



2003–2007

Florida Cardiovascular Health Strategic Plan






Forward

The Florida Department of Health, the American Heart Association, Florida Affiliate and the Florida Cardiovascular Health Council are pleased to present the Florida Cardiovascular Health Strategic Plan 2003–2007. This plan describes goals and strategies that have been defined through a strategic planning process involving stakeholders from across the state. The development of this plan is important to reducing the burden of disease, disability and death related to cardiovascular disease (CVD).

CVD is the leading cause of death in Florida. Of the 167,181 deaths that occurred among residents in 2001, 64,698 or 38.7% were due to CVD, including 39,189 due to coronary heart disease and 10,376 due to stroke. Risk factors for CVD include high blood pressure, cigarette use, elevated cholesterol, poor nutrition, overweight and obesity, lack of physical activity, and diabetes. The combination of an overweight population, tobacco use, and physical inactivity among Floridians suggests that the decade-long decline in CVD may be halted if new prevention strategies are not implemented.

To improve cardiovascular health (CVH), a comprehensive approach is essential for such a large and diverse state. Florida covers 58,560 square miles, and has diverse populations totaling over 15.5 million people that include many elderly persons, recent immigrants and visitors. According to the United States Bureau of the Census, in 2000, 65.4% of Floridians are non-Hispanic white, 14.6% are black, 16.8% are Hispanic, 1.7% are Asian or Pacific Islander, and 0.3% are American Indian.

 “This data documents the need to make changes at the individual, community and organizational level. In order to reduce the burden of cardiovascular disease, we need to support and advocate for changes that make healthy choices the easy choices. We need to not only be motivated to engage in healthy behavior, we need to support and advocate for more opportunities to do so. Opportunities to be physically active include things like more accessible and attractive stairways, sidewalks, and walkable communities, as well as learning to engage in life-long physical pleasures like dancing, skating, hiking and bicycling. Improved opportunities for nutritional health include better school lunch programs, healthier vending machine choices, healthy meals and snacks at home and healthier fast food and dining out choices.” *Dr. Agwunobi, Secretary, Department of Health*

These changes and increased opportunities for healthy behavior cannot be accomplished by a single organization or agency. This strategic plan has been developed by a group of stakeholders representative of a wide variety of organizations working individually to reduce the burden of cardiovascular disease in Florida. These organizations have made a commitment to work together to coordinate their objectives to accomplish the achievement of reducing the burden of cardiovascular disease in Florida. The sum of these efforts will be greater than the individual efforts of many organizations.

Florida Cardiovascular Health Council

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Overview: Florida Cardiovascular Health Council Five-Year Strategic Plan (2003–2007)

Introduction

Representatives from the Florida Department of Health, American Heart Association, Florida Affiliate, Area Health Education Centers and the Florida

Department of Education met on January 18, 2002, in St. Petersburg to continue a strategic planning process initiated by a steering committee on November 14, 2001.

Participants began by reviewing the results of a survey conducted in December; 94 diverse cardiovascular health stakeholders responded. They established the Florida Cardiovascular Health Council and a five-year time frame for the strategic plan (January 1, 2003, through December 31, 2007). The mission statement and eight goals drafted during this meeting were refined during a conference call on February 1, 2002, following a review and comment period.

On April 19, 2002, 54 cardiovascular health stakeholders from across Florida gathered for a second meeting in St. Petersburg. They divided into small workgroups to draft strategies for each of the eight goals. These strategies have been finalized after a review and comment period; a one-year action plan will be developed.

Mission statement

The mission of the Florida Cardiovascular Health Council is to facilitate a comprehensive approach to improving cardiovascular health throughout the state. The Council brings together diverse public and private organizations to coordinate resources and to collaborate on promoting healthy lifestyles; preventing and reducing cardiovascular deaths, disease and related disability; and improving quality of life in Florida.

Core values

- **Data-driven interventions:** Actions to improve cardiovascular health in Florida will be based on an initial and ongoing assessment of needs, existing efforts and available resources.
- **Emphasis on partnership:** Collaboration, coordination and communication among public and private sector organizations are essential to the effectiveness and efficiency of actions to improve cardiovascular health in Florida.

