



Florida Department of Health in St. Lucie County
Community Health Improvement Plan
2016-2019

Table of Contents

Healthy St. Lucie Coalition 3

Planning Process 4

Plan Summary 7

Plan Detail 8

Alignment with local, state, and national plans. 24



Healthy St. Lucie Coalition

We would like to acknowledge the following organizations that are participating in the community health improvement process in St. Lucie County.

2-1-1 / Help Me Grow	2-1-1 Helpline
Aging & Disability Resource Center	ALPI HS/EHS
Children's Services Council	City of Port St. Lucie
Community members	Council on Aging of St. Lucie County
Dept. of Children & Families	Devereux CBC
DOH-ST. Lucie	Early Learning Coalition
FCHC - Fort Pierce	FCHC - Grace Center
Florida Community Bank	Florida Community Health Center
Floridians Fighting Falls	Guardians for a New Future
HANDS Clinic	Healthy Kids
Healthy Start / Kids Connected by Design	Indian River State College
Lawnwood Regional	Martin Health
Mary's Shelter	Molina Health Care
Roundtable of St. Lucie County	New Horizons
Slow Food of the Treasure Coast	Sarah's Kitchen
St. Lucie Medical Center	St. Lucie County
St. Lucie Transportation Planning Organization	St. Lucie Public Schools
Suncoast Mental Health Center	United Way of SLC
University of Florida/IFAS/SLC Extension	Zion's Daughters of Distinction
WellMed Medical Management, Inc.	

Planning Process

In June of 2015, the Florida Department of Health in St. Lucie County (DOH-St. Lucie) convened a meeting of community partners to discuss the development of a Community Health Improvement Plan for the period 2016-2019. This meeting marked the launch of DOH-St. Lucie's Healthy St. Lucie Initiative to promote health where we live, learn, work, and play. Thirty-seven organizations are participating in Healthy St. Lucie Coalition planning meetings to develop the Community Health Improvement Plan using a Collective Impact Model. Collective impact occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.

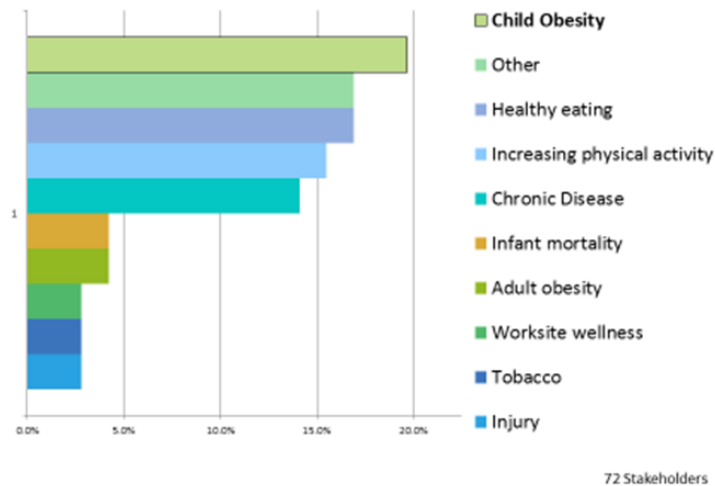
The CHIP 2013-2015 plan was reviewed at the September Healthy St. Lucie Coalition meeting. As indicated in the presentation, these objectives have been met.

2013-2015 Community Health Improvement Plan Objectives	Achieved
Maintain the rate of attendance at 95% among middle and high school students	✓
Reduce the percent of middle school students who report drinking alcohol or using marijuana in the past 30 days	✓
Increase the number of people in the community that have received training on Bridges Out of Poverty	✓
Establish a law enforcement task force to address gun violence in the City of Fort Pierce	✓
Maintain funding for United Way	✓
Increase the volunteer base at the HANDS Clinic	✓
Increase the number of partners collaborating with the HANDS Clinic to provide a community safety net	✓
Increase participation in the St. Lucie County Health Access Network	✓

