Education Program (in collaboration with the Florida Department of Agriculture and Consumer Services), educational materials for distribution to the public (food safety magnets, information cards and cutting boards), presentations to community groups and guest lectures at partner universities (including University of Florida, University of North Florida, Florida Agricultural and Mechanical University and Tallahassee Community College). Florida's *Vibrio vulnificus* Education Program is a model for all Gulf Coast states. A presentation on *Vibrio vulnificus* for Health Care Practitioners has been conducted numerous times around the state to audiences of physicians, dieticians and nurses, among others. An invited seminar was presented at the University of Texas El Paso campus on *Vibrio vulnificus* in 2006.



Environmental Public Health, Food and Waterborne Outbreaks cont'd

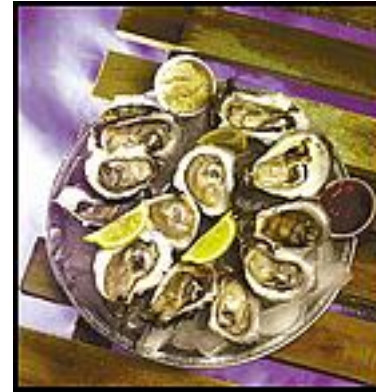
What Influences Food and Waterborne Outbreaks?

- Cross contamination and improper holding temperatures
- High turnover in food preparation workers
- Insufficient barriers to infected persons contaminating food

What is the State's Role?

States can

- Florida has a unique structure in place for food and waterborne disease surveillance and investigation with nine regional food and waterborne disease epidemiologists to assist the county health departments in the investigation of these outbreaks. Food and waterborne outbreaks have always been underreported nationwide as well as statewide. This program was designed to address tasks at the county, regional, and state levels to achieve better reporting at an earlier date in the outbreak process. The counties themselves maintain food and waterborne illness complaint logs and perform outbreak investigations with an epidemiological team composed of an environmental health professional, a nurse and an epidemiologist. The regional environmental epidemiologists provide technical assistance in outbreak investigations and report writing along with assistance in questionnaire development and statistical analyses. Regional environmental epidemiologists also play a role in helping to train county health department staff in a variety of aspects of outbreak investigations. See our website for more program details: <http://www.doh.state.fl.us/environment/community/foodsurveillance/index.html>.
- Provide agencies and food establishments with expert and cost effective consultation and assure that expert environmental epidemiologic consultation is available 24/7
- Promote disease prevention training



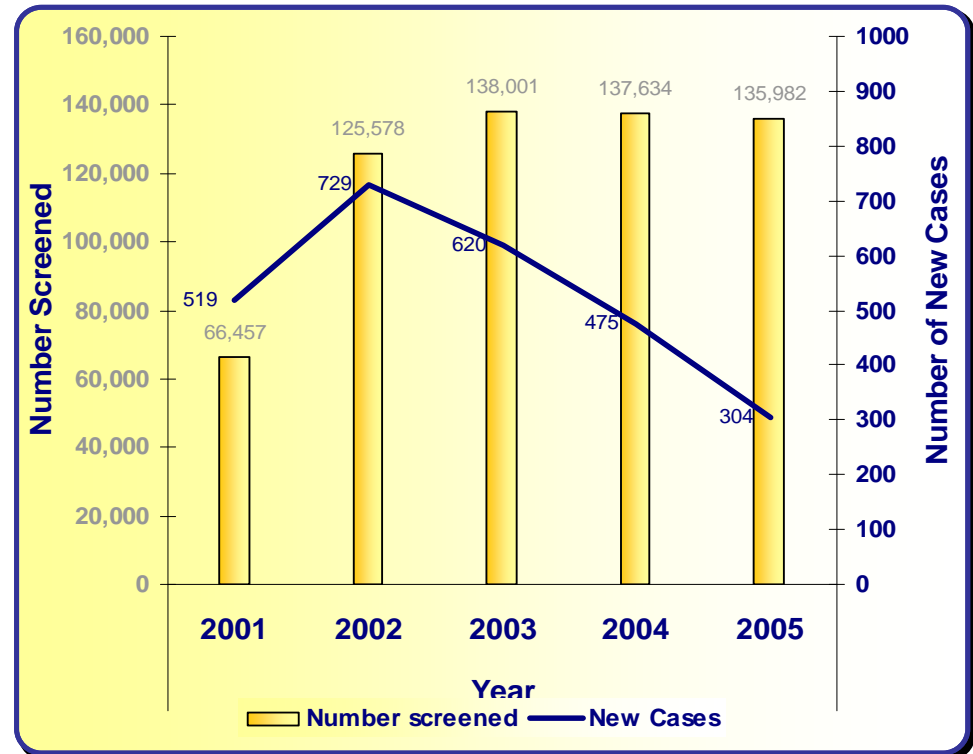
Environmental Public Health - Childhood Lead Poisoning

Approximately 310,000 U.S. children aged 1-5 years have blood lead levels greater than 10 micrograms of lead per deciliter of blood (Centers for Disease Control and Prevention's level of concern).

Why is This Important?