- **Commitment to health improvement:** The Council endeavors not to duplicate, but rather to strengthen, enhance and integrate existing cardiovascular health improvement efforts and to identify and reduce gaps.
- **Focus on diversity:** The Council celebrates Florida's diverse population and intends that its composition and work will reflect and respect Florida's diversity.

Five-year goals (2003–2007)



GOAL A: Sustain a comprehensive, collaborative statewide cardiovascular health improvement initiative.

STRATEGIES:

A1: Develop, formalize and strengthen organizational infrastructure (e.g., identify council members, involve decision-makers, generate political support)

Time frame: 2003

Proposed lead organizations: Florida Department of Health (DOH), American Heart Association, Florida Affiliate (AHA)

A2: Develop partnerships with additional groups and organizations needed to address all areas of cardiovascular health (e.g., involve consumers, identify and recruit partners, obtain commitment agreements from partners)

Time frame: 2003

Proposed lead organization: Florida Cardiovascular Health Council (FCHC)

A3: Review and recommend alignment of relevant components of each partner's existing strategic plan with the FCHC strategic plan

Time frame: 2003

Proposed lead organization: FCHC

A4: Obtain funding for the Florida Cardiovascular Health Council

Time frame: 2003 through 2007

Proposed lead organization: FCHC (development committee)

A5: Establish and implement a plan for communicating with partners and other stakeholders (e.g. electronic communications mechanism[s], plans for public awareness and professional awareness, resource database)

Time frame: 2003 (to establish); 2003 through 2007 (to maintain)

Proposed lead organizations: AHA, DOH, University of Florida

A6: Conduct cardiovascular research, including research with special populations (e.g., minorities, women)

Time frame: 2003 through 2007

Proposed lead organizations: University of Florida, University of Miami, Nova

A7: Disseminate research information (e.g., communicate existing data; review meta-analyses, epidemiological analyses and cost-benefit analyses; compile best practices overview; identify additional research needs)

Time frame: 2003 through 2007

Proposed lead organizations: AHA, DOH

A8: Develop an evaluation for FCHC strategies with emphasis on outcomes (e.g. establish an evaluation group; develop a baseline evaluation for FCHC strategies; identify best practices and success stories; develop scorecards; reward successful coalitions)


Time frame: 2003 through 2007

Proposed lead organizations: Florida Medical Quality Assurance Incorporated (FMQAI), DOH

A9: Coordinate integration of state and local resources and initiatives that contribute to cardiovascular health

Time frame: 2003 through 2007

Proposed lead organization: AHA

 **GOAL B: Increase the availability and accessibility of statewide and county-level data for assessing needs, planning activities and evaluating progress.**

B1: Increase the availability, reliability and validity of county-level data on cardiovascular risk factors in children, including minority populations (e.g., Youth Risk Behavior Survey, Florida Youth Tobacco Survey, Presidential Physical Fitness challenge, school physical education participation, age of initiation of cardiovascular disease risk factors)

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partner: Florida Department of Education (DOE)

B2: Increase the availability, reliability and validity of county-level data on cardiovascular risk factors in adults, including minority populations (e.g., Behavioral Risk Factor Surveillance System [BRFSS] data, vital statistics)

Time frame: 2003 through 2007

Proposed lead organization: DOH, FMQAI

B3: Develop a data warehouse/clearinghouse for and links among sites with cardiovascular data (e.g., mortality data, BRFSS data, hospital discharge)

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Florida Agency for Health Care Administration (AHCA), organizations with potential web links

B4: Cultivate relationships and partner with insurance companies to ascertain the prevalence of cardiovascular risk factors in large employee populations

Time frame: 2003 (cultivate relationships) through 2007

Proposed lead organization: DOH

Proposed partners: Insurance companies

B5: Obtain and review Medicare and Health Outcome Survey cardiovascular data

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partner: FMQAI

B6: Obtain and analyze pharmacy data on cardiovascular prescription medications (e.g., lipid reduction, blood pressure control)

Time frame: 2003 (cultivate relationships) through 2007

Proposed lead organization: DOH

Proposed partners: Florida Pharmacy Association, insurance companies, pharmacies

B7: Analyze cardiovascular risk factors within various socioeconomic and culturally diverse groups

Time frame: 2003 through 2007

Proposed lead organization: DOH

B8: Develop a method for obtaining emergency room discharge data

Time frame: 2004 through 2007

Proposed lead organizations: AHCA, DOH Emergency Medical Services

Proposed partner: Florida Hospital Association

B9: Analyze data on cardiovascular health from existing databases on an annual basis (e.g., ambulatory care, hospital discharge, BRFSS)