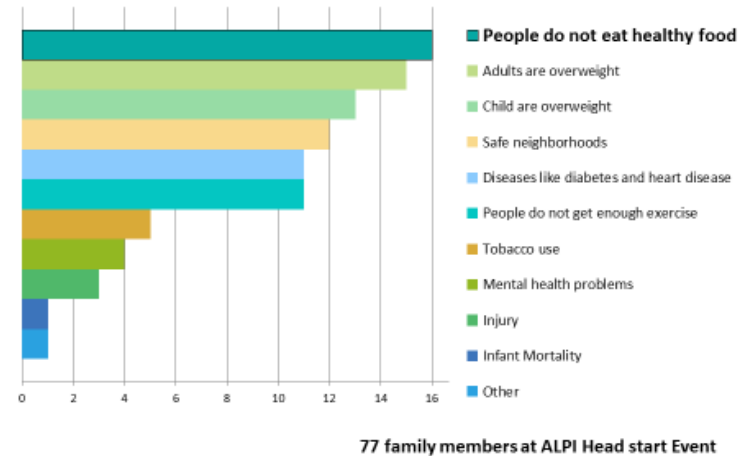
The 2013-2015 plan focused heavily on socio-economic issues, but did not address healthiest weight which partners felt was a major health concern in the county. The Coalition formed two committees:

1. Data Committee – to analyze statistics from Florida Charts, the County Health Rankings, Community Commons, and the local United Way Needs Assessment.
2. Survey Committee – to survey stakeholders and the public on what they viewed as the most important health issues facing our community.

What should be Healthy St. Lucie's first priority?



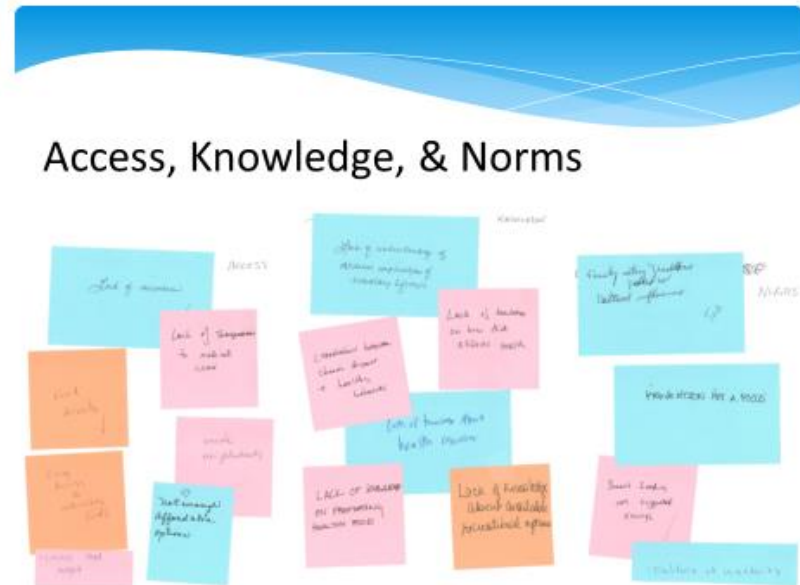
What do you think is the biggest HEALTH problem in St. Lucie County?



Weight, healthy eating, and increasing physical activity were chosen as priorities among stakeholders which was supported by surveys done in the community and the Data Committee findings. As the issues outlined in the 2013-2015 CHIP were continuing to be addressed by strategic plans at the Roundtable and the St. Lucie County Health Access Network, the Coalition chose to move towards a new CHIP plan that places an emphasis on healthiest weight and chronic disease.

Once the priorities of healthy eating, physical activity, and preventing chronic disease were set, the Coalition worked to identify root causes to explain why people had unhealthy diets, sedentary lifestyles, and unmanaged chronic disease. Working in groups the Coalition used the 5 Why's Quality Improvement tool to better understand the issues at the September 2015 meeting. Once a list was compiled the group prioritized the causes/barriers at the October 2015 meeting. It was determined that most problems occurred in the areas of access (cost, transportation, food deserts), knowledge (don't know risks, don't know value of healthy eating/physical activity, don't know about resources, don't know how to cook/eat healthy), or norms (breastfeeding is not supported, family or cultural food traditions, no focus on prevention).