- There is NO safe level of lead in the blood.
- Lead poisoning can affect nearly every system in the body. It can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death.
- Lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized.
- Lead poisoning has been associated with poor school performance, increased aggression and juvenile delinquency, all of which place an undue burden on social service and education programs.

Number of reported newly confirmed cases of lead poisoning and number of children screened less than 72 months of age, Florida 2001 to 2005



TOTAL Reported New Cases 2001 - 2005: 2,647

Note: Chart only represents cases reported to the FL DOH



Environmental Public Health - Childhood Lead Poisoning

How is Florida Doing?

- The number of new lead poisoning cases in children aged 1-5 reported in Florida has decreased annually since 2002. This parallels the decline in reported blood lead levels in the US as a whole.

What Influences Lead Poisoning?

- Lead-based paint and lead-contaminated dust found in older homes and deteriorating buildings is the major source of lead exposure among U.S. children. In Florida there are approximately 433,500 homes built before 1950 that potentially contain lead-based paint. Lead-based paints were eventually banned for use in housing in 1978.
- Other sources of lead poisoning are related to:
 - hobbies (casting bullets or fishing sinkers, making stained-glass windows)
 - work (recycling or making automobile batteries)
 - drinking water (lead pipes, solder, brass fixtures, valves can all leach lead)
 - Consumer products (toys or jewelry made with lead or painted with lead paint)
 - home health remedies (azarcon and greta, which are used for upset stomach or indigestion; pay-loo-ah, which is used for rash or fever).
- High risk populations include:
 - Children under the age of 6 years because they are growing so rapidly and because they tend to put their hands or other objects into their mouths.
 - Children from all social and economic levels can be affected by lead poisoning, although children living at or below the poverty line who live in older housing are at greatest risk.
 - Children of some racial and ethnic groups and those living in older housing are disproportionately affected by lead. For example, 3% of black children compared to 1.3% of white children have elevated blood lead levels nation wide.

Environmental Public Health - *Childhood Lead Poisoning , cont'd*

What is the State's Role?

Lead poisoning is 100% preventable!

- **Promote lead screening:** Provide guidelines for physicians and County Health Departments.
- **Conduct surveillance:** Conduct surveillance of all blood lead tests.
- **Monitor case management:** Provide guidelines for physicians and County Health Departments.
- **Build partnerships:** Lead poisoning prevention requires coordination between health, housing, and social service programs.
- **Promote Prevention:** Educate target communities about ways to prevent lead poisoning, create healthy homes and build healthy communities.
- **Propose Protective Policies:** Establish an EPA accredited Lead Based Paint Training and Certification Program to increase the number of service providers available to address lead hazards and to enable the Department to leverage additional federal funds for remediation and prevention efforts.

Florida's Childhood Lead Poisoning Prevention Initiatives

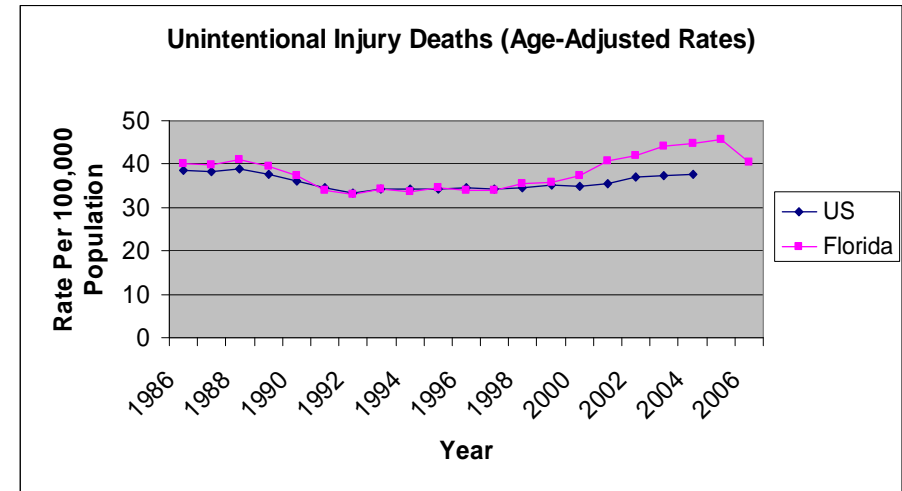
- **Florida's Committee for the Elimination of Childhood Lead Poisoning:** This statewide advisory committee works to define and implement strategies to eliminate lead poisoning in Florida by 2010. The committee includes participants from three state government agencies, multiple universities, county and city governments, and community based organizations.
- **Florida's Healthy Homes Project:** This new project seeks to educate and empower families to identify and address indoor environmental hazards that affect children's health. Healthy Homes topics include lead poisoning, asthma, injury prevention and poisonings.
- **The Lead Alert Network:** Through a network of citizens and government programs, the Department of Health provides e-mail alerts about the latest consumer product recalls due to lead hazards.
- **Florida's Childhood Lead Poisoning Prevention Program:**
<http://www.doh.state.fl.us/environment/community/lead/index.html>

Unintentional Injury

The major categories of unintentional injuries include motor vehicle crash injuries, falls, fires, poisonings, drowning, suffocations, choking, animal bites, and recreational and sports-related activities.

Why is this Important?

