FLORIDA COUNCIL ON THE SOCIAL STATUS OF BLACK MEN AND BOYS

2010 Annual Report
DECEMBER 2010

Acknowledgements

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ATTORNEY GENERAL

In 2006, the Florida Legislature established the Florida Council on the Social Status of Black Men and Boys to study conditions affecting African-American males. Administratively, the Council is housed in the Office of the Attorney General and has a 19 member board led by Richard D. Davison, Deputy Secretary for the Florida Department of Corrections.

Under Deputy Secretary Davison's leadership, the Council concentrated its efforts on developing programs and services based on sound practices that will improve the lives of black men and boys. Since 2007 the Council has studied areas such as education, health, family, economics, and criminal justice. In 2010, the Council sought to implement some of the recommendations derived from these studies.

This year the Council worked towards implementing three objectives. First, establishing a Direct Support Organization to support the initiatives and programming of the Council. Second, the Council created seven Local Councils to address the related needs of black men and boys in their selected communities. Third, the Council worked toward establishing role model programs in Orange and Gadsden counties using the Miami-Dade 5000 Role Model program.

Addressing the needs of this group is important to the state of Florida and I appreciate the tremendous effort that each member has contributed. This annual report highlights the importance of the Council's work and its impact on our state. I urge policy makers, community-based organizations and local government officials to support the important work being done by the Council.

Sincerely,

Bill McCollum

Chairman Davison

RICHARD D. DAVISON
CHAIRMAN

DEPUTY SECRETARY,
FLORIDA DEPARTMENT
OF CORRECTIONS

As members of the Florida Council on the Social Status of Black Men and Boys, we have been charged with the responsibility of altering the plight of one of our greatest assets – the black men and boys of this state. Regrettably, the predicament of many black men and boys is shaped by high school graduation rates of only 37 percent, unemployment rates at more than 16.5 percent, and the incarceration of 1 out of every 9 black men between the ages of 20 and 34. Fully cognizant of the difficulties confronting black men and boys, I agreed to take the post of Council chairman after receiving the assurances of each Council member that they would fully engage in navigating the Council through these and other issues.

This year the Council transitioned from its previous focus of researching and analyzing the issues to a focus that would actively advance the efforts to improve the plight of black men and boys, statewide and locally. Starting with our public forum in May 2010 at the Dr. James R. Smith Neighborhood Center in Orlando, the Council began to directly reach out to the local communities where our presence needed to be interjected. During that forum the advice of State Representative Geraldine Thompson, who emphasized the importance of the Council's mission, was reaffirmed by the sage advice of retired educator Edward L. Blacksheare, who implored the Council to concentrate on education, family, mentoring, and leadership.

With their advice at our backs and the hopes of so many black men and boys on our shoulders we embarked on an ambitious journey this year. Our course had been defined and our priorities were made clear. We must follow the business plan to secure funding for our programs and initiatives. We must establish Local Councils on the Social Status of Black Men and Boys in seven metropolitan communities – Ft. Lauderdale, Orlando, Jacksonville, Tampa, St. Petersburg, Miami, and West Palm Beach - to meet our local challenges. Finally, we must establish role model programs in the historical Quincy and Parramore communities to reestablish the values we hold dear. The Council is certain that these programs and initiatives will provide gateways that will change the plight for many black men and boys in this great state.

I close my year as chairman with a salute to each member of the Council who held firm to their commitment to the black men and boys of this state. I also salute Secretary Walter McNeil, Attorney General Bill McCollum, Governor Charlie Crist, the seven local councils, and the two role model programs for their resolute support of the Council. Finally, I recognize that although we have made significant strides this year, we must not rest on our accomplishments, for as the poet Robert Frost penned… "we have miles to go before we sleep".

Respectfully,
Richard D. Davison
Chairman

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Executive Summary

In 2010, the Florida Council on the Social Status of Black Men and Boys established three priorities. The first priority was to establish a Direct Support Organization to support the initiatives and programming of the Council. To this end, a Strategic Business Plan was developed with the desired outcome of creating a Direct Support Organization. Included in this effort is an appointment of a Board of Directors that will assist the Council in its efforts to search for and attain funding to support the operations of the Local Councils throughout the State. The fundraising goal of the Direct Support Organization will be to raise at least $100,000 within one year from the date that it is established. All funds raised by the Direct Support Organization will go directly to the programs and initiatives of the Council.

The second priority of the Council was to support the organization of seven