Time frame: 2003 through 2007

Proposed lead organization: DOH

B10: Research Health Plan Employer and Data Information Sets (HEDIS) measures applicable to cardiovascular health and incorporate into planning

Time frame: 2003 through 2007


Proposed lead organizations: DOH, AHA

Proposed partner: National Committee for Quality Assurance (NCQA)

B11: Utilize Geographic Information Systems mapping technology to assist in evaluating determinants of cardiovascular health

Time frame: 2003 through 2007

Proposed lead organization: DOH

 **Goal C: Increase access to public and private resources for cardiovascular health improvement consistent with Healthy People 2010 objectives and best practices.**

C1: Identify public and private funding to facilitate access to cardiovascular health resources

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Public and private agencies

C2: Identify local and state physical entities, facilities, activities, events and programs with the potential to increase access to cardiovascular health resources

Time frame: 2003 through 2007

Proposed lead organizations: State and county government agencies

Proposed partners: Local public and private agencies

C3: Identify and support local, state and national policies with the potential to increase access to cardiovascular health resources

Time frame: 2003 through 2007

Proposed lead organizations: AHA, American Cancer Society (ACS), American Lung Association (ALA)(Tri-Agencies)

C4: Assess needs, identify barriers and gaps and explore possible solutions to increase access to cardiovascular health resources

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Public and private agencies

C5: Identify educational opportunities in schools, communities and professional settings to increase access to cardiovascular health resources

Time frame: To be determined

Proposed lead organization: To be determined

C6: Develop active partnerships with community entities

Time frame: 2003 through 2007

Proposed lead organization: AHA

Proposed partners: ACS, ALA, school boards

C7: Create a model state health ministry council that includes all faiths to increase access to cardiovascular health resources

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Leaders of interfaith organizations

C8: Identify and include the needs of at-risk individuals (across cultural, ethnic, age, gender and socioeconomic lines) in planning initiatives to increase access to cardiovascular health resources

Time frame: To be determined

Proposed lead organizations: AHA, Florida Medical Association (FMA), Florida Nurses Association (FNA), DOH

C9: Increase the percentage of patients who receive access to appropriate emergency care, risk modification interventions and rehabilitation services

Time frame: 2003 through 2007

Proposed lead organization: AHA



Goal D: Reduce cardiovascular health disparities in Florida.

D1: Promote continuous statewide education of health professionals in order to improve their knowledge of the most up-to-date information on cardiovascular health

Time frame: 2003 through 2007

Proposed lead organization: Area health education centers (AHECs)

Proposed partners: AHA, medical schools, other health professional training entities, community colleges, FMA, FNA, and county medical associations

D2: Require education of health professionals to increase their awareness of cultural diversity and competencies needed to reduce discrimination and

increase the exchange of health care information and trust between patients and health professionals

Time frame: 2003 through 2007

Proposed lead organization: AHECs

Proposed partners: AHA, medical schools, other health professional training entities, community colleges, FMA, FNA, Florida Dietetics Association and county medical associations

D3: Implement a comprehensive, effective surveillance system to monitor cardiovascular health disparities in Florida

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partner: University of South Florida College of Public Health

D4: Identify best practices in cardiovascular health interventions, focusing on special populations

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Universities, community colleges

D5: Increase availability of low literacy, culturally and linguistically appropriate cardiovascular health educational materials

Time frame: 2003 through 2007

Proposed lead organizations: AHA, AHECs

Proposed partners: Community-based organizations (CBOs)

D6: Educate Florida legislators and other public leaders on cardiovascular health disparities and related funding needs

Time frame: 2003 through 2007

Proposed lead organizations: Tri-Agencies (AHA, ACS, ALA), FMA

D7: Implement and monitor laws and regulations that require increased physical activity and heart-healthy nutrition in all private and public schools from preschool through college

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: DOH, Florida Parent-Teacher Association (PTA) and local PTAs, Florida Alliance of Health, Physical Education, Recreation and Dance (FAHPERD), state school board association, local school boards

D8: Implement environmental changes in schools to promote heart-healthy nutrition and provide increased physical activity at the local level from pre-school through college