- Unintentional injury is the 5th leading cause of death of Florida residents every year, and is the #1 killer of Florida residents ages 1-44 every year.
- Among the 5 largest states in the US (CA, TX, NY, FL, and IL), Florida had the highest unintentional injury death rate. According to a 2004 study by the Surface Transportation Policy Project, Florida has 5 of the top 10 most dangerous US cities for pedestrians.



Year	US	Florida
1986	38.6	40.1
1987	38.2	39.8
1988	38.9	41.1
1989	37.7	39.6
1990	36.1	37.4
1991	34.7	34.1
1992	33.2	33.1
1993	34.2	34.4
1994	34.2	33.5
1995	34.4	34.6
1996	34.5	33.9
1997	34.2	34.1
1998	34.5	35.5
1999	35.3	35.7
2000	34.9	37.3
2001	35.5	40.6
2002	36.9	42.0
2003	37.2	44.1
2004	37.6	44.6
2005		45.6
2006		40.3

2004 is most current US data.
2006 Florida data is provisional
and subject to change.

Unintentional Injury, cont'd

How is Florida Doing?

- The leading cause of unintentional injury deaths in Florida is motor vehicle accidents, which account for over 3000 deaths annually. The rate dropped from a high of 25 deaths per 100,000 in 1988 to a low of 14.6 in 1999, but has increased gradually since then.
- US and Florida age-adjusted unintentional injury death rates were about the same throughout the 1990's. But beginning in 2000, Florida's rate began to surpass the US rate, from 7% higher than the US rate in 2000, to 19% higher than the US rate in 2004 (latest US data available).
- In 2004 (latest US data available), Florida's age-adjusted unintentional injury death rates were higher than the US rate by 19% for all unintentional injuries, 3% for falls of elders ages 65 and older, 23% for motor vehicle injuries, 55% for unintentional poisonings, and an overwhelming 137% for unintentional drownings of children ages 1-4.
- Florida has the highest unintentional drowning death rate in the US for children ages 1-4. Every year, about two-thirds of these drownings of children ages 1-4 in Florida occur in swimming pools. In 2003, Florida surpassed California for the first and only time in the number of children ages 1-4 who drowned (California 52, Florida 83). Every year, about 15% of all children ages 1-4 who drown in the US were from Florida.
- Although numbers are small, Florida's death rate from unintentional poisonings and poisonings of undetermined intent jumped 325% from 1990 through 2001, which was the largest jump of the 11 states in a 2004 CDC study.
- In 2005, over 80% of about 40,500 hospitalizations for unintentional injuries sustained by elder Floridians ages 65 and older were due to falls. The impact of these injuries on elder Floridians is profound. Total hospital charges for all unintentional injury-related hospitalizations of elder Floridians in 2005 were over \$1.3 billion, with Medicare billed for more than \$950 million. Almost two-thirds continued to require care and were discharged from the hospital to another facility.



Unintentional Injury, cont'd

What Influences Unintentional Injury?

- Adult supervision is one of the best ways to prevent childhood injuries. Constant, undistracted and even “touch” supervision of young children is essential for home and water safety/drowning prevention.
- Parents can lead by example by wearing helmets, wearing safety belts and buckling children in car seats.
- Many falls are preventable. However, awareness and education efforts center on home environments to eliminate hazards, especially for people over 65 (loose throw rugs, clutter, objects in major pathways, and pets).

What is the State's Role?

States Can

- Facilitate and coordinate with injury prevention stakeholders and other State agencies.
- Collaborative to assemble available statewide resources and combine related programs for a higher profile and impact of injury prevention efforts.

Florida Initiatives

The **Drowning Prevention Awareness Campaign**-to decrease the number of drowning of children under age 5. Florida has the highest drowning death rate in the U.S. for children under age 5. Despite local ordinances and a state statute requiring safety features for residential swimming pools, last year enough children drowned in Florida to fill four preschool classrooms

Florida Bicycle Helmet Promotion Program-to increase bicycle helmet usage among children. Children ages 5 to 14 account for approximately 21% of all bicycle-related deaths and nearly half of all bicycle-related injuries.

Safe Kids Florida works to eliminate unintentional injury and death to children under age 15, the leading cause of injury or death for this age group. Florida has 16 Safe Kids coalitions, whose members are fire and rescue providers, health and medical professionals, educators, civic leaders, business leaders, operate in 27 counties. Eighty percent of Florida's under age 15 population live in a county with a Safe Kids presence.

The **Florida Special Needs Occupant Protection Program** increases access to car seats for children with special health care needs. It operates within eight children's hospitals and provides a "loaner" child safety seat/restraint for children with acute special health care needs who can not use a regular child safety seat.

