

THE FLORIDA PUBLIC HEALTH ADVOCATE

SEPTEMBER 2019

From the President's Desk...



On behalf of FPHA, I would like to thank all of the Florida Department of Health administrators, public health preparedness staff, employees, and volunteers for the hard work in preparation for hurricane Dorian. Our thoughts and prayers are also extended to all of those who have been and continue to be affected by this devastating storm.

Last month I informed you about the tremendous amount of work being done in sustaining FPHA. So I am happy to inform you of an upcoming [FPHA Mental Health Regional Training](#) at the University of Florida on December 5th. At this training you will hear from community leaders who provide mental health and substance abuse treatment services at the local, regional, and state levels. Registration is open and for more information visit our website, fpha.org.

Lastly, our special interest groups have been very busy and are eager to hear from you! In September, an Interest Group Survey was sent to all FPHA members on how we can best meet your needs. I will share the results with you next month.

As you can see, Florida Public Health Association is on the move and we want you to be a part of the movement! So get involved; reach out to someone and encourage them to become a member so we can make FPHA the best public health association ever!

*Warm Regards,
Ethel Edwards, President, FPHA*

In This Issue...

- FPHA Regional Training
- Public Health Articles
- New Members
- Public Health in Action
- Public Health Resources
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A publication of the Florida Public Health Association

Florida Public Health Association
14646 NW 151st Blvd.
Alachua, FL 32615



FPHA
Florida Public Health Association

To submit content to the newsletter,
please reach out to us at:
fpha@srahec.org

FPHA REGIONAL TRAINING



Mental Health Regional Training

Join us at the FPHA Mental Health Regional Training to learn more about how community based mental health and substance abuse treatment systems work. Hear from community leaders who provide mental health services at a local, regional, and state level.

Thursday
December 5, 2019
8:30 AM-4:30PM
UF College of
Public Health &
Health Professions
1225 Center Dr,
Gainesville, FL 32611

Visit www.fpha.org for
more information



FPHA
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FPHA REGIONAL TRAINING



FPHA Regional Mental Health Training
University of Florida
College of Public Health and Health Professions
December 5, 2019

<u>Time</u>	<u>Topic</u>	<u>Speaker</u>
8:30am-9:00am	Registration/Light Refreshments	N/A
9:00am-9:15am	Housekeeping/Welcome	FPHA & UF College of Public Health
9:15am – 10:15am	Institute for a Safer Florida	Melanie Brown-Woofter , President & CEO
10:20am-11:20am	Trauma Informed Care	Mark Hart , Ed.D., M.A.L.S Clinical Assistance Professor Department of Epidemiology, UF College of Public Health
11:20am-12:20pm	TBA	TBA
12:25am-1:25pm	Lunch	
1:30pm-4:00pm	Communality Mental Health Panel	Maggie Labarta , PhD, President/CEO Meridian Behavioral Healthcare Donald J. Baracskey II , MD, MBA, MSCIS CEO and Medical Director, The Centers Joe Munson , Ph.D., LMHC, NCC Clinical Services Director UF Health Shands Psychiatric Hospital David Fields/Dina Orlando , Florida Recovery Center Christine Cauffield Lutheran Health Services Moderator: Ken Peach , MBA, FACHE, KM AHCA Representative
4:00pm-4:30pm	Wrap Up and Evaluation	FPHA



PUBLIC HEALTH ARTICLE

Building a Strong Diabetes Prevention Network

By: Jennifer Waskovich

Diabetes Prevention Programs are beginning to grow throughout Florida in the effort to reduce rates of diabetes. Success of these programs not only depends on meeting CDC guidelines, but also on the strength of your partnership and referral network. The Florida Department of Health in Hillsborough County has established an effective program based on marketing, physician referrals and feedback loops. These three pillars are used for all our health promotion programs: diabetes prevention, diabetes self-management, blood pressure self-management, and our Get Into Fitness Today wellness and weight management program. We want to share some tips to help you establish or maintain a thriving Diabetes Prevention Program.

Marketing – The first step in marketing is to learn who your audience is and their preferred method of gathering information. Public health programs often have limited funding so we need to be selective in our strategies. One thing we have found helpful is tracking how individuals hear about our programs. Whether it be newspaper ads, radio, health fairs or physician referrals, we tracking every phone call we receive to help determine where we will focus on advertising in the coming years.

