



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Foundation for Healthy Floridians

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**

In an effort to curtail escalating health care costs, this program seeks to leverage the state’s network of primary care physicians to distribute high quality nutrition education resources to hundreds of thousands of Floridians. A significant percentage of Florida’s population is obese. Each year, obesity-related diseases drive up health care costs. Enabling physicians to assist patients to take responsibility for their own health could help avoid or modify behaviors affecting health care costs.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	500,000	40.0%
TOTAL	500,000	40.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,250,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes  
 e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		750,000	750,000

**10. Is future-year funding likely to be requested?**

Yes

- a. If yes, indicate non-recurring amount per year.

750,000

**11. Program Performance:**

- a. What is the specific purpose or goal that will be achieved by the funds requested?

In an effort to curtail escalating health care costs, this program seeks to leverage the state's network of primary care physicians to distribute high quality nutrition education resources to hundreds of thousands of Floridians. A significant percentage of Florida's population is obese. Each year, obesity-related diseases drive up health care costs. Enabling physicians to assist patients to take responsibility for their own health could help avoid or modify behaviors affecting health care costs.

- b. What are the activities and services that will be provided to meet the intended purpose of these funds?

In order to help combat obesity, Foundation staff will develop high quality nutrition education resources. Foundation staff will then directly contact and provide these resources to primary care physicians to disseminate to their patients. There are over 10,000 primary care physicians in the State of Florida.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Staff to oversee the project and development of nutrition education resources	33,542



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## Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative Staff to manage administrative, accounting and operational tasks	28,071
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Facilities expenses for Executive Director and other Administrative Staff	9,242
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Field staff to provide outreach to physicians	255,527
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, equipment, laptop, internet, and phone for field staff. Printed materials and shipping.	412,710
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Physician and nutritionist consulting services	10,908
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Primary care physicians will provide nutrition education resources to patients as part of their scheduled medical office visits. This material will help educate patients on the importance of proper nutrition for the purpose of preventing and treating obesity-related medical conditions.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

All patients within the physician's panel who are in need of nutritional education, including patients of all ages and income levels.

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Patients will receive high quality nutrition education resources with information on how to lead a healthy lifestyle in order to combat obesity-related medical conditions. Primary care physicians will identify patients



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

that can benefit from this information, thereby ensuring that it is effectively distributed to those in need. This initiative will potentially reach patients of all ages and income levels. This initiative will aggregate the number of educational resources distributed to primary care physicians and the number subsequently distributed to patients by these primary care physicians during or following an in-person appointment.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

It is anticipated the contract would be structured such that payment(s) would be contingent upon the receipt and approval of deliverables by the agency; hence the agency would not be remitting payment for services not delivered.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Kristy. H Jones
- b. **Organization:** Foundation for Healthy Floridians
- c. **Email:** kjones@flmedical.org
- d. **Phone Number:** (850)224-6496

**14. Recipient Contact Information:**

- a. **Organization:** Foundation for Healthy Floridians
- b. **County:** Leon
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Kristy. H Jones
- e. **E-mail Address:** kjones@flmedical.org
- f. **Phone Number:** (850)224-6496

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Chris Clark
- b. **Firm:** Florida Medical Association
- c. **Email:** cclark@flmedical.org
- d. **Phone Number:** (850)224-6496