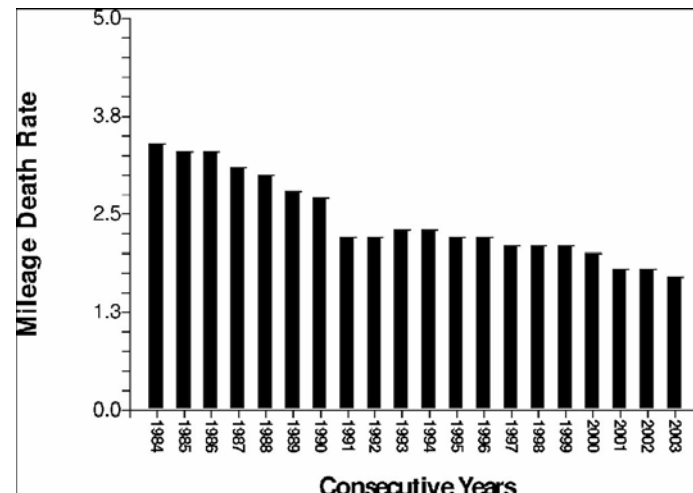
www.doh.state.fl.us/injury

Access to Trauma Care

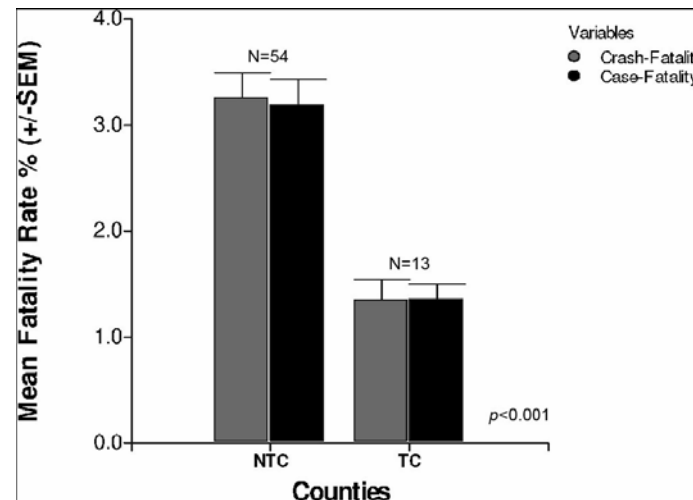
Prevention of traumatic injuries and provision of trauma care are essential to reducing the Trauma mortality rate. Public health agencies must facilitate the development and operation of a coordinated system of trauma care involving EMS, approved trauma centers, other acute care hospitals, and rehabilitation centers.

Why is this Important?

- Traumatic injuries from motor vehicle crashes are the #1 killer of Florida residents ages 5-34 every year (CDC WISQARS).
- Optimal outcomes of care for traumatically injured patients require timely access to definitive trauma care within 1 hour of injury – the “Golden Hour.”
- Only those hospitals meeting the standards of the American College of Surgeons may be designated as trauma centers approved to provide trauma care in Florida.
- Presence of a trauma center has been associated with a lower motor vehicle crash injury mortality rate (Papa *et al.*, 2006).
- At more than 20 years old, Florida’s trauma system is considered mature, but has never had a durable source of funding (Durham *et al.*, 2006).



Mileage death rate per million miles driven in the state of Florida, 1984-2003. The mileage death rate dropped sharply in 1991 after passage of the Roy E. Campbell Trauma Act in 1990 established an organized trauma system in Florida. From Papa *et al.* (2006).



Comparison of mean case-fatality and crash-fatality rates between nontrauma center counties (NTC) and trauma center counties (TC) in Florida, 2003. Trauma center counties are associated with lower mean fatality rates. From Papa *et al.* (2006).

Access to Trauma Care, cont'd

How is Florida Doing?

- Currently, Florida has a total of 21 trauma centers verified by the Florida Department of Health, Office of Trauma as meeting American College of Surgeons standards: 7 Level I trauma centers, 12 Level II trauma centers, and 2 pediatric referral trauma centers.
- Total trauma volume in Florida grew by an average of 8.7% every year from 2002 through 2006. The average 4.9% trauma mortality rate in Florida from 2002 through 2006 is somewhat higher than the U.S. trauma mortality rate of 4.4% from 2001 through 2005 (National Trauma Data Bank).