Domain	Healthy Eating barriers	Physical Activity barriers	Chronic Disease prevention and management barriers
Resources	Food deserts	Lack of recreational options for all ages	Lack of access to health care
	Limited food budget	Not enough affordable options in area	Lack of health insurance
Environmental	Marketing that promotes unhealthy food	Unsafe neighborhoods	Inadequate medical research
	Stores with healthy selections	Weather too hot	Shortage of providers/specialists
		Lack of activity in school	
		Sedentary jobs	
Cultural	Cultural influence on food choice	Culture of inactivity	Lack of Cultural/Linguistic appropriate services
	Family eating traditions		
	Peer influence		
Transportation	Lack of transportation to purchase healthy food	Lack of transportation to activities	Lack of transportation to medical care
Norms	Lack of at-home time w/family	Too much screen time	Tobacco use accepted
	Coping with work/life issues	Inaction which role models	Second-hand smoke accepted
	Breastfeeding not supported enough	Physical activity is not a priority	Community stigma about admitting disease
	Easy access to unhealthy food		Belief that chronic disease is inevitable
Motivation	Impulse buying	Laziness	Lack of motivation
	Time management	Procrastination	Belief that a pill will fix everything
	Lack of motivation to change	Lack of time	Prevention not a focus
			It is difficult to adhere to lifestyle changes
Knowledge	Lack of knowledge on preparing healthy food	Lack of knowledge about available recreational options	Lack of knowledge about health resources
	Lack of knowledge on how diet affects health	Lack of understanding of medical implications of sedentary lifestyle	Lack of accurate knowledge about appropriate healthy behavior
	Lack of nutritional understanding		Lack of knowledge about correlation between chronic disease and healthy behaviors



The Coalition met in November to choose specific strategies/activities that they believed would be the most effective in our community. The Coalition reviewed strategies and activities recommended by the Centers for Disease Control, County Health Rankings, and Florida Healthiest Weight.

Strategies/activities were rated for their fit with the barriers of access, knowledge, and norms, whether the strategy/activity was already in place here, and whether the strategy/activity could work here given current conditions and resources. In December of 2015, the Coalition came to a consensus on objectives and began constructing action plans. Individual teams will continue working on Healthy Eating, Breastfeeding, Physical Activity, and Chronic Disease. These teams will report at monthly Healthy St. Lucie meetings.

Plan Summary

GOAL	OBJECTIVE	STRATEGIES
Adults and youth eat a healthy diet	1.1: By FY 2019, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% to at or above the state level of 18.3%.	1.1.1 Establish a Food Policy Council
		1.1.2 Ensure access to fruits and vegetables at workplace meeting and events
		1.1.3 Establish policies to incorporate fruit and vegetable activities into schools to increase consumption
		1.1.4 Include fruits and vegetables in emergency food programs
	1.2: By FY 2019, Reduce the proportion of children aged 6 to 11 years who are obese by 3%.	1.2.1 Promote Florida Healthy Eating and Physical Activity (HEPA) Standards in Early learning and Afterschool settings
	1.3: By FY 2019, increase the percentage of mothers who initiate breast feeding from 80.4% to at or above the state level of 84.2%.	1.3.1 Promote breastfeeding in Maternity Care Practices
		1.3.2 Professional Education
		1.3.3 Increase access to Professional Support
		1.3.4 Promote Peer Support Programs
		1.3.5 Promote Support for Breastfeeding in the Workplace
		1.3.6 Promote Support for Breastfeeding in Early Care and Education
		1.3.7 Increase Access to Breastfeeding Education and Information
		1.3.8 Use Social Marketing to promote breastfeeding
Residents are physically active	2.1: By FY 2019, decrease the percentage of adults who are sedentary from 30.1% to at or below the state level of 27.7%.	2.1.1 Initiate a community-wide campaign promoting physical activity
		2.1.2 Advocate for street-scale urban design and land-use policies that support physical activity
		2.1.3 Promote access to physical activity
Chronic disease is reduced	3.1: By FY 2019, decrease the percentage of adults who said their overall health was "fair" or "poor", from 21% to at or below the state level of 19.5%.	3.1.1 Seek ways to increase access to health care
		3.1.2 Promote worksite wellness programs
		3.1.3 Promote evidence-based guidelines to manage chronic disease at health care practices
	3.2: By FY 2019, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 11.4% to at or below the state level of 9.2%.	3.2.1 Promote tobacco free policies and youth education

