

Bureau of Chronic Disease Prevention

Functional Guide

2008



**Florida Department of Health
Division Family Health Services**

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BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Motto: Floridians inspired to be healthy and free of preventable chronic diseases and disabling conditions living in supportive communities.

Goal: To improve individual and community health by preventing and reducing the impact of chronic diseases and disabling conditions.

Core Processes

- Assessment
- Assurance
- Policy Development
- Resources

Strategic Priorities

- Customer Satisfaction
- Employee Satisfaction
- Organizational Performance Excellence
- Marketing Chronic Disease Prevention Programs
- Increase Activity with Partners, Suppliers, and Providers
- Policy Improvement

Introduction

The Bureau of Chronic Disease Prevention and Health Promotion builds awareness of health issues and promotes lifestyle choices that reduce the risk of chronic disease. Chronic diseases such as coronary heart disease, arthritis, and diabetes are among the most prevalent, costly, and preventable of all health problems. In Florida in 2004, almost three of every 10 deaths were due to heart disease, and almost one of every four deaths was due to cancer. The consideration of deaths alone, however, understates the burden of chronic disease. The prolonged course of illness and disability from chronic diseases results in extended pain, suffering, and diminished quality of life for thousands of Floridians and their families. Our state cannot reduce its health care costs, much less its priority health problems, without addressing the prevention of chronic disease in a more aggressive manner.

History and Overview

Established in March 1998, the Bureau of Chronic Disease Prevention has expanded its capacity to provide a comprehensive approach to preventing, detecting, and reducing complications of chronic diseases in Florida. The bureau currently houses the following programs: Heart Disease and Stroke Prevention; Healthy Communities, Healthy People; Obesity Prevention; Diabetes Prevention and Control; Comprehensive Cancer Control; Breast and Cervical Cancer Early Detection; Arthritis Prevention and Education; Coordinated School Health; and Epilepsy. The bureau receives funding from federal and state sources including the Preventive Health and Health Services (PHHS) Block Grant, the Centers for Disease Control and Prevention (CDC), state trust funds, and general revenue.

The Bureau of Chronic Disease Prevention strives to be a leader in developing a unified statewide system to prevent, detect, and reduce complications of chronic diseases. Toward

that end, the bureau collaborates with public, private, and voluntary organizations; establishes and participates in councils and partnerships; and obtains funding for planning and program development. The bureau is responsible for assessing the status of chronic diseases in the state and the adequacy of resources available for prevention, health promotion, and education. The bureau develops policies and recommends and reviews legislation. The various programs within the bureau provide education and technical assistance, conduct monitoring of funded programs, and participate in the county health department quality improvement review process.

Bureau of Chronic Disease Prevention website address:

<http://www.doh.state.fl.us/family/chronicdisease/>



Heart Disease and Stroke Prevention Program

Program Goal

To reduce cardiovascular disease, namely heart disease and stroke, and improve quality of life through awareness; education and social, policy, and environmental change.

Program Overview

In July 2007, the Florida Heart Disease and Stroke Prevention Program (HDSPP) received a five year funding award from the CDC to continue to expand efforts to prevent and reduce the burden of cardiovascular disease in Florida. The essential strategies of the new program are use of educational policy and systems change to increase heart disease and stroke prevention with emphasis on the six program priority areas: addressing control of high blood pressure and high blood cholesterol primarily in adults and older adults; increasing knowledge of the signs and symptoms for heart disease and stroke and the importance of calling 9-1-1; improving emergency response; improving the quality of heart disease and stroke care; and eliminating disparities, focusing on the health care and worksite settings.

Priority Population

The HDSPP focuses resources on adults, and minority races and ethnic groups. These segments of the population have a high risk of developing cardiovascular disease.

In general, cardiovascular diseases – like heart disease and stroke – disproportionately affect older adults and members of minority races and ethnic groups. This results in higher death rates, a greater prevalence of disease, and a greater prevalence of risk factors. In Florida, African Americans generally have higher cardiovascular disease death rates in addition to higher stroke death rates. Additionally, African Americans are more likely than non-Hispanic whites to have high blood pressure and diabetes, to be overweight, and to be physically inactive. Through a competitive bid process, the HDSPP selects a media company to conduct a radio campaign for adult African Americans and Latinos to increase awareness of the signs and symptoms of heart attack and stroke and the importance of calling 9-1-1.

Program Objectives/Activities

School District Staff Wellness Programs: One of the primary objectives of the HDSPP is to change/create policies related to the promotion and implementation of statewide and state-level comprehensive worksite wellness programs focused on the secondary prevention of cardiovascular disease.