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: DOH, PTA, county medical associations, school nurses, Florida Education Association, county health departments (CHDs), Department of Environmental Protection (Greenways and Trails), FAHPERD

D9: Target blue-collar and service industry worksites for cardiovascular health promotion

Time frame: 2003 through 2007

Proposed lead organization: AHA

Proposed partners: Local Chambers of Commerce, community-based businesses, labor organizations, CHDs

D10: Promote cardiovascular health in minority and low-income neighborhoods through community collaboration and empowerment to improve the local environment

Time frame: 2003 through 2007

Proposed lead organization: CHDs

Proposed partners: Local Chambers of Commerce, faith-based organizations, cultural organizations, community groups, YMCA, CBOs, community centers, service organizations, local NAACP chapters

D11: Advocate for universal health and drug coverage for all Florida residents

Time frame: 2003 through 2007

Proposed lead organization: Florida Association of County Health Officers (FACHO)

Proposed partners: AHA, DOH, Florida Hospital Association, Florida Public Health Association, Florida Pharmacy Association, FMA, FNA, businesses

D12: Increase availability of free or low-cost cardiovascular screenings, treatment, medications and preventive services

Time frame: 2003 through 2007

Proposed lead organization: AHA

Proposed partners: Pharmaceutical companies, hospitals, insurance companies, FMA, FACHO, pharmacy association, employers, CHDs, community health centers

D13: Increase the percentage of minority and underserved patients with access to appropriate emergency care, risk modification interventions and rehabilitation services

Time frame: 2003 through 2007

Proposed lead organization: AHA



Goal E: Increase the appropriate utilization of evidence-based cardiovascular health improvement interventions.

E1: Increase utilization of clinical guidelines for primary and secondary prevention of cardiovascular disease, diabetes, hypercholesterolemia and high blood pressure

Time frame: 2003 through 2004

Proposed lead organizations: DOH, AHA and steering committee of stakeholders

Proposed partners: American Diabetes Association (ADA), FMQAI, AHCA, Florida Academy of Family Physicians (FAFP)

E2: Increase utilization of community preventive services guidelines for the prevention of cardiovascular disease, diabetes, hypercholesterolemia and high blood pressure

Time frame: 2003 through 2004

Proposed lead organizations: DOH, AHA and steering committee of stakeholders

Proposed partners: FMA, ADA, FMQAI, FAFP, AHCA

E3: Provide guidelines to practitioners with incentives for utilization (e.g., health care provider recognition, published report cards)

Time frame: 2003 through 2004 (disseminate crosswalk of current guidelines); 2005 through 2006 (disseminate comprehensive guidelines); 2006 through 2007 (evaluate)

Proposed lead organizations: FMA, submedical groups

Proposed partners: Medical Quality Assurance, AHECs, continuing medical education providers, pharmaceutical companies, AHA, medical malpractice insurance companies

E4: Develop and disseminate self-management strategies and toolkits for patients

Time frame: To be determined

Proposed lead organizations: AHECs, universities

Proposed partners: ADA, AHA, DOH, diabetes educators, managed care organizations, FMQAI, FMA

E5: Develop and implement a cardiovascular health public awareness campaign

Time frame: 2003 (develop); 2004 through 2007 (implement)

Proposed lead organization: AHA

Proposed partners: DOH, media, AARP, Publix, worksite groups

E6: Monitor and evaluate use of cardiovascular-related preventive health services guidelines

Time frame: 2004 through 2006 (monitor development); 2007 (evaluate)

Proposed lead organizations: DOH, FMQAI

Proposed partners: University medical and nursing schools

E7: Increase awareness of cardiac warning signs, stroke warning signs, the need to call 911 first when experiencing symptoms of a heart attack and the need to call 911 when experiencing the signs and symptoms of a stroke

Time frame: 2003 through 2007

Proposed lead organization: AHA

E8: Increase the number of health care providers appropriately advising high-risk patients and their caregivers on the importance of cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) training and access

Time frame: 2003 through 2007

Proposed lead organization: AHA

E9: Assure that emergency medical systems and appropriate acute care facilities are in compliance with recommended guidelines for stroke, acute myocardial infarction and sudden death, including implementation of appropriate acute intervention programs