Plan Detail

Goal 1: Adults and youth have a healthy diet				
Strategy: Promote food policies that support healthy eating				
Objective 1.1: By FY 2019, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% to at or above the state level of 18.3%.				
Indicators	Baseline	Direction of Change	3yr/5yr Plan Target	Data Source
Adults who eat 5 or more servings of fruits or vegetables per day	16.9%	Increase	18.3%	Behavioral Risk Factor Surveillance Survey (BRFSS) 2013
Activity 1.1.1 Establish a Food Policy Council				
Description	Partners	Anticipated Completion Date	Status	Activity notes
Food councils provide support and advice to residents and governments on how to develop policies and programs to improve local food systems	Healthy St. Lucie Coalition, Slow Food, UF/IFAS	December 31, 2016		Research Resources to find out what other states or organizations have done. **Look at USDA Food Environment Atlas, NEAT (Nutrition Environment Assessment Tool), Health Food Financing, etc. Survey Community to find out what they would like to see

				throughout the community. Look at data from Tobacco survey regarding food in stores. Locate food deserts and meet with local officials and transportation planners. Discuss increasing transportation routes to supermarkets or attracting food markets or farmers markets to underserved areas with them.
Actions				
1.1.1.1	Review information from Johns Hopkins FPC project	St. Lucie County Transportation -SLC Tobacco Free -Treasure Coast Food Bank -Sarah's Kitchen -UF/IFAS -Slow Foods -Meals on Wheels -Hospitals -IRSC -SLC Recreational Department -SLC School District -Healthy St. Lucie	May 30, 2016	

1.1.1.2	Develop list of desired members	Food Policy Council	August 31, 2016		
1.1.1.3	Hold inaugural meeting	-SLC Tobacco free -Food Policy Council	December 31, 2016		
1.1.1.4	Set mission and vision for the Food Policy Council	-Food Policy Council	December 31, 2016		
1.1.1.5	Set mission and vision for the Food Policy Council				
1.1.1.6	Develop action plan for the Food Policy Council				
1.1.1.7	Implement action plan				
Activity 1.1.2 Ensure access to fruits and vegetables at workplace meeting and events					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Workplaces, including medical centers, universities, and other community and business establishments, can implement policies to promote fruits and vegetables		Healthy St. Lucie Coalition	12/31/2019		
Actions					
1.1.2.1	Provide information on Healthy Meetings at Worksite Wellness training and in Toolkit provided by Health Dept.	DOH/Donna Harris	3/30/16		
1.1.2.2	Survey businesses throughout the county to assess the number and type of wellness policies that are in place.	-Survey Monkey -Chamber of Commerce business list	12/2016		
1.1.2.3	Analyze data from survey and work with facilities that need assistance	-Food Policy Council	Ongoing		
1.1.2.4					

Activity 1.1.3 Establish policies to incorporate fruit and vegetable activities into schools to increase consumption					
Description		Partners	Anticipated Completion Date	Status	Activity notes
To reinforce health messages, schools can establish policies to incorporate activities that involve fruits and vegetables		Healthy St. Lucie Coalition, School District, Roundtable	12/31/2019		
Actions					
1.1.3.1	Support Family Nutrition Program through UF.	-UF Extension Office -School District -Families	Ongoing		**Look into providing training to store owners about fruits and vegetables **Look into finding incentives for store owners that provide fruits and vegetables at a reasonable cost.
1.1.3.2	Support the Farm to School Program	-UF Extension Office -School District	Ongoing		(Not sure if we have one in SLC)
1.1.3.3	Promote 5210 in the schools	-SLCHD School Health -School District -SHAC -Oral Health	12/2016		
1.1.3.4	Update the School District Wellness Policy	-Food Policy Coalition -SHAC -School District -SLCHD School Health	12/2016		