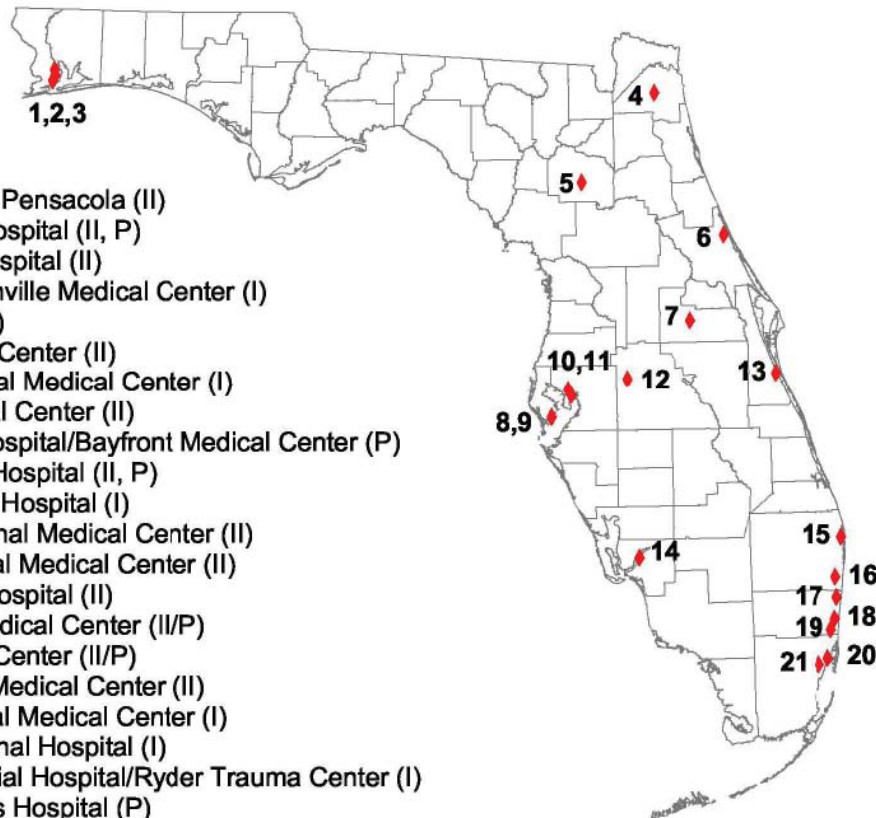
Trauma Patient Indicator	2002	2003	2004	2005	2006
Total Trauma Volume (FL)	29,478	31,794	34,878	38,744	41,144
Trauma Mortality Rate (FL)	4.7%	4.7%	4.8%	4.8%	5.5%
Trauma Mortality Rate (US)	4.4% (2001-2005 combined)				N/A

- About 95.7% of Florida's population are within 85 minutes total evacuation time to a trauma center for initiation of definitive trauma care within the "Golden Hour" (Papa *et al.*, 2006; Durham *et al.*, 2006). Currently, there is a major gap in trauma center coverage in North Florida between Pensacola and Jacksonville, delaying access to definitive trauma care for traumatically injured patients in this region.
- About 38.3% of "true trauma" patients were treated in Florida's trauma centers in 2003 (Durham *et al.*, 2006). This triage rate of trauma patients who are appropriately transported to and treated in Florida's trauma centers is dependent on the number of approved trauma centers in the state.



Access to Trauma Care, cont'd

FLORIDA TRAUMA CENTERS



1. Baptist Hospital Pensacola (II)
2. Sacred Heart Hospital (II, P)
3. West Florida Hospital (II)
4. Shands Jacksonville Medical Center (I)
5. Shands at UF (I)
6. Halifax Medical Center (II)
7. Orlando Regional Medical Center (I)
8. Bayfront Medical Center (II)
9. All Children's Hospital/Bayfront Medical Center (P)
10. Saint Joseph's Hospital (II, P)
11. Tampa General Hospital (I)
12. Lakeland Regional Medical Center (II)
13. Holmes Regional Medical Center (II)
14. Lee Memorial Hospital (II)
15. Saint Mary's Medical Center (II/P)
16. Delray Medical Center (II/P)
17. North Broward Medical Center (II)
18. Broward General Medical Center (I)
19. Memorial Regional Hospital (I)
20. Jackson Memorial Hospital/Ryder Trauma Center (I)
21. Miami Children's Hospital (P)

I - Level One
II - Level Two
P - Pediatric

Florida Trauma System Initiatives

Red Light Running Fines: In 2005, the Florida Legislature passed House Bills 497 and 1697 that provides funding for trauma centers from red light running fines.

Comprehensive Assessment of the Florida Trauma System: Researchers contracted by DOH completed a comprehensive assessment of the Florida Trauma System in 2005. Among the recommendations: Setting a system goal that 65% of trauma patients will be treated at a trauma center, and establishing trauma centers in Tallahassee and Bay County. The addition of these trauma centers would increase access to definitive trauma care within the Golden Hour to 99% of Florida's population.

State Trauma System Plan 2005–2010: DOH published the current 5-year State Trauma System Plan in December 2005. Nine goals are identified to further develop the Florida Trauma System. Progress on each of these goals is evaluated both quarterly and annually.

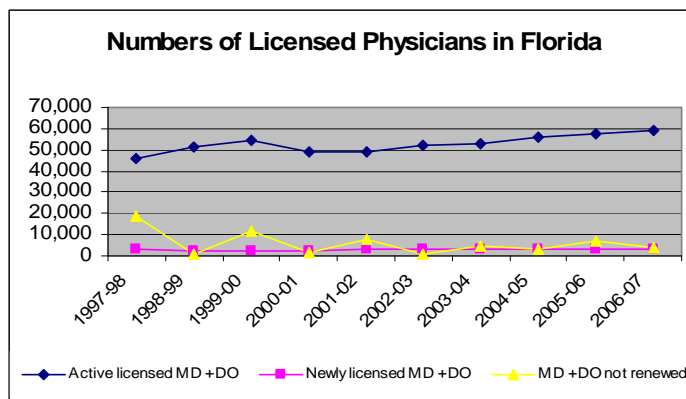
doh.state.fl.us/demo/trauma/index.html

Florida Physician Workforce

The geographic distribution and specialty mix of active, licensed Florida physicians is a critical component in access to health care. Accessing valid, continuous data on Florida physicians assists policymakers and key stakeholders in strategic planning for the future of Florida's health delivery system.

Why is This Important?