- The HDSPP collaborates with the Coordinated School Health Program (CSHP) and the Department of Education (DOE) to implement School District Staff Wellness Programs. In 2008, four school districts were selected to receive financial assistance to assist in creating a policy change to institutionalize staff wellness programs at the school district level.
 - The comprehensive district staff wellness programs focus on secondary prevention of heart disease and stroke, including signs and symptoms.
 - The DOE Coordinated School Health Office provides professional development for the staff leadership of the selected districts on how to implement high-level worksite wellness programs.
 - Financial assistance will be provided for up to three years in order for school districts to reach a level of sustainability.

- This program will expand assistance to additional districts over the five-year funding cycle of this CDC award in an effort to work toward state-level policy of school district staff wellness programs.
- The selected school districts are required to track their top five healthcare costs. Preliminary data results show that all chronic diseases are represented; this provides an opportunity for all DOH Chronic Disease Prevention Programs to provide educational resources.
- Chronic Disease Self-Management will be a core component of the School District Staff Wellness Programs, thereby creating program integration with internal and external partners that have objectives related to the reduction of disease and disability related to chronic diseases (hypertension, diabetes, cancer, arthritis, obesity, depression, etc.).

Emergency Medical Services: Another primary objective of the HDSPP is to improve emergency response. The HDSPP has found two areas to collaborate with Emergency Medical Services (EMS) to work toward the achievement of that objective:

Emergency Medical Services Tracking and Reporting System (EMSTARS)

- The HDSPP provides assistance to the Office of EMS to facilitate the training of EMS providers in EMSTARS. The EMSTARS system will provide automated methods for EMS providers to enter their local incident data into the statewide database and for the export of statewide data to the national database, NEMIS.

Florida Association of Rural EMS Provider Training

- The HDSPP provides assistance to the Florida Association of Rural EMS to enable rural EMS providers to access advanced training. Due to lack of staff to cover EMS response and lack of funds for travel and training costs, these providers would otherwise not be able to receive this essential training. This initiative is designed to address improved emergency response and improved quality of care.

Federally Funded Community Health Centers – Cardiovascular Disease (CVD)

Collaborative: HDSPP provides assistance to the Florida Association of Community Health Centers that agree to adopt the CVD Collaborative – a system of care for cardiovascular disease patients. Both the association and the HDSPP have an objective to improve the quality of care; and the federally funded community health centers serve the population of interest: adults at-risk of developing cardiovascular disease. The CVD Collaborative is also designed to eliminate treatment disparities.

Web-based Modules: The HDSPP recruits presenters and collaborates with St. Pete College to post web-based educational modules that are certified to provide CME/CEU credit for health care professionals. By integrating several programs in the course content – for example, Obesity, Metabolic Syndrome and Diabetes Prevention in Adults – this initiative improves quality of care.

Worksite Wellness Institute: The HDSPP has partnered with the Coordinated School Health Program to develop the agenda, recruit trainers, provide materials and conduct an annual Worksite Wellness Institute. More than 200 participants attended the 2007 institute.

Heart Disease and Stroke Prevention Program website address:

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

HEALTHY COMMUNITIES, HEALTHY PEOPLE PROGRAM

Program Goal

To provide funding, technical assistance, and training to county health departments so that they can develop, implement, and evaluate community health promotion and education projects for reducing and preventing chronic disease.

Program Overview

The Healthy Communities, Healthy People program is funded by state and federal dollars provided by the CDC, the PHHS Block Grant, and state general revenue. The state distributes funding to each of the 67 county health departments so that they can develop, implement, and evaluate a chronic disease prevention project specific to their respective county.

Healthy Communities, Healthy People affords each county the opportunity to address at least one Healthy People 2010 objective related to physical activity, nutrition, or tobacco use. Examples of such interventions include developing walking trails, bike paths, and other recreational facilities; implementing media campaigns focused on increasing physical activity; encouraging schools to implement policies that increase physical activity, improve nutrition, and deter tobacco use; and creating employee wellness programs.

The community projects mobilize resources and develop partnerships with schools, worksites, churches, and other groups to implement policy and environmental changes that will support each community member's ability to achieve and maintain a healthy lifestyle. The Healthy Communities, Healthy People program also periodically provides mini-grants to county health departments to initiate projects that augment their Healthy People (HP) 2010 objectives.

Priority Population

All Florida residents benefit from this program.

Program Objectives

1. Acquire and distribute funding from state and federal sources to county health departments, contingent upon availability of funding and successful program performance.
2. Assure that each Healthy Communities, Healthy People project has a full-time coordinator.
3. Provide technical assistance to each county health department coordinator.
4. Monitor each community project's work plan, budget, and intervention activities to assure appropriate use of funds and focus on the HP 2010 objectives.
5. Assure that each Healthy Communities, Healthy People project conducts a process evaluation and produces a report that documents best practices and areas in need of improvement.
6. Enhance the infrastructure of the community through high quality staff and management that liaison to federal, state, and community partners.