Activity 1.1.4 Include fruits and vegetables in emergency food programs				
Description	Partners	Anticipated Completion Date	Status	Activity notes
Emergency food programs provide hunger relief to individuals and families	Healthy St. Lucie Coalition	12/31/2019		
Actions				
1.1.4.1	Work with local food banks, churches, Meals on Wheels and review menus.	-Food Policy Coalition	12/16/2016	
1.1.4.2	Work with Special Needs Shelters and review their menus.	-Food Policy Coalition	ongoing	
1.1.4.3				
1.1.4.4				
Objective 1.2: By FY 2019, Reduce the proportion of children aged 6 to 11 years who are obese by 3%.				
Indicators	Baseline	Direction of Change	3yr/5yr Plan Target	Data Source
3 rd grade BMI screenings	22%	Decrease	19%	Annual school health BMI screenings
Activity 1.2.1 Promote Florida Healthy Eating and Physical Activity (HEPA) Standards in Early learning and Afterschool settings				
Description	Partners	Anticipated Completion Date	Status	Activity notes
Standards for early learning and afterschool programs developed by the YMCA	Healthy St. Lucie Coalition, Early Learning Coalition, School District	12/31/2019		
Actions				

1.2.1.1	Present information on HEPA standards at Early Childhood Conference	DOH/Donna Harris	1/30/16		
1.2.1.2	Promote 5210 in Early Learning Centers, daycares, and after school programs.	-SLCHD School Health -School Readiness	12/2016		
1.2.1.3	Work with parents, staff, and children in daycare centers.	-SLCHD School Health -School Readiness	ongoing		
1.2.1.4	Analyze BMI data for preschool, KG, 1 st , 3 rd , and 6 th grade BMIs.	-SLCHD School Health -School Readiness -Food Policy Coalition	ongoing		
Objective 1.3: By FY 2019, increase the percentage of mothers who initiate breast feeding from 80.4% to at or above the state level of 84.2%.					
Indicators		Baseline	Direction of Change	3yr/5yr Plan Target	Data Source
Percent of mothers who initiate breast feeding		80.4%	Increase	84.2%	Florida Department of Health, Bureau of Vital Statistics 2014
Activity 1.3.1 Promote breastfeeding in Maternity Care Practices					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Maternity care practices related to immediate prenatal care, care during labor and birthing, and postpartum care.		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.1.1	Identify local hospital MPINC surveys & data 2009, 2012, 2015	Tradition Hospital, LRMC (M. Hoff), SLMC (Naomi)			

1.3.1.2	Assess current local hospital breastfeeding support practices				
1.3.1.3					
1.3.1.4					
Activity 1.3.2 Professional Education					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Professional that improves the knowledge, skills, attitudes, or behaviors of health care providers in relation to the importance of breastfeeding		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.2.1	Survey Childbirth and Pediatric hospital providers on their breastfeeding trainings (Pilot)		12/31/2016		
1.3.2.2	Identify preferred learning venues				
1.3.2.3					
1.3.2.4					
Activity 1.3.3 Increase access to Professional Support					
Description		Partners	Anticipated Completion Date	Status	Activity notes
In person, online, over the telephone, in a group, or individually.		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.3.1	Identify breastfeeding support providers				

1.3.3.2	Place information and videos on websites/FB: CHD, Healthy St. Lucie, Healthy Start, County, Pediatric/OB practices				
1.3.3.3	Place flyers at hospital and OB offices				
1.3.3.4	Develop baseline: # peer counselor contacts # flyers distributed # newborn visits # hits on website				Consider using nursing students to conduct surveys
Activity 1.3.4 Promote Peer Support Programs					
Description		Partners	Anticipated Completion Date	Status	Activity notes
The goal of peer support is to encourage and support pregnant and breastfeeding women.					
Actions					
1.3.4.1	Identify Peer Support programs				
1.3.4.2	Place on websites/social media				
1.3.4.3	Place flyers at hospital and OB offices				
1.3.4.4					