- While Florida has approximately 245 physicians per 100,000 population, Florida is dealing with an aging workforce. Although licensing data indicate that over 50% of active, licensed Florida physicians are over 50 and over 22% are older than 65 years of age, data is not currently available regarding the extent to which physicians practice full-time, part-time, or the extent to which physicians maintain active licenses but don't actively practice.
- Florida policymakers must address recruiting and retaining Florida physicians, particularly in primary care.
- Florida ranks 41st in the number of medical students per 100,000 population and 46th in the number of medical residents per 100,000 population.
- Policymakers need access to more detailed physician workforce data to determine if an adequate specialty mix exists in Florida to ensure access to primary care and key specialty areas (such as obstetrics) for all Floridians, especially in underserved communities.



	Active licensed MD + DO	Newly licensed MD + DO	MD + DO not renewed
FY 97-98	46,274	2,911	18,319
FY 98-99	51,375	2,436	920
FY 99-00	54,137	2,515	11,482
FY 00-01	49,260	2,490	1,291
FY 01-02	49,226	2,748	7,529
FY 02-03	52,315	2,869	521
FY 03-04	53,096	3,184	4,541
FY 04-05	55,892	3,101	3,099
FY 05-06	57,270	2,942	6,712
FY 06-07	58,896	3,276	4,233

Florida Physician Workforce cont'd

How is Florida Doing?

- The number of licensed Florida physicians has increased by approximately 25% since FY 1997-98. During the same time period, the number of newly licensed physicians has remained at about 3000 per year. The number of physicians whose licenses were not renewed, for whatever reason, has varied widely over those 10 years, from a high of over 18,000 in FY 97-98 to a low of 521 in FY 2002-03. There is no pattern in the number of non-renewals.
- Beginning in 2009, Florida will better understand some of the following physician workforce issues:
 - The number of physicians who are in active full-time or part-time practice, and those who maintain active licenses but don't practice.
 - The distribution of physicians by geographic location and by specialty mix; for example, Florida will have information on the numbers of obstetricians in each county who deliver babies.
- The Department of Health will facilitate discussions with stakeholders including medical schools, residency programs, physician organizations and others to develop measures of physician workforce adequacy. Such measures could potentially include recommended numbers of obstetricians, trauma surgeons, family practice physicians and others by geographic area.
- The Department of Health will also facilitate discussions with stakeholders to analyze the supply of qualified Florida applicants to Florida medical schools; develop strategies to ensure that the number of graduates from the state's medical schools are adequate to meet physician workforce needs; and develop strategies and policies to create, expand, and maintain graduate medical education positions.

Florida Physician Workforce cont'd

What Influences Physician Workforce?

- The medical education pipeline: how pre-medical education students are recruited into in-state medical schools through the matching of in-state medical students into residency positions
- The capacity and cost of both medical education and graduate medical education
- The geographic distribution of physicians by specialty
- The age of the physicians in the workforce and the average age of the population
- Liability and insurance coverage issues

What is the State's Role?

States Can

- Collect physician workforce data through workforce surveys as part of the physician licensure renewal cycle.
- Encourage key governmental and non-governmental entities to collaborate in developing and implementing a strategic plan.
- Work within existing programs to expand and provide new incentives in the recruiting and retaining of physicians.

Florida Initiatives

Florida will begin to collect data in the spring of 2008 that will shed light on important physician workforce issues. Data from the Department of Health's physician workforce survey will become available over the next several years as licenses are renewed

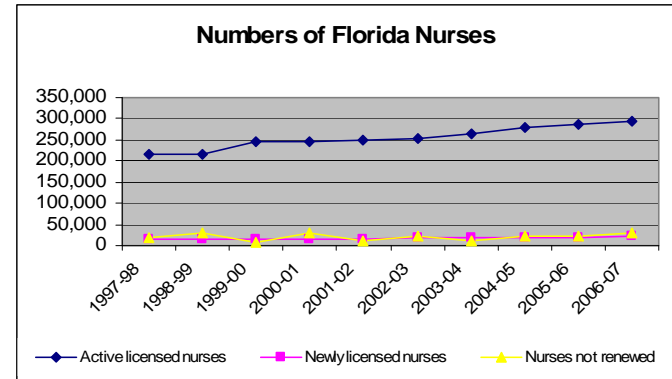
(Mandated under Chapter 2007-172, Laws of Florida)

Nurse Workforce

An adequate supply and equitable distribution of nurses statewide is critical to the health and safety of Florida's citizens and visitors. Access to valid and continuous data on Florida's nursing workforce assists policymakers and key stakeholders in strategic planning for the future of Florida's health delivery system.

Why is This Important?

- Currently we are dealing with an aging workforce both in areas of patient care and in nursing faculty positions. Licensing data indicate that over 43 % of active, licensed Florida nurses are over 50 years of age and 15% are over 60 years of age.
- Data are not currently available regarding the extent to which nurses practice full-time or part-time, or the extent to which nurses maintain active licenses but don't actively practice.
- Policy makers must determine ways to encourage and enhance nursing education and nursing practice through expanded capacity and funding resources.