Healthy Communities, Healthy People website address:

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



OBESITY PREVENTION PROGRAM

Program Goal

To decrease the rate of overweight- and obesity-related morbidity and mortality by promoting physical activity, healthy nutrition, increased consumption of fruits and vegetables, breastfeeding, and reduced screen time.

Program Overview

In 2002, the Obesity Prevention Program (OPP) was created with funding from the CDC Division of Physical Activity and Nutrition. Florida is one of 28 states currently funded for obesity prevention initiatives. The program works closely with the DOE as well as other Department of Health programs including School Health, WIC and Nutrition, Heart Disease and Stroke Prevention, Diabetes Prevention and Control, and Comprehensive Cancer Control. Additionally, the program provides technical assistance and resources to county health departments, public and private state and community partners, and other public and private entities.

The OPP promotes the CDC's Fruit & Vegetable Nutrition Program (previously known as the 5 A Day for Better Health Program). This nationwide nutrition campaign encourages Americans to eat five or more servings of fruits and vegetables every day for better health. Each February and March, the OPP coordinates the *Step Up, Florida!* statewide campaign, promoting local opportunities for persons of all abilities to engage in physical activity and promote healthy nutrition. Additionally, through the Youth Empowered Ambassadors for Health (YEAH!) program, OPP is developing a cadre of teen health advocates.

Priority Population

Overweight and obesity have reached epidemic proportions in Florida and the U.S. While the epidemic spans all racial and ethnic groups, all age groups and both sexes, the OPP focuses on school-aged youth and adults, and older adults. The results of the 2005 Youth Risk Behavior Survey (YRBS) estimate that 14.4% of high school students were at risk for overweight and an additional 10.9% were overweight. Data from the 2005 Behavior Risk Factor Surveillance System (BRFSS) indicate that 60.7% of Florida adults were overweight (37.9%) or obese (22.8%).

Program Objectives

1. Increase knowledge and awareness of healthy behaviors for the prevention and treatment of overweight and obesity, including the reduction of screen time (e.g. TV/Video).
2. Increase lifelong physical activity.
3. Increase lifelong healthful nutrition to include the promotion of appropriate caloric intake and expenditure, fruit and vegetable consumption, and breastfeeding.
4. Improve access to physical activity and healthful nutrition for disparate populations.
5. Maintain staffing management and training to support a high quality OPP and partnerships.

Obesity Prevention Program website address:

<http://www.doh.state.fl.us/Family/obesity/index.html>

Governor's Council on Physical Fitness website address: <http://www.healthyfloridians.com>

Step Up Florida, On Our Way to Healthy Living! website address: www.stepupflorida.com.

5 A Day the Florida Way: <http://www.doh.state.fl.us/family/5aday/index.html>

CDC More Matters website: <http://www.fruitsandveggiesmatter.gov/>

Physical activity website address: <http://www.doh.state.fl.us/Family/Physical/index.html>

CDC physical activity website: <http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>

Youth Empowered Ambassadors for Health (YEAH) www.FloridaYEAH.com



DIABETES PREVENTION AND CONTROL PROGRAM

Program Goal

To prevent diabetes and the health-related complications from diabetes among Floridians.

Program Overview

In September 1996, the CDC funded the Diabetes Prevention and Control Program (DPCP) to build program capacity and expertise to plan, design, and coordinate diabetes activities. Beginning in March 2003, the DPCP was among 16 state diabetes programs that received expanded funding from the CDC to establish a comprehensive program to implement statewide, multi-level, public health approaches to prevent and control diabetes in Florida.

The DPCP strives to improve the Florida diabetes health system. This system is the sum total of interconnected parts that assist a person with or at risk for diabetes in obtaining health care, navigating the formal health system, procuring self-management education, increasing health literacy, learning to make healthier lifestyle choices, and sustaining good control of their disease, all toward preventing or delaying complications and maximizing the number of healthy days.

The DPCP works in conjunction with and provides staff support for two external partnerships: the Diabetes Advisory Council (DAC) and the Florida Alliance for Diabetes Prevention and Care (Alliance). The DAC is a governor-appointed advisory body of 25 persons who represent categories related to diabetes that are specifically designated in Section 385.203, Florida Statutes (FS). The purpose of the DAC is to guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and cost. Members of the DAC advocate, educate, and advise government, academic centers, healthcare providers, and voluntary agencies about diabetes issues for the purpose of reducing the burden of diabetes and improving the lives of Floridians with diabetes.

The Alliance is a statewide grassroots partnership of healthcare professionals, healthcare facilities, community-based organizations, faith-based organizations, and interested individuals who wish to work together to build local community networks and to communicate ideas and best practices that promote quality and access to diabetes prevention, education, and care resources. The mission of the Alliance is to encourage and empower communities to identify, evaluate, and coordinate local resources and to implement best practices to improve quality of life for those affected by diabetes. The Alliance, DAC, and DPCP work together to support the public health goals of the CDC Division of Diabetes Translation.