Time frame: To be determined

Proposed lead organization: AHA

E10: Ensure that appropriate emergency first responders (e.g., fire, police, ambulance) are equipped and trained in the use of AEDs

Time frame: To be determined

Proposed lead organization: AHA

Proposed partners: Emergency medical services organizations and personnel

E11: Ensure that high-density public locations (e.g., airports, stadiums, convention centers) are equipped with and have designated individuals trained in the use of AEDs

Time frame: To be determined

Proposed lead organization: To be determined

E12: Develop and promote methods to help reduce door-to-thrombolytic-or-catheterization times after patients arrive at emergency departments

Time frame: 2003 through 2007

Proposed lead organization: AHA

E13: Promote a rapid and effective medication regimen for cardiac and emergent stroke patients

Time frame: 2003 through 2007

Proposed lead organization: Bureau of Emergency Medical Services (EMS)



Goal F: Increase the adoption and enforcement of policies consistent with Healthy People 2010 objectives to improve cardiovascular health.

F1: Expand Sunshine State Standards to mandate schools to incorporate preventive and other health topics into core academics

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: Florida School Boards Association (FSBA), Florida Association of School Administrators (FASA), superintendents, PTAs/PTOs, FAHPERD

F2: Promote the incorporation of healthy lifestyle content into textbook and curriculum development for grades K through 12 (e.g., food labels/calculations, food choices, food preparation, lifetime physical activity)

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: Florida School Boards Association (FSBA), FASA, superintendents, PTAs/PTOs, authors, publishers, FAHPERD

F3: Advocate for education funding to increase hours in the school day dedicated to health education, physical education and healthy lifestyle curricula (e.g. Fitness Fun Forever, CATCH, Say Yes to Sports for Life, Eat Well and Keep Moving, Planet Health)

Time frame: 2003 through 2007

Proposed lead organization: PTAs/PTOs

Proposed partners: DOE, school boards, teachers union, FAHPERD

F4: Advocate for federal legislation to raise national requirements for nutritious school lunches, snacks and concessions, including vending machines

Time frame: 2003 through 2007

Proposed lead organizations: Food service organizations, dietitians

Proposed partners: US Department of Agriculture (USDA), US Dairy Council and state dairy councils

F5: Advocate with local school boards to implement comprehensive healthful nutrition policies (e.g., selling water and juices in vending machines and requiring that food sales as fund raisers are consistent with healthful nutrition)

Time frame: 2003 through 2007

Proposed lead organizations: Food service organizations, DOE, USDA

Proposed partners: PTAs/PTOs, DOH, CHDs

F6: Advocate for a state mandate to offer smoking cessation assistance as an alternative to fines for students caught using tobacco products

Time frame: 2003 through 2007

Proposed lead organization: AHA

Proposed partners: ALA, ACS, Students Working Against Tobacco (SWAT), county tobacco-free partnerships

F7: Advocate for strict smoke-free campuses for all students, teachers, staff and visitors

Time frame: 2003 through 2007

Proposed lead organization: DOH

Proposed partners: Tri-Agencies (AHA, ACS, ALA), SWAT

F8: Promote after-school programs that are safe, healthy and inclusive of physical activity

Time frame: To be determined

Proposed lead organization: FAHPERD

Proposed partners: DOE, DOH, Tri-Agencies (AHA, ACS, ALA), YMCAs

F9: Advocate to increase the state's physical education requirement

Time frame: To be determined

Proposed lead organizations: FAHPERD, parks and recreation

Proposed partners: Day care providers, school boards, superintendents, PTAs

F10: Advocate for local urban planning and zoning policies that provide healthy lifestyle choices (e.g., access to fresh foods; physical activity options such as safe walking, bike trails, parks; Walkable Communities, Smart Growth, Walk to School, Health N Parks)

Time frame: 2004 through 2005

Proposed lead organizations: County/city planning offices, organization of city planners

Proposed partners: Citizens

F11: Advocate for the development of mass transportation systems to increase access to health resources (e.g., health care providers, community facilities for physical activity)

Time frame: To be determined

Proposed lead organization: To be determined

Proposed partners: Department of Transportation, AARP, local planners

F12: Advocate for the development of a centralized disease reporting registry to track patient care and provide best practice information

Time frame: To be determined

Proposed lead organizations: DOH, Centers for Disease Control and Prevention

Proposed partners: Health statisticians

F13: Advocate to increase the availability of routine cardiovascular health risk factor screenings for all