	Active licensed nurses	Newly licensed nurses	Nurses not renewed
FY 97-98	217,209	14,727	17,285
FY 98-99	217,179	13,299	31,104
FY 99-00	246,208	13,957	7,489
FY 00-01	246,443	13,963	30,193
FY 01-02	249,314	13,801	9,389
FY 02-03	253,694	18,020	22,900
FY 03-04	264,659	19,493	9,701
FY 04-05	279,571	18,835	21,931
FY 05-06	285,249	19,395	23,869
FY 06-07	294,235	20,883	30,962

Nurse Workforce, cont'd

How is Florida Doing?

- The number of licensed nurses in Florida increased by almost 36% between FY 97-98 and FY 06-07, due predominately to the an increase in the number of newly licensed nurses each year during that period. There were almost twice as many nurses whose licenses were not renewed in FY 06-07 as there were in FY 97-98, although the non-renewal pattern has fluctuated widely during the 10 years, from a low of about 7500 in 99-00 to a high of about 31,000 in FY 98-99, and there is no clear trend.
- Florida has approximately 300,933 professional nurses, of which 217,972 are registered nurses, 1392 are advanced practice nurses and 69,769 are licensed practical nurses. This amounts to just over 1600 nurses per 100,000 Floridians.
- The State of Florida established the Florida Center for Nursing (FCN) in 2001 to address issues related to nurse supply, demand, and shortage. Studies conducted by the Center include:
 - The Value of a Healthy Work Environment (September 2006)
 - Improving the Work Environment to Retain Nurses (October 2006)
 - Florida RN, LPN, NA Data by State and Region
 - The Florida Nursing Shortage (January 2007)
 - Analysis of Nurse Licensure Data in Florida: Methods and Statewide Results (January 2007)
 - Academic Year 2005-2006: Results from a Survey of Florida RN Education Programs (May 2007)
 - Analysis of Workforce Survey Data from the 1st RN Cohort Renewing in 2007 (June 2007)
- The Department facilitates discussions with stakeholders including nursing schools, hospitals, health care facilities, and other interested parties to develop strategies to ensure an adequate supply of nurses to meet the needs of Florida citizens and visitors.

Nurse Workforce, cont'd

What Influences the Nurse Workforce?

- Aging workforce in practice areas
- Nursing faculty shortage at nursing schools
 - Aging faculty and budget constraints
 - Increasing job competition from clinical sites and private sector
 - Lack of students being prepared for faculty positions
- Limited student capacity at nursing schools due to:
 - Insufficient numbers of clinical sites for direct service training
 - Inadequate classroom space
 - Lack of clinical preceptors
 - Budget constraints and lack of tuition/scholarship support for students
 - Attrition rate among students

What is the State's Role ?

States Can

- Develop and support Statewide Strategic Plans for Nursing Workforce.
- Facilitate collaboration of key governmental and non governmental entities to foster implementation of the strategic plan.
- Work within existing programs to expand and provide new incentives in the recruiting and retaining of nurses.

Florida Initiatives

Nursing Scholarship Program

Nursing Student Loan Forgiveness Program

The State coordinated work on the "Strategic Plan for Nursing Workforce in Florida Progress Report" (October 2005)


Public Health and Medical Preparedness: Health and Medical Target Capabilities

The Florida Department of Health is responsible for the state's healthcare preparedness and emergency response system before, during, and after natural or man-made disasters. In late 2004, the United States Department of Homeland Security published the national Target Capabilities List to assist states in defining and building the capabilities required to achieve the National Response Plan mission areas of Prevent, Protect, Respond and Recover.

Why is this Important?

- Florida has made significant strides in its public health and medical preparedness system during the past five years, and has a proven record in responding to public health emergencies and natural disasters. However, the threat of natural and man-made catastrophic events, such as pandemic influenza, hurricanes, and terrorist attacks, continue to present significant challenges to Florida's already taxed healthcare system.

Percentage of Counties Reporting Progress Made in Meeting National Capabilities Standards			
Target Capability	Significant	Moderate	Gap
CBRNE Detection	37%	25%	38%
Mass Prophylaxis	30%	31%	39%
Medical Surge	23%	26%	51%
Planning	48%	29%	23%
Risk Management	52%	31%	17%
Community Preparedness & Participation	43%	35%	22%
Epidemiological Surveillance and Investigation	47%	25%	28%
Public Health Laboratory Testing	23%	13%	64%
EOC (ESF8 Management)	46%	33%	21%
Responder Safety & Health	55%	29%	16%
Environmental Health	48%	29%	23%
Triage & Pre-hospital Treatment	31%	31%	38%
Medical Supplies Management & Distribution	30%	32%	38%
Mass Care (Medical Shelters)	39%	22%	39%
Fatality Management	28%	19%	53%



Public Health and Medical

Preparedness: Health and Medical Target Capabilities, cont'd

How is Florida Doing?

- In 2006, Florida conducted a comprehensive statewide assessment of its health and medical capabilities against the national requirements.
- The Capabilities Assessment data provided a baseline snapshot to prioritize planning and resources.
- 38% of Florida's 67 counties reported significant progress in achieving the national standards in health and medical preparedness.
- Public Health and Medical Preparedness Priorities: Strategic Plan for 2007-2010 outlines goals, objectives and strategies to achieve the national target capabilities.