Priority Population

All Floridians, with a priority on reaching high-risk and disproportionately affected populations. The Insulin Distribution Program has income eligibility criteria that limit program participation.

Program Objectives

1. To increase the proportion of annual dilated eye exams to 81.2% and 84.3% for the general and non-White populations with diabetes, respectively.
2. To increase the prevalence of annual flu immunizations among people ages 65 years and older to 78% and 71.3% for the general and non-White populations with diabetes, respectively.

3. To increase pneumococcal immunization prevalence among people ages 65 years and older to 90% for the general population with diabetes and 72.7% among the non-White population with diabetes.
4. To increase the proportion of individuals who receive A1C testing at least two times during the year to 74.0% for the general population with diabetes and 71.4% of the non-White population with diabetes.
5. To increase the proportion of annual foot examinations by a healthcare professional to 71.7% of the general population with diabetes and 61.0% for the non-White population with diabetes.
6. To increase leisure-time physical activity to 74.2% among the general population with diabetes.
7. Enhance the infrastructure of the DPCP program through high-quality staff and management that liaison to federal, state and community partners

Program Activities

Program activities focus on reducing the risk factors for, and deaths due to, diabetes. These activities include the following:

- **Strategic Planning with Partners:** In June 2007, the DPCP conducted the second statewide assessment of the diabetes health system. As a CDC pilot state for systems thinking and use of the national Diabetes System Dynamics Model, the DPCP presented partners with information on systems thinking and insights from the national model to generate a new perspective about diabetes prevention and control. Systems thinking is a way of helping a person to view systems from a broad perspective that includes seeing overall structures, patterns, and cycles in systems, rather than seeing only specific events in the system. The DPCP conducted the first assessment in March 2004 and used the prioritized recommendations made by the participants to assist in strategic planning.
- **Provide support and convene quarterly meetings of the DAC and the Alliance:** In 2007, the DPCP provided planning and staff support for four quarterly DAC meetings, four quarterly Leadership Council meetings, and an Educational Forum/general membership meeting for the Alliance in which more than 50 partners participated. The DPCP also arranged multiple committee conference calls throughout the year for both the DAC and the Leadership Council.
- **Compile, analyze, and distribute diabetes data:** The DPCP composed the 2006 Florida Diabetes Surveillance Report, using the Behavioral Risk Factor Surveillance System (BRFSS) and hospital discharge data. The DPCP makes diabetes data accessible and understandable so that system partners can assess their impact on communities and the state.
- **Increase access to continuing education opportunities for health professionals.** The DPCP developed the Florida Department of Health Chronic Disease Online Resource, housed at the St. Petersburg College web site, www.onlinece.net. This resource provides online modules on diabetes, heart disease, obesity, cancer, breast feeding promotion, cultural competency, and other topics, and provides free continuing education credits for Florida physicians, nurses, dietetics professionals, and certified health educators.
- **Increase access to diabetes self-management education based on the American Diabetes Association National Standards for Diabetes Self-Management Education.** The DPCP partnered with the University of Florida, Institute of Food and Agricultural

Services (IFAS) Extension Office to provide diabetes self-management education using the *Take Charge of Your Diabetes* curriculum developed by IFAS and evaluated by the DPCP. The DPCP recently sponsored a train-the-trainer opportunity to expand use of this curriculum.

- Increase access to diabetes medical care by advocating for the use of community health workers: The use of community health workers in health intervention programs has been associated with improved health care access, health status, and health and screening-related behaviors, as well as with reduced health care costs. The DPCP sponsored community health worker train-the-trainer opportunities and provided mini-grants for community health worker initiatives.
- Increase knowledge of diabetes prevention and care by distributing a variety of educational materials: Approximately 120 orders were filled in 2007. The DPCP participated in the development, evaluation, and distribution of the Healthy Hispanic Foods Resource Kit, a tool designed to help Hispanics and others make healthier food choices. Additionally, the DPCP frequently provides information on community resources to Floridians in response to their inquiries.
- Provide technical assistance for the statewide Healthy Communities, Healthy People Program: This program, housed in all county health departments, engages local partners to develop policy and environmental changes to prevent chronic diseases.
- Manage eight local “Closing the Gap” projects: These initiatives provide diabetes self-management education, diabetes wellness programs, diabetes risk assessments, and prevention activities among minority populations disproportionately affected by diabetes.
- Promote delivery of high quality diabetes medical management: The DPCP participates in developing tools for county health departments to track delivery and outcomes of diabetes medical care. The DPCP sponsored a quality improvement project using the National Committee for Quality Assurance’s Diabetes Physician Recognition Program standards to increase the quality of diabetes medical care delivered in county health departments.
- Manage the Insulin Distribution Program: This program, implemented by county health departments, provides insulin to individuals who meet residency and income requirements.