Time frame: To be determined

Proposed lead organizations: Tri-Agencies (AHA, ACS, ALA)

Proposed partners: DOH, hospitals, insurance companies

F14: Advocate for an increase in the allocation of tobacco settlement funds for implementing tobacco prevention programs

Time frame: To be determined

Proposed lead organizations: Tri-Agencies (AHA, ACS, ALA)

Proposed partner: FMA

F15: Advocate for greater access to schools to educate students about cardiovascular health

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: DOH, AHA, AHECs

F16: Make recommendations to professional organizations and licensing bodies regarding cardiovascular disease-related requirements

Time frame: 2003 through 2004

Proposed lead organization: DOH

Proposed partners: AHA, AHECs, FMA, Florida Osteopathic Medical Association

F17: Advocate for mandates regarding cardiovascular disease content in health education curricula

Time frame: 2003 through 2007

Proposed lead organization: DOE

Proposed partners: DOH, AHECs, AHA

H15: Evaluate and design cardiovascular curriculum frameworks that will integrate with school systems' health education programs and curricula

Time frame: 2003

Proposed lead organization: Bureau of EMS



Goal G: Advance research on cardiovascular health improvement.

G1: Assess current cardiovascular health research and identify gaps

Time frame: To be determined

Proposed lead organization: To be determined

G2: Advocate for funding of cardiovascular health research programs to address identified gaps

Time frame: To be determined

Proposed lead organization: To be determined

G3: Advocate for significant increases in cardiovascular disease and stroke research funding

Time frame: 2003

Proposed lead organization: AHA

G4: Identify opportunities and promote programs to increase the number of individuals entering the field of biomedical research

Time frame: 2003 through 2007

Proposed lead organization: AHA



Goal H: Increase lifestyle choices consistent with cardiovascular health.

H1: Provide safe environments for physical activity

Time frame: To be determined

Proposed lead organization: Law enforcement, city and county governments

Proposed partners: DOH, community-based agencies

H2: Define, map and disseminate information about existing resources, programs, gaps and needs for physical activity and recreation facilities

Time frame: To be determined

Proposed lead organizations: DOH, Department of Environmental Protection

H3: Promote benefits of physical activity through dissemination of guidelines, data and media

Time frame: To be determined

Proposed lead organization: DOH

H4: Offer alternatives to promote decreased television viewing time for children and adults

Time frame: To be determined

Proposed lead organization: PTA

Proposed partners: DOH, American Academy of Pediatrics, FMA, Florida Osteopathic Medical Association, FAFP

H5: Promote locally-sponsored community walks and cardiovascular health seminars

Time frame: To be determined

Proposed lead organization: CHDs

Proposed partners: Hospitals, schools, community organizations

H6: Promote wellness-based physical education and physical activity requirements in schools at every grade level

Time frame: To be determined

Proposed lead organization: FAHPERD

Proposed partners: PTAs/PTOs, school superintendents

H7: Promote family-centered physical activity

Time frame: To be determined

Proposed lead organization: Parks and recreation

Proposed partners: Community-based recreation centers, schools, churches

H8: Encourage opportunities for physical activity in schools and communities

Time frame: To be determined

Proposed lead organizations: School boards, county recreation departments

Proposed partners: PTAs, FAHPERD

H9: Promote and advocate for healthy alternatives to candy sales and junk food in vending machines

Time frame: To be determined

Proposed lead organization: American Dietetic Association

Proposed partners: School superintendents, PTAs/PTOs, local vending corporations, FAHPERD

H10: Promote healthy food shopping and preparation demonstrations

Time frame: To be determined

Proposed lead organization: American Dietetic Association

Proposed partners: Grocery store chains, WIC/Nutrition, merchants at farmers' markets, county extension agencies

H11: Develop a list of incentives and partners to promote physical activity and healthy nutrition

Time frame: To be determined

Proposed lead organization: To be determined

H12: Develop and coordinate programs that utilize high school and college students as mentors to promote healthy lifestyles

Time frame: To be determined

Proposed lead organization: DOH

Proposed partners: Universities, community colleges, fraternal organizations, high school civic clubs