Activity 1.3.5 Promote Support for Breastfeeding in the Workplace					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Support for breastfeeding in the workplace can include several types of employee benefits and services.		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.5.1	Include information on breastfeeding in the workplace in the Health Department's Workplace Wellness Toolkit	DOH/Healthiest Weight team	3/30/16		
1.3.5.2	The Health Department will apply for the <i>Breastfeeding Friendly Employer Award</i> from the Florida Breastfeeding Coalition				
1.3.5.3					
1.3.5.4					
Activity 1.3.6 Promote Support for Breastfeeding in Early Care and Education					
Description		Partners	Anticipated Completion Date	Status	Activity notes
ECE programs play an important role in supporting breastfeeding mothers and their infants		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.6.1	Present information at Early Childhood Conference	DOH/Donna Harris	1/30/16		
1.3.6.2					
1.3.6.3					
1.3.6.4					

Activity 1.3.7 Increase Access to Breastfeeding Education and Information					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Increase mothers' knowledge and skills, help them view breastfeeding as normal, and help them develop positive attitudes toward breastfeeding.		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.7.1					
1.3.7.2					
1.3.7.3					
1.3.7.4					
Activity 1.3.8 Use Social Marketing to promote breastfeeding					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Social marketing can be used to promote breastfeeding practices in community, hospital, and workplace settings; educate policy makers about issues related to breastfeeding; and educate the public about healthy infant nutrition practices and support programs		Healthy St. Lucie Coalition, Healthy Start	12/31/2019		
Actions					
1.3.8.1	Request IRSC Capstone student				
1.3.8.2					
1.3.8.3					
1.3.8.4					

Goal 2: Residents are physically active				
Strategy: Make physical activity more accessible through education and planning				
Objective 2.1: By FY 2019, decrease the percentage of adults who are sedentary from 30.1% to at or below the state level of 27.7%.				
Indicators	Baseline	Direction of Change	3yr/5yr Plan Target	Data Source
Adults who are sedentary	30.1%	Decrease	27.7%	BRFSS 2013
Activity 2.1.1 Initiate a community-wide campaign promoting physical activity				
Description	Partners	Anticipated Completion Date	Status	Activity notes
Community-wide campaigns are large-scale, multicomponent campaigns that deliver messages by using media	Healthy St. Lucie Coalition	12/31/2019		
Actions				
2.1.1.1	Use Healthy St. Lucie website, FB, and Twitter to promote physical activity	DOH/Donna Harris		Ongoing
2.1.1.2	Promote 5-2-1-0 message / <i>Physical Activity in All Places</i>			
2.1.1.3	Apply for County PSA competition			
2.1.1.4	Publish community calendars of physical activity opportunities			

Activity 2.1.2 Advocate for street-scale urban design and land-use policies that support physical activity					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Policies and practices such as improving street lighting, increasing ease and safety of street crossings, introducing or enhancing traffic calming, and sidewalk continuity.		Healthy St. Lucie Coalition, County/City governments	12/31/2019		
Actions					
2.1.2.1	Participate in St. Lucie TPO Bicycle Pedestrian Advisory Committee (BPAC) and Complete Street Study	DOH/Donna Harris	6/30/17		
2.1.2.2	Identify representative to sit on land use boards for county/city to make policy recommendations				
2.1.2.3					
2.1.2.4					
Activity 2.1.3 Promote access to physical activity					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Changes to local environments that create new opportunities for physical activity or reduce the cost of existing opportunities		Healthy St. Lucie Coalition, County/City governments	12/31/2019		
Actions					
2.1.3.1	Invite local gyms to participate in Healthy St. Lucie				
2.1.3.2	Identify bus routes to parks				
2.1.3.3	Identify school district/state DOE physical activity policies				
2.1.3.4	Promote message <i>Physical Activity in All Places</i>				

Goal 3: The negative impact of chronic disease is reduced					
Strategy: Help people learn better prevention and management of chronic disease					
Objective 3.1: : By FY 2019, decrease the percentage of adults who said their overall health was "fair" or "poor", from 21% to at or below the state level of 19.5%.					
Indicators	Baseline	Direction of Change	3yr/5yr Plan Target	Data Source	
Adults who said their health was fair or poor	21%	Decrease	19.5%	BRFSS 2013	
Activity 3.1.1 Seek ways to increase access to health care					
Description	Partners	Anticipated Completion Date	Status	Activity notes	
Barriers to services include: <ul style="list-style-type: none"> • Lack of availability • High cost • Lack of insurance coverage 	Healthy St. Lucie Coalition, Florida Community Health Center	12/31/2019			
Actions					
3.1.1.1	Extend hours at FCHC Center sites	Florida Community Health Center (FCHC)	1/30/2016	Completed	
3.1.1.2	Additional FCHC on Darwin Square PSL	FCHC	1/1/16	Completed	
3.1.1.3	Utilize Health Benefit Coordinators at Federally Qualified Health Center	FCHC		Completed	
3.1.1.4	Add Pharmacy services in Ft. Pierce Center	FCHC		Completed	