Diabetes Prevention and Control Program website address:

<http://www.floridadiabetes.org>



COMPREHENSIVE CANCER CONTROL PROGRAM

Program Goal

To reduce cancer incidence, morbidity, and mortality by utilizing communication, coordination, and collaboration of public and private organizations at the local, regional, and state levels throughout Florida.

Program Overview

The purpose of the Comprehensive Cancer Control (CCC) Program is to develop and implement a strategic, collaborative approach to implementing data- and evidence-based cancer education, prevention, and control activities statewide. The CCC Program focuses its efforts on colorectal, lung, ovarian, prostate and skin cancers. Cancer activities and initiatives throughout Florida are reflected in the Florida Cancer Plan. The CCC Program and many cancer stakeholders utilize the Florida Cancer Plan as a guiding document which provides goals, strategies, and action steps for focusing and maximizing efforts in cancer control and prevention. The Florida Cancer Plan Council (FCPC) is responsible for promoting, implementing, and updating the Florida Cancer Plan. The FCPC meets bi-annually and is comprised of volunteer representatives from the Department of Health, the American Cancer Society, Cancer Information Services, Florida's universities and colleges, cancer hospitals, cancer survivors, and other cancer stakeholders.

Using the Florida Cancer Plan as a guide, the CCC Program promotes health information and data; appropriate health screenings; and the utilization of health services for palliative care, survivorship, and end of life care. The CCC Program also actively seeks integration opportunities with other bureau programs to foster the practice of healthy behaviors associated with primary prevention.

The CCC Program is funded through a cooperative agreement with the CDC in order to provide cancer prevention and education programming with a focus on the following cancers: colorectal, lung, ovarian, prostate, and skin. The CCC Program maintains partnerships with the American Cancer Society, the Cancer Information Service, the Governor-appointed Cancer Control and Research Advisory Council (C-CRAB [sic]), universities, cancer centers, hospitals and others. The CCC Program is responsible for the following: providing technical assistance to four regional cancer control collaboratives; providing program and technical support to the county health departments and many cancer groups; maintaining a CCC Program web site; distributing cancer health educational materials, information, and data; and providing administrative support to the FCPC. The CCC Program also serves as a convener and facilitator of cancer stakeholders by providing networking opportunities, mobilizing cancer partners, promoting public and professional cancer educational campaigns, providing leadership and support on cancer issues statewide, and coordinating with the federal agencies.

Priority Population

All residents of Florida can benefit from the Comprehensive Cancer Control Program.

Program Objectives

1. Mobilize support for comprehensive cancer planning activities by assessing and building support among public and private entities.
2. Assess and address the cancer burden by coordinating the revision of the comprehensive cancer control plan, collaborating on the integration of regional cancer plans into the state plan, implementing department activities identified in the plan, coordinating activities with the statewide council, and ensuring that all key objectives in the plan are implemented by a key stakeholder to ensure accountability and full integration of the plan.
3. Conduct systematic evaluation of the comprehensive cancer control planning process and the program through identifying resources and staff for evaluation, defining planning evaluation questions, assessing the planning process, and identifying emerging challenges, solutions and outcomes of the planning process.
4. Utilize data for comprehensive cancer control planning that promotes collaboration and coordination among state cancer data and surveillance systems to enhance program components and to support evaluation efforts.
5. Build and sustain partnerships among new and existing state-level coalitions to ensure broad-based representation and a comprehensive cancer focus are maintained or augmented.
6. Implement public and professional educational campaigns to create awareness and leadership development around comprehensive cancer prevention and control issues, as well as coordinate with the CDC on education and training issues.
7. Enhance the infrastructure of the CCC program through high-quality staff and management that liaison to federal, state and community partners.

Comprehensive Cancer Control Program website address:

<https://www.doh.state.fl.us/family/cancer>



BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

Program Goal

To reduce morbidity and mortality of breast and cervical cancers.

Program Overview

The National Breast and Cervical Cancer Early Detection Program was the first nationwide chronic disease initiative implemented by the federal government in 1990. The national goal is to implement comprehensive screening programs that are culturally sensitive and encourage all women to participate in breast and cervical cancer screening.

The Florida Breast and Cervical Cancer Early Detection Program received its initial grant award in 1994. In 2001, the Florida Legislature established the Mary Brogan Breast and Cervical Cancer Early Detection Program as described under section 381.93(2), FS. Sixty percent of the award must be spent for direct patient services (screening services such as Pap smears, clinical breast exams, and mammograms, and diagnostic services such as colposcopies, breast ultrasounds, and biopsies). Program screening goals for the current year are to reimburse 10,000 mammograms and 7,000 Pap smears.