H13: Develop targeted media campaign to promote healthy lifestyle choices

Time frame: June 2003

Proposed lead organization: DOH Obesity Prevention Program

Proposed partners: Radio and television stations

H14: Collaborate with state and local entities to disseminate cardiovascular health educational information

Time frame: To be determined

Proposed lead organizations: AHA, DOH

Proposed partners: Hospitals, CHDs, physicians' offices, HMOs

F15: Incorporate healthy lifestyle messages into school curricula

Time frame: To be determined

Proposed lead organizations: FAHPERD, DOE

Resources

Florida Department of Health

Bureau of Chronic Disease
Florida Department of Health
4052 Bald Cypress Way, Bin A18
Tallahassee, FL 32399-1744
Telephone: 850-245-4330
Fax: 850-414-6625
www.doh.state.fl.us
(select topic area)

Bureau of Epidemiology
Florida Department of Health
4052 Bald Cypress Way, Bin A12
Tallahassee, FL 32399-1744
Telephone: 850-245-4401
Fax: 850-922-9299

Division of Health Awareness and Tobacco
Florida Department of Health
4052 Bald Cypress Way, Bin C23
Tallahassee, FL 32399
Telephone: 850-245-4144
Fax: 850-488-4944
www.state.fl.us/tobacco
www.wholetruth.com

School Health Program
Florida Department of Health
4052 Bald Cypress Way, Bin A13
Tallahassee, FL 32399
Telephone: 850-245-4100
Fax: 850-410-1304

Bureau of WIC and Nutrition Services
Florida Department of Health
4052 Bald Cypress Way, Bin A16
Tallahassee, FL 32399
Telephone: 850-245-4202
Fax: 850-922-3936

Centers for Disease Control and Prevention

Cardiovascular Health Branch
Centers for Disease Control and Prevention
Telephone: 770-488-2424
www.cdc.gov

Division of Diabetes Translation
Centers for Disease Control
Telephone: 877-232-3422
www.cdc.gov

Division of Nutrition and Physical Activity
Centers for Disease Control and Prevention
Telephone: 770-488-6042
www.cdc.gov

Office on Smoking and Health
Centers for Disease Control and Prevention
Telephone: 770-488-1122
www.cdc.gov

National

National Heart, Lung, and Blood Institute
Information Center
National Blood Pressure Education Program
National Cholesterol Education Program
Obesity Education Initiative
Telephone: 301-592-8573
www.nhlbi.nih.gov

National Cancer Institute
5 A Day Program – EPN 232
Telephone: 1-800-4-CANCER
FAX: 301-480-6637
www.dccps.nci.nih.gov/5aday

Agency for Health Care Research and Quality
Telephone: 800-358-9295
www.ahrpr.gov

Blood Pressure, Cholesterol, Overweight and Obesity

Hypertension Network, Inc.
www.bloodpressure.com

Weight-control Information Network
Telephone: 800-946-8098
www.niddk.nih.gov/health/nutrit/win.htm

Cardiovascular Health

American Heart Association, FL Affiliate
Telephone: 727-570-8809
www.amhrt.org

Clinical Preventive Services

International Medical Publishing, Inc.
“Clinician’s Handbook of Preventive Services”
“Guide to Clinical Preventive Services,” 2nd edition
Telephone: 800-591-2713

Diabetes

American Diabetes Association
Telephone: 800-DIABETES
www.diabetes.org

Diet and Nutrition

Produce for Better Health Foundation
Telephone: 302- 235-2329
www.5aday.com

Physical Activity

National Association for Sport and Physical Education (NASPE)
Telephone: 703-476-3461
www.aahperd.org

PACEplus+ Manual
Project PACE
Student Health Services
San Diego State University
Telephone: 619-594-5949

Wellness Councils of America (WELCOA)
Telephone: 402-572-3590
www.welcoa.org/about.htm

Stroke

National Stroke Association
Telephone: 800-STROKES
www.stroke.org

Tobacco

National Campaign for Tobacco Free Kids
Telephone: 202-296-5469
Telephone: 800-284-KIDS
www.tobaccofreekids.org
www.kickbuttsday.org

Grant Opportunities

Transportation Equity Act for the 21st Century
Department of Transportation
FDOT Policy Planning Office
Telephone: 850-488-8006
www.fhwa.dot.gov/tea21/

Emergency Medical Services,
Attention Grant Requests
Florida Department of Health
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