Physician Referrals – Hillsborough has included physician outreach into the weekly activities of our health educators, dietitians and lifestyle coaches. Face to face interactions with medical professionals in our county has helped to increase the number of patients being referred to our programs. We have developed a standard introduction letter and program referral form. These explain what programs we offer, suggestions for when to refer a patient to a program and provide an easy to complete referral form that can be faxed to our office. Once received, our administrative staff contact the patient to register them for a class in their preferred part of the county. Staff also track where we receive referrals from and follow up with medical providers who are either not referring or have not referred to our programs in a long period.

Feedback Loop – One question we frequently get from providers is “How will I know if my patient completed the program?” In Hillsborough County, we have created a feedback system to communicate to physicians if their patient; registered for a program, completed a program, refused a program or registered but did not attend. This follow up has led to some patient refusals to call us back and register for a program.



PUBLIC HEALTH ARTICLE

Building a Strong Diabetes Prevention Network [cont'd]

By: Jennifer Waskovich

The last step in our feedback loop is requesting A1c values 4 months after completion of our diabetes prevention and diabetes self- management programs. To have continuous quality improvement on our side, we need to know the outcomes of our programs.

The success of our program has led to our Health Educator Consultant, Kelsey Christian, being chosen to speak at the Chronic Disease Summit being hosted by The Health Planning Council of Southwest Florida, Inc on September 12-13, 2019. Kelsey will be sharing information with attendees on our effective referral system. If you are interested in learning more please contact Kelsey Christian or Tara Spiller at kelsey.christian@flhealth.org or tara.spiller@flhealth.org.



PUBLIC HEALTH ARTICLE

Preventing HPV-Related Cancers and Disease

By: Kelly Maharaj

The human papillomavirus (HPV) is a virus that can cause 6 different cancers and genital warts. In women, it can cause cervical, vulva, and vaginal cancers. In men, it can cause penile cancer. In both sexes, it can also cause genital warts, anal cancer, and cancer of the oropharynx, which includes the tonsils, the base of the tongue, and the back of the throat¹. The most common HPV cancer in women is cervical cancer, while the most common for men is oropharyngeal cancer (see table 1)². Most people will contact HPV at some point in their lifetime³, and most people will clear it within two years¹. However, in some people, it develops into one of these cancers². There is currently no way to tell who will clear the virus and who will not. Thus, the HPV vaccine is cancer prevention. The vaccine is most effective if it is received prior to HPV exposure¹.

Table 1. How Many Cancers are Linked with HPV Each Year?

	Cases in Women	Cases in Men
Back of Throat	2,200	11,300
Cervical	10,900	0
Anal	4,200	2,000
Vulvar	2,800	0
Penile	0	800
Vaginal	600	0
Total	20,700	14,100

Source: [How Many Cancers Are Linked with HPV Each Year?](#)
Data as of August 2019

The National Immunization Survey-Teen (NIS-Teen) is an annual survey analyzed by the CDC. The 2018 results were just published August 23, 2019⁴. Although the national up to date (UTD) rates increased overall, the increase was only significant among the male population (see table 2). Additionally, Florida is ranked in the bottom half for their rates compared to the other states (see table 3). Although Florida's UTD female rate of 52.9 percent is relatively close to the national average of 53.7 percent, it is far from the Health People 2020 goal of 80 percent or of Rhode Island's rate of 76.1 percent. Further, Florida's male population is significantly below the national average. We as public health professionals must work to educate our communities in order to increase the uptake of this life-saving vaccine.

Table 2. NIS-Teen HPV Vaccine Rates as a Nation

	2017	2018
UTD Females	53.1 (51.2-55.0)	53.7 (51.8-55.6)
UTD Males	44.3 (42.6-46.0)	48.7 (46.8-50.6)*
UTD All	48.6 (47.3-49.9)	51.1 (49.8-52.5)*

*Statistical difference between years $p < 0.05$

Table 3. NIS-Teen HPV Vaccine Rates in Florida

	2018	Rank among States
UTD Females	52.9 (42.8-63.0)	30 th
UTD Males	40.5 (31.3-49.7)	38 th
UTD All	46.5 (39.6-53.4)	35 th



PUBLIC HEALTH ARTICLE

Preventing HPV-Related Cancers and Disease [cont'd]

Research has found that provider recommendation and the bundling of the HPV vaccine with the Tdap (diphtheria toxoids and acellular pertussis) and MenACWY (quadrivalent meningococcal conjugate) vaccines improve uptake of the HPV vaccine⁵. Although HPV is transmitted through sexual contact with someone infected with the virus through vaginal, anal, or oral sex^{1,2}, promoting the vaccine as a way to prevent sexually transmitted diseases has been an ineffective way to increase vaccine uptake by the recommended age of 13 years. Since the vaccine is recommended to be given to 11-12-years-old males and females^{1,2}, it is better to promote the vaccine as a cancer prevention as some parents are not concerned about STDs with children at this younger age or believe that the HPV vaccine will increase their adolescent's promiscuity. It is best to promote the vaccine as cancer prevention and to recommend it as part of the early adolescent series of Tdap, HPV, and MenACWY. Provider recommendation is key⁵. HPV vaccination initiation was higher among adolescents whose parent reported having received a provider recommendation compared to those who reported not having received a provider recommendation⁴. The CDC found that the way the HPV recommendation is delivered to parents influences their decision in permitting their adolescent to be vaccinated with the HPV vaccine. When providers recommend the HPV vaccine "sandwiched" between the Tdap and MenACWY, parental acceptance increased compared to HPV being mentioned first or last in the series of recommendations. The bundling of the vaccination in this order gives the HPV vaccine the same importance as the other vaccines⁵. Another incentive to start the HPV series early is it reduces the number of doses needed. If adolescents initiate the HPV series prior to their 15th birthday, it is only a 2-dose regimen¹. If vaccine is administered after the 15th birthday, it is a 3-dose regimen¹. Further, the vaccine may be given as early as 9 years old¹.

The CDC also updated its recommendations for adults regarding the HPV vaccine on August 16, 2019. The CDC now recommends catch-up vaccinations for all persons through age 26 years⁶. Additionally, the HPV vaccine has been approved for high risk people ages 27 through 45. It is recommended that adults ages 27 through 45 years talk to their medical provider about their risk of an HPV infection to see if they would benefit from receiving the HPV vaccine⁶.

The HPV vaccine prevents 90 percent of HPV Cancers². Of the HPV-associated cancers, screening is only available for cervical cancer. Thus, cervical cancer screenings are still recommended as another form of prevention². Considering that the other HPV-associated cancers have no screening test currently available, the HPV vaccine is the best way to prevent HPV-related cancers. It is critical that our adolescents receive the complete HPV series prior to exposure in order to offer protection. It is important that our providers recommend it during office visits and recommend it "sandwiched" between the Tdap and MenACWY vaccines.



PUBLIC HEALTH ARTICLE

Preventing HPV-Related Cancers and Disease [cont'd]

References

1. About HPV. https://www.cdc.gov/hpv/parents/about-hpv.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhpv%2Fparents%2Fwhatishpv.html. Accessed September 11, 2019.
2. HPV Cancers. <https://www.cdc.gov/hpv/parents/cancer.html>. Accessed September 11, 2019.
3. HPV Vaccine Schedule and Dosing. <https://www.cdc.gov/hpv/hcp/schedules-recommendations.html>. Accessed September 14, 2019.
4. Walker TY, Elam-Evans LD, Yankey D, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years--United States, 2018. *Morbidity and Mortality Weekly Report*.68(33):718-723.
5. You Are the Key to the HPV Cancer Prevention--2018 <https://www.cdc.gov/vaccines/ed/hpv/you-are-key-2018.html>. Accessed September 2019.
6. Meites E, Szilagyi PG, Chesson HW, Unger ER, Romero JR, Markowitz LE. Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices. *Morbidity and Mortality Weekly Report*.68(32):698-702.



PUBLIC HEALTH ARTICLE

Analyzing the Association Between Depression and High-Risk Sexual Behavior Among Adult Latina Immigrant Farm Workers in Miami-Dade County

Hyunjean Kim 1, Yingxin He, Ryan Pham, Gira J. Ravelo, Patria Rojas, Pura Rodriguez, Grettel Castro, Noël C. Barengo, Juan M. Acuña, and Elena Cyrus

ABSTRACT

Latinas are often more affected by HIV due to their socio-economic and demographic profiles and are also less likely to receive proper mental health care. Latina immigrants are often even more vulnerable due to socio-economic and cultural factors that place them at higher risk. The current study seeks to examine the association between depression and risky sexual behaviors among adult Latina immigrants from a farm working community in South Miami-Dade County, (Florida, USA). Cross-sectional secondary data analysis was used for responses from a community-based participatory research (CBPR) study. Out of 234 Latina immigrants, 15% reported being depressed and 80% were reported as having engaged in risky sexual behavior. Although no association was found between depression and high-risk sexual behavior, significant secondary findings present associations between risky sexual behavior and low sexual relationship power, interpersonal violence, and relationship status. Implications for future research on depression and risky sexual behaviors among this population are discussed.

For the full article [doi:10.3390/ijerph16071120](https://doi.org/10.3390/ijerph16071120)



PUBLIC HEALTH ARTICLE

Insurance status as a modifier of the association between race and stage of prostate cancer diagnosis in Florida during 1995 and 2013

Evelyn Ramirez, Julieta Morano, Tiffany Beguiristaina, Grettel Castro, Pura Rodriguez de la Vega, Alan M. Niederb, and Noël C. Barengo

ABSTRACT

Background: Cancer stage at diagnosis is a critical prognostic factor regarding a patient's health outcomes. It has yet to be shown whether insurance status across different race has any implications on the stage of disease at the time of diagnosis. This study aimed to investigate whether insurance status was a modifier of the association between race and stage of previously undetected prostate cancer at the time of diagnosis in Florida between 1995 and 2013.

Methods: Secondary data analysis of a cross-sectional survey using information from the Florida Cancer Data System (n = 224,819). Study participants included black and white males diagnosed with prostate cancer in Florida between 1995 and 2013. The main outcome variable was stage of prostate cancer at diagnosis. The main independent variable was race (black vs white). Adjusted logistic regression models were used to explore the association between race, insurance status and stage at diagnosis. Odds ratios (OR) and 95% confidence intervals (95% CI) were calculated.

Results: Black males were more likely to be diagnosed with late stage prostate cancer (OR 1.31; 95% CI 1.27–1.35). Being uninsured (OR 2.28; 95% CI 2.13–2.45) or having Medicaid (OR 1.84; 95% CI 1.70–1.98) was associated with a diagnosis of late stage cancer. Stratified analysis for health insurance revealed that blacks had an increased risk for late stage cancer if uninsured (OR 1.29; 95% CI 1.07–1.55) and if having Medicare (OR 1.39; 95% CI 1.31–1.48).

Conclusion: Insurance status may modify the effect of race on late stage prostate cancer in black patients

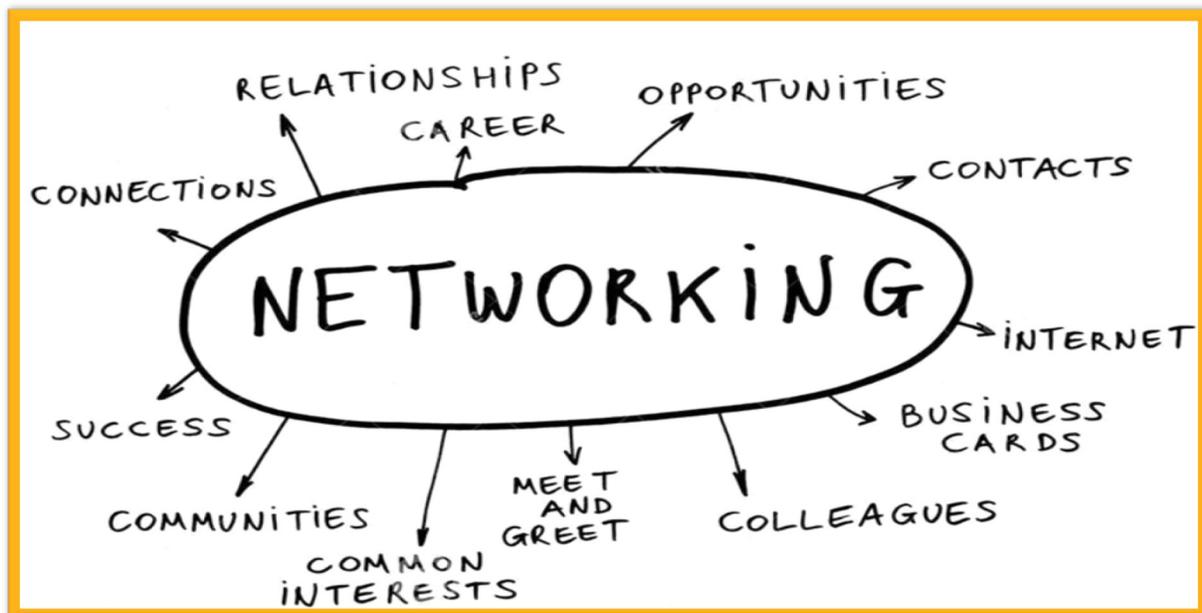
For full article <https://doi.org/10.1016/j.canep.2019.01.019>



NEW MEMBERS

We are glad to have you as part of FPHA & hope to see you soon at one of our events!

Dynasty C.
Michelle C.
Shaina J.
Alicia K.
Romae M.
Michelle R.
Wendy S.
Steve W.



PUBLIC HEALTH IN ACTION

UNIVERSITY OF SOUTH FLORIDA

COLLEGE NEWS

[COPH turns 35 years young!](#)

[Florida Governor Ron DeSantis signs legislation at USF that enhances treatment options for veterans suffering from PTSD](#)

[From public health executives to public health leaders](#)

RESEARCH

[USF COPH represents at the World Social Marketing Conference](#)

FACULTY/STAFF ACHIEVEMENTS

[COPH professor helps develop campus-wide initiative to increase male mental health literacy and help-seeking behaviors](#)

[Who, what, where, when and why? COPH professor works to gain clearer picture of Florida's violent deaths](#)

ALUMNI NEWS

[Doctoral student Angelia Sanders named vice chair of ICTC \[VIDEO\]](#)

[Alumna Brittany Marshall named to Inaugural 40 Under 40 in Public Health list](#)

[USF COPH grad focuses on health education to improve community health](#)



PUBLIC HEALTH RESOURCES

Check out these resources to help provide insight on the growing health disparities between rural and urban communities. You can also get ideas on how to mitigate gaps to create better outcomes for these vulnerable communities.

- **Rural, Remote, and Resilient: How to Build Better Outcomes Outside of America's Cities**
(<https://onlinegrad.baylor.edu/resources/public-health-strategies-rural-communities/>)
- **Building Support for Pregnant Women in Rural and Urban Communities**
(<https://onlinegrad.baylor.edu/resources/pregnant-women-prenatal-care-rural/>).

from the [Master of Public Health online program](#) from Baylor University.



GIVE BACK TO FPHA

Make FPHA Smile and Order through Amazon Smile

FPHA is a registered charitable organization with Amazon Smile. What does this mean to you?

Once you begin shopping through Amazon Smile (with FPHA selected as your charitable organization), Amazon will donate **0.5%** of your purchases to FPHA at no extra cost to you. Therefore, shopping on Amazon Smile can make a huge impact on the sustainability of FPHA!

Through Amazon Smile, you will shop the same products at the same price using your same login information as Amazon or Amazon Prime. Fun Fact: Our Advocacy Committee Chair donated **\$29** to FPHA last year just by switching from Amazon to Amazon Smile.

If all of our public health Amazon users switched from Amazon to Amazon Smile, we could provide more student scholarships and other awards to our members, along with the capability to hold bigger and better regional and state conferences!

You don't need to be a member of FPHA to contribute. It is simple!

Just go to smile.amazon.com and select FPHA Foundation, Inc. as your charitable organization.

Now, we challenge you, your friends, and your family members to use Amazon Smile for your Amazon purchases.

Thank you for your contribution and happy shopping!



PUBLIC HEALTH INFORMATION

MEETING OF THE MINDS

Create a Positive Workplace Culture

Employees are at the heart of every workplace. Empowering your team members to be the best they can is a top priority for successful organizations. Creating stronger workplaces is why we created the Meeting of the Minds.



THE MEETING OF THE MINDS IS A HALF- OR FULL-DAY PROGRAM THAT:

Uses the Emergenetics® Profile to understand how each person impacts the workplace.

Encourages employees to discover their unique strengths and the talents of others.

Supports team learning to improve collaboration through the power of cognitive diversity.

TIME WELL SPENT

Designed for adult learning and led by a certified facilitator, the program's content is simple to understand, immediately applicable, engaging and entertaining. Participants take part in a series of activities designed to ensure retention and application in the workplace and will:

- Explore the science and seven attributes of the Emergenetics Profile.
- Discover their personal thinking and behavioral preferences.
- Find new ways to interact and collaborate with others.
- Uncover a common language that unifies teams and company cultures.

THE EMERGENETICS DIFFERENCE

After attending an Emergenetics Meeting of the Minds, positive change happens. A recent survey found:



More than 80% of attendees gain enhanced self-awareness.



Nearly 70% of attendees report improved working relationships.



Over 60% of attendees experienced better collaboration.

GET STARTED TODAY!

NACCHO has Certified Emergenetics Associates on staff. Contact us to learn more!