The national program, administered through the CDC, requires all state, tribal, and territorial programs to supply data reports on every client who receives screening or diagnostic services. The minimum data elements are a set of standardized data elements developed to ensure that consistent and complete information on screening location, patient demographic characteristics, screening results, diagnostic procedures, tracking and follow-up, and treatment information are collected on women screened or diagnosed with national program funds. These are the data items that are minimally necessary for the nationally sponsored programs and the CDC to monitor clinical outcomes.

Program clients who are diagnosed with breast or cervical cancer may be eligible for Medicaid benefits to cover treatment and other medical costs. Section 381.931, FS, requires the Department of Health to prepare an annual report to the Florida Legislature about Medicaid enrollment and expenditures for each fiscal year.

Closing the Gap Contracts

The Florida Breast and Cervical Cancer Program works with the Office of Minority Health to manage two Closing the Gap contracts. The objective of these contracts is to further address disparities in care and treatment especially related to breast and cervical cancer.

- The YWCA of Miami-Dade County, Inc., and His Great Commission, Inc., in Palm Beach County provide breast and cervical screenings to low-income, minority women ages 40-49.
- The Haitian American Association Against Cancer, Inc., in Miami-Dade County was funded through the Legislature (general appropriations) and also provides breast and cervical cancer screening to low-income, minority women ages 40-49.

Priority Population

The priority population is women in Florida between the ages of 50 and 64 who meet eligibility requirements.

Program Objectives

1. To screen women for breast and cervical cancers as a preventive health measure.
2. To provide appropriate referrals for medical treatment of women screened and to ensure, to the extent practicable, the provision of appropriate follow-up services and support services such as case management.
3. To develop and disseminate public information and education programs for the detection and control of breast and cervical cancers.
4. To improve the education, training, and skills of health professionals (including allied health professionals) in the detection and control of breast and cervical cancers.
5. To monitor the quality of screening procedures for breast and cervical cancers including the interpretation of such procedures.
6. To evaluate activities conducted in the above five objectives through appropriate surveillance or program monitoring activities.
7. To enhance the infrastructure of the BCC Program through high-quality staff and management that liaison to federal, state and community partners.

Breast and Cervical Cancer Early Detection Program Website Address:

<http://www.doh.state.fl.us/Family/bcc/index.html>



ARTHRITIS PREVENTION AND EDUCATION PROGRAM

Program Goal

Reduce the occurrence, impairment, activity limitation, and restriction in social participation due to arthritis and other rheumatic conditions.

Program Overview

The Florida Department of Health received funds from the Center for Disease Control and Prevention to reduce the burden of arthritis and other rheumatic conditions through the creation of an Arthritis Prevention and Education Program. The program was initially funded through a four-year cooperative agreement, which began in September 1999, and in June 2003 received another five-year agreement. The program uses a population-based approach that complements traditional medical treatment with an emphasis on prevention.

The Arthritis Prevention and Education Program assists community partners implement arthritis evidence-based self-management and physical activity programs. The Stanford University Patient Education Research Center programs' approved are Living Healthy (Chronic Disease Self-Management Program, the Arthritis Foundation Self-Help Program, and the Spanish Arthritis Self-Management Program. Also implemented is EnhanceFitness a physical activity program developed by the University of Washington.

The Arthritis Prevention and Education Program staff serves as the aging representative for the Bureau of Chronic Disease Prevention and Health Promotion in a partnership with the Florida Department of Elder Affairs.

Priority Population

The Arthritis Prevention and Education Program focuses on individuals diagnosed with arthritis, those that have symptoms of arthritis or possible arthritis. In Florida, the prevalence of doctor diagnosed arthritis is 27% in adults 18 years of age and older. One in two adults over 65 has arthritis, though arthritis can affect people of all ages. Arthritis is not a normal process of aging, as almost half of the elderly population never gets arthritis. Some types of arthritis, like osteoarthritis and Lyme disease, are preventable. Although there is currently no cure for most types of arthritis, there are many ways to control arthritis with exercise, surgery, medications, and self-management techniques.

Program Objectives

1. Empower persons with arthritis to improve their quality of life.
2. Increase knowledge, awareness, and healthy behaviors related to arthritis and its prevention.
3. Increase access to needed resources for persons with arthritis, especially in underserved groups and communities. Underserved populations are those without access to needed services.
4. Sustain and expand effective local and statewide arthritis partnerships.
5. Increase the availability of data about arthritis and its impact on Florida for assessing needs and evaluating progress.

Arthritis Prevention and Education Program website address:

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

COORDINATED SCHOOL HEALTH PROGRAM (CSHP)

Program Goal

To improve the health of, and reduce risky behaviors among, school-aged youth.