Public Health and Medical Preparedness: Health and Medical Target Capabilities, cont'd

What Influences Public Health and Medical Preparedness?

- Preparedness involves all public and private emergency response and health care partners, including the Florida Domestic Security Oversight Council, the Regional Domestic Security Task Force, the State Working Group, local government and private organizations throughout Florida.
- Community level partners include county health departments, hospitals, Emergency Medical Services, health care providers, law enforcement, fire/rescue, and city and county government.

What is the State's Role?

States Can

- Secure and distribute federal preparedness grants.
- Facilitate strategic planning and performance measurement, project management.
- Communicate with Florida's domestic security and health care partners to achieve the national preparedness standards.

Florida Initiatives

Florida Domestic Security Oversight Council (State Agency Executives who set direction and policy)

State Working Groups (subject matter experts who set standards for planning, equipment, systems, training and exercises)

Regional Domestic Security Task Forces (multidisciplinary operational response partners)

Public Health and Medical Strategic Plan Oversight Team (multidisciplinary health partners responsible for prioritization, resource allocation, oversight and coordination of the health and medical target capabilities)

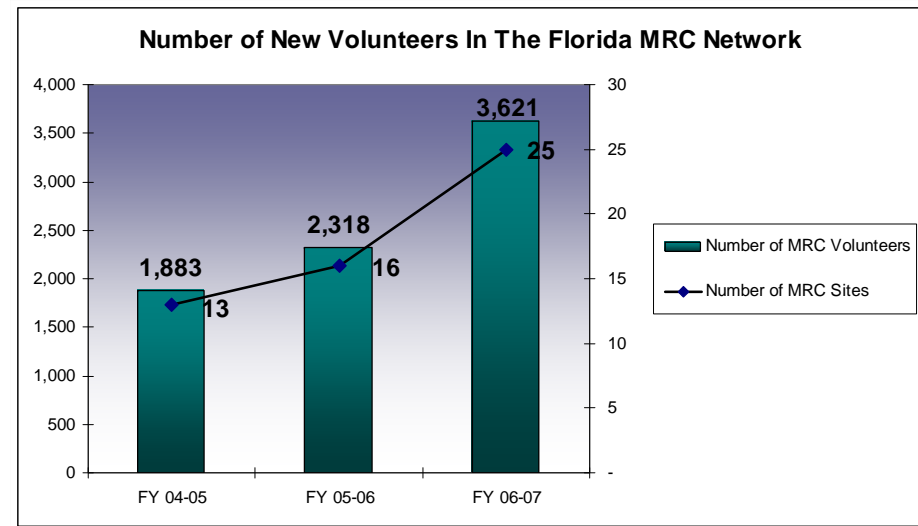
Health and Medical Capability Teams (subject matter experts and project managers responsible for developing action plans to achieve national standards)

Florida Medical Reserve Corps

Public health preparedness requires healthcare volunteers to assist in disaster response. The mission of the Florida Medical Reserve Corps (MRC) Network is to augment local community and state-level health and medical services with pre-identified, trained and licensed private volunteers during emergency medical operations and other vital public health activities. The MRCs are community based and function to locally organize and utilize volunteers—health care practitioners and others—who want to donate their time and professional skills.

Why is This Important?

- The Corps improves Florida's capacity to meet local and state emergency preparedness needs by increasing the volunteer base.
- The Corps assembles volunteers who are part of a team, trained and ready to serve their community.
- The Florida MRC Network ensures statewide coverage for quick and coordinated response based on Emergency Operations Center (EOC) needs for volunteer healthcare professionals.



Florida Medical Reserve Corps, cont'd

How is Florida Doing?

- The Corps has recruited 3,621 volunteers (through June 30, 2007)
- There are 25 MRC sites, serving 51 counties in Florida
- Since 2004, the number of MRC sites has grown from 13 to 25 statewide
- The goal of the performance measure is to increase MRC volunteers statewide by 700 each year
- To become a MRC volunteer, go to www.servfl.com
- To learn more about the national MRC effort, go to www.medicalreservecorps.gov



Florida Medical Reserve Corps, cont'd

What is Involved in Creating a Medical Reserve Corps?

- Preparedness means being ready to deal with emergency situations that affect essential health and medical functions.
- It involves having community and state-level health care providers that are pre-identified, trained and licensed.
- MRC units create teams of professionals that are ready to be activated for a coordinated response.

What is the State's Role?

States Can

- Recruit and retain screened and credentialed volunteers necessary to meet local needs.
- Train, prepare, organize and manages volunteers.
- Facilitates a MRC Network for continuity of information, resources and partnerships.
- Monitor and evaluate processes to document the positive impact on a community's health and safety.

Florida Initiatives

The Florida Medical Reserve Corps Network facilitates local MRC site partnerships, coordination of activities and effectively utilizes resources. The program provides uniform guidelines and core training, which yields consistency of volunteer abilities.

Healthcare volunteer licenses are verified every 30 days through Florida Emergency Health Volunteer Registry, which is a database management tool that provides local administration with statewide connectivity for a coordinated emergency response.

<http://www.medicalreservecorps.gov>