202-559-4317

consulting@naccho.org



PUBLIC HEALTH INFORMATION



Florida KidCare

Health and Dental Insurance for Children from Birth through the End of Age 18

Florida KidCare offers quality, affordable health and dental insurance to children through four unique programs, three of which are primarily funded by the federal Children's Health Insurance Program (CHIP). Florida KidCare's free, simple application process is designed to identify the program that best fits each family. Families that do not qualify for subsidized coverage can pursue a competitive full-pay option.

FLORIDA KIDCARE PROGRAMS

- **Medicaid for Children:** Age-based eligibility tied to Federal Poverty Level (Administered by the Agency for Healthcare Administration)
- **MediKids (subsidized and full-pay):** 1-4 years (Administered by the Agency for Healthcare Administration)
- **Florida Healthy Kids (subsidized and full-pay):** 5-18 years (Administered by the Florida Healthy Kids Corporation)
- **Children's Medical Services Managed Care Plan (CMS Plan) (subsidized):** Birth-18 years, with special health care needs (Administered by the Florida Department of Health)

COST & BENEFITS OF FLORIDA KIDCARE

Benefits of Florida KidCare include, but are not limited to: doctor visits, immunizations, prescriptions, emergencies, hospitalizations, dental and vision care, and much more. Most families pay nothing at all for coverage, and many pay as little as \$15 or \$20 a month.

November 2018

By the Numbers



Nearly **24 MILLION** children are covered by Florida KidCare.¹



CHIP enrollment, including Florida Healthy Kids, MediKids and CMS Plan, **GREW BY 11.4%** during Fiscal Year 2017-18.



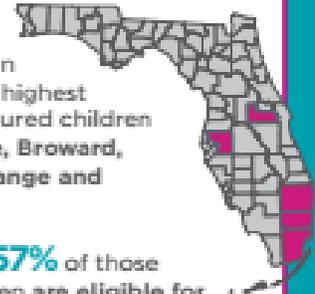
More than **38,000** children gained health insurance between 2016 and 2017 - a number larger than the local population of Lake Worth, Florida.²



Nearly **1-IN-14** or **325,000** Florida children are currently uninsured.²



The **5** counties in Florida with the highest number of uninsured children are: Miami-Dade, Broward, Palm Beach, Orange and Hillsborough.²



179,000 or **57%** of those uninsured children are eligible for free or low-cost coverage through Florida KidCare, but are not enrolled.² The remaining children are eligible for full-pay coverage through MediKids or Florida Healthy Kids.

SOURCES:

1. Florida KidCare Enrollment Report (November 2018)
2. U.S. Census Bureau, American Community Survey, 2017

With year-round open enrollment, families can apply for Florida KidCare by visiting floridakidcare.org, or calling 1-888-540-5437.



PUBLIC HEALTH INFORMATION



A Florida KidCare partner



The Florida Healthy Kids Corporation (Corporation) provides health and dental insurance to children from the age of 5 through the end of age 18. The Corporation works to assure access to quality health care services for Florida's children. Two or more health and dental plan options are available in all 67 counties in Florida.



OUT-OF-POCKET COSTS*

-  Behavioral Health Services: \$5/Visit
-  Check-ups: Free
-  Dental Care: Free
-  Hospital Stays: Free
-  Vision Care: \$5/Exam, \$10 for Eyeglasses
-  Doctor Visits: \$5/Visit
-  Prescriptions: \$5/Prescription

*Out of pocket costs for the full-pay option includes deductibles and additional co-pays.

ROLE OF THE FLORIDA HEALTHY KIDS CORPORATION

The Corporation is statutorily responsible for marketing the Florida KidCare program. It also performs administrative functions for Florida KidCare by screening for Medicaid eligibility, as well as eligibility for the Children's Health Insurance Program (includes Healthy Kids, MediKids and Children's Medical Services). Additionally, the Corporation procures and manages health and dental plan contracts, as well as contracts for monthly premium collection, insurance carrier payments and call center operations.

BENEFITS OF FLORIDA HEALTHY KIDS

The Florida Healthy Kids benefit package and provider networks are specifically designed to provide the child-centered medical and dental services children need at each stage of growth and development. The services are delivered by health plans that are held to high standards of quality, accessibility and customer satisfaction.

MONTHLY PREMIUM COST

Most families pay just \$15 or \$20 monthly for Florida Healthy Kids coverage. A full-pay option is also available; making every Florida child ages 5 through 18 eligible.

November 2018

Learn more about the Corporation at healthykids.org.