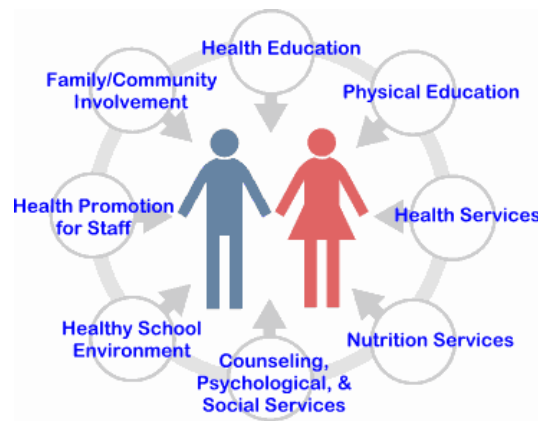
Program Overview

Florida's CSHP enables the Department of Education and the Department of Health to collaborate with others around the state to promote the health and well being of Florida's school children. Good health is an essential ingredient to ensuring that Florida's school children are successful both as students and as adult citizens of our state.

There are three components to the program:

1. The Infrastructure Program promotes strengthening the infrastructure necessary to support coordinated school health programs on the state, school district, and school levels.
2. The YRBS. The Florida Department of Health and the Florida Department of Education provide organizational structure and processes for the survey and collection of information from the YRBS. The information obtained from this survey supports schools and other local community agencies and organizations serving Florida's youth. The data is then utilized to appropriately design and implement programs that prevent drug use, provide healthy environments and support a delivery of educational services to youth. Florida now has three years of weighted data from 2001, 2003, 2005 and 2007.
3. The third component provides HIV/STD prevention education in a collaborative effort involving state agencies serving school districts, parent and community groups, and county health departments.

The Coordinated School Health approach consists of eight interactive areas:



Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.

Physical Education: A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of

planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives.

Health Services: Services provided for students to appraise, protect, and promote health. These services are designed to ensure access and referral to primary health care services; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

Healthy School Nutrition: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. School nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services.

Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

Counseling and Psychological Services: Services provided to improve students' mental, emotional, and social health. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students, but also to the health of the school environment.

Healthy School Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Psychosocial climate includes bullying and violence prevention.

Parent/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Priority Population

All of Florida's school children.

Program Objectives

1. Facilitate implementation of the Coordinated School Health approach on the state level by means of an inter-agency work group and an external advocacy consortium, on the school district level through district infrastructure and School Health Advisory Committees, and on the school level through Healthy School Teams.

2. Review and evaluate current local and state policy and work with partners to advocate for policy related to using physical activities as punishment, withholding physical activity as punishment, nutritional quality of all foods on campus, unhealthy fundraising, classroom guidelines that discourage the use of food for reward or punishment, and tobacco.
3. Provide leadership training to superintendents and school administrators on the Coordinated School Health Approach in addressing the whole child.
4. Provide standards and guidelines for those charged with implementing health education and physical education in the classroom.
5. Conduct activities to enhance the delivery of 150 minutes per week for elementary students and 225 minutes per week for middle school students of grade-level-appropriate physical education taught by trained or certified teachers based on state and national standards.
6. Conduct activities to enhance the delivery of age-appropriate comprehensive health education in grades K-8 taught by trained or certified teachers based on state and national standards.
7. Provide nutrition education focusing on nutrition standards.
8. Provide professional development to teachers in schools with identified health and educational disparities.
9. Provide resources to 10 school districts, representing over 1,000 schools that have committed to implement the Coordinated School Health approach in all schools.
10. Involve young people in planning, implementing, and evaluating health education and physical education efforts by means of an Interagency Youth Advisory Group.
11. Increase awareness of the Coordinated School Health approach through dissemination of the Florida Healthy Schools newsletter, DOE and DOH websites, and state-wide presentations and strategic partnerships.
12. Address legislation, regulations, policies, and procedures to enhance CSHP initiatives.
13. Facilitate the implementation of comprehensive employee wellness programs in at least five school districts.
14. Enhance the infrastructure of the CSHP through dissemination of the Healthy School District Award Criteria, an assessment tool that identifies the highest standards and best practices in the eight component areas of Coordinated School Health. The tool may be utilized as a district needs assessment, and high-functioning districts may apply for recognition as exemplary districts.

Coordinated School Health Program website:

<http://www.doh.state.fl.us/Family/CSHP/index.html>

EPILEPSY PROGRAM

Program Goal

To improve the quality of life and productivity of Floridians with epilepsy by providing services to maximize seizure control, education to eliminate the stigma of epilepsy, and awareness to prevent injuries that may lead to epilepsy.