3.1.1.5	Media Awareness Campaign of available services at Federally Qualified Health Center	FCHC, FDOH, WQCS, CSC show, press release		In Progress	
3.1.1.6	Meet with private providers through the medical society				
3.1.1.7	Promote 211 Services				
Activity 3.1.2 Promote worksite wellness programs					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Worksite programs intended to improve diet and/or physical activity behaviors		Healthy St. Lucie Coalition	12/31/2019		
Actions					
3.1.2.1	Host a Worksite Wellness training	DOH	6/30/16		
3.1.2.2	Create a Worksite Wellness Toolkit	DOH	6/30/16		Need toolkit for large companies and one for small companies
3.1.2.3	Target Chamber of Commerce members, BOCC, Roundtable members, faith based community and local legislators				Chamber sponsored email blasts, invite the chamber members to join Health St. Lucie
3.1.2.4	Insurance resources and benefits education				

Activity 3.1.3 Promote evidence-based guidelines to manage chronic disease at health care practices					
Description		Partners	Anticipated Completion Date	Status	Activity notes
Evidence based practice guidelines, decision support and patient education		Healthy St. Lucie Coalition, DOH-St. Lucie, FCHC	12/31/2019		
Actions					
3.1.3.1	Provide evidenced-bases disease management education at community venues				
3.1.3.2	Education for physicians and nurses	AHEC			
3.1.3.3					
3.1.3.4					
Objective 3.2: : By FY 2019, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 11.4% to at or below the state level of 9.2%.					
Indicators		Baseline	Direction of Change	3yr/5yr Plan Target	Data Source
Youth ages 11-17 who used any form of tobacco on one or more of the past 30 days		11.4%	Decrease	9.2%	Florida Youth Tobacco Survey (FYTS) 2014

Activity 3.2.1 Promote tobacco free policies and youth education					
Description		Partners	Anticipated Completion Date	Status	Activity notes
99% of smokers begin smoking and using other forms of tobacco by age 26		Healthy St. Lucie Coalition, Tobacco Free Partnership	12/31/2019		
Actions					
3.2.1.1	Conduct SWAT recruitment activities	Tobacco Free Partnership			
3.2.1.2	Community outreach and mobilization	Tobacco Free Partnership			Participate in local/national community events
3.2.1.3	Educate community members and stakeholders on policies and encourage change	Tobacco Free Partnership			
3.2.1.4	Establish and/or maintain SWAT Chapters/Clubs	Tobacco Free Partnership			

Alignment with local, state, and national plans.

Objective	Baseline	Target	CHD Strategic Plan	State Health Improvement Plan	Florida Healthiest Weight	Healthy People 2020
1.1: By FY 2019, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day by 2 percentage points.	16.9%	18.9%	2.2		Strategy Two	NWS-14 NWS-15
1.2: By FY 2019, Reduce the proportion of children aged 6 to 11 years who are considered obese by 3 percentage points	22%	19%		CD1		NWS-10.2
1.3: By FY 2019, increase the percentage of mothers who initiate breast feeding to at or above the state level.	80.4%	84.2%	1.1			MICH-21.1
2.1: By FY 2019, decrease the percentage of adults who are sedentary to at or below the state level.	30.1%	27.7%	2.2		Strategy One	PA-1
3.1: By FY 2019, decrease the percentage of adults who said their overall health was "fair" or "poor", to at or below the state level	21%	19.5%	2.1			HRQOL/WB-1.1
3.2: By FY 2019, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days to at or below the state level	11.4%	9.2%		CD4.2.3		TU-2.1