Program Overview

The Epilepsy Program, authorized by Section 385.207, FS, consists of the Epilepsy Services Program (ESP) and the Antiepileptic Drug Program (ADP). The ESP has a broad statutory mandate to provide client services for the care and treatment of persons with epilepsy, maintain an educational program regarding epilepsy, and promote the prevention of epilepsy. Client services consist of case management and medical care, which are provided to all clients. Dental care, psychological care, vocational assistance, and transportation are optional services provided based on client need and the availability of funds. The client services component of the program is supported by a specific appropriation of general revenue funds. Revenue for epilepsy prevention and education is derived from the Epilepsy Services Trust Fund. The Epilepsy Program is implemented statewide through a single lead agency with both fiscal and administrative responsibility. The DOH contract is managed by the ESP manager in Tallahassee.

The ADP provides medications essential for seizure control. The Epilepsy program is responsible for administering the program statewide. The ADP is funded by general revenue appropriated to the Central Pharmacy and implemented by the 67 county health departments. The Central Pharmacy budget is divided among a number of medication programs based on prior year expenditures and current year needs. The Epilepsy Program Office administers the ADP jointly with the Central Pharmacy. Decisions regarding program eligibility and the antiepileptic medications on the state formulary are made in conjunction with the Central Pharmacy and the Pharmacy Advisory Committee.

Priority Population

The ESP is open to any resident of Florida with a confirmed diagnosis of epilepsy or an indication of probable epilepsy who is in need of services, which the program can provide. Services are primarily provided to low-income, uninsured individuals. Fees are charged on a sliding scale for services provided to individuals whose income exceeds 100% of poverty.

Based on the service area needs, professional and public groups are selected annually to receive head injury prevention and epilepsy education presentations. These groups include nurses; professionals in county health departments, human services, and emergency services; program clients; abused children and spouses; elderly people; students; teachers; and support staff.

Participation in the ADP is limited to residents of Florida with a diagnosis of epilepsy, no medication coverage through Medicaid or other insurance, a gross family income at or below 100% of poverty, and no more than \$2,500 per family in private funds, bank accounts or investments.

Program Objectives

1. Develop and maintain ESP policies, procedures, and performance measures, contract Model Attachment I, and program manual.
2. Compile data reports that document the accomplishments and activities of the ESP providers.
3. Develop and maintain Antiepileptic Drug Program policies, procedures, administrative rule, and technical assistance guidelines. Participate in Pharmacy Advisory Council meetings as necessary.
4. Monitor epilepsy contract activities and the policies and practices related to the ADP.
5. Provide technical assistance on the ESP and the ADP to county health departments and contracted providers.
6. Create an awareness of epilepsy and the ESP among state and national entities, the Florida Legislature, and the general public.
7. Build and maintain a partnership between the ESP providers, county health departments, and Department of Health headquarters staff through the routine communication of information and ideas.
8. Build partnerships with professional organizations, DOE and other state agencies, civic groups, associations and other entities to meet the needs of people with epilepsy.

Epilepsy Program website address: <http://www.doh.state.fl.us/family/epilepsy/index.html>

QUALITY IMPROVEMENT

The Bureau of Chronic Disease Prevention and Health Promotion participates in the Department's county health department (CHD) quality improvement (QI) process as directed by the Office of Performance Improvement. The focuses of the CHD QI review are the health status of the county and the efficiency and effectiveness of the CHD. In this process the bureau fulfills two of the core functions of public health: assessment and assurance. Specifically, the bureau assesses chronic disease health status indicators and provides technical assistance to assure the adequacy and effectiveness of chronic disease prevention efforts.

The chronic disease health status indicators currently reviewed by the bureau in the CHD QI review process are:

- Coronary Heart Disease Age-Adjusted Death Rate
- Stroke Age-Adjusted Death Rate
- Diabetes Age-Adjusted Death Rate
- Lower Extremity Amputation Attributable to Diabetes Age-Adjusted Hospitalization Rate
- Colorectal Cancer Age-Adjusted Incidence Rate
- Percentage of Adults who are obese (Body Mass Index (BMI) ≥ 30)
- Percentage of Adults with no regular moderate physical activity
- Percentage of Adults who are overweight (Body Mass Index (BMI) ≥ 25 to < 30)

The bureau also implements a continuous QI process in the Healthy Communities, Healthy People Program. This process consists of an annual work plan review and monthly contacts between the bureau liaison and the CHD coordinator. The process provides an opportunity to identify areas of excellence and areas in need of improvement, share best practices, and provide technical assistance.

PERFORMANCE MEASUREMENT

A performance measurement system has been established at the Florida Department of Health to improve public health performance. Quarterly county-level performance reports and the Secretary's Quarterly Performance Measure Report are available to provide continuous indicator review and focus on goal achievement. These performance measurement reports are tools to review chronic disease activity statewide and at the county level.

For more information on chronic disease prevention, please contact:
Bureau of Chronic Disease Prevention and Health Promotion
Florida Department of Health
HSFCD Bin # A18
4052 Bald Cypress Way
Tallahassee, FL 32399-1744
Phone: (850) 245-4330
Fax: (850) 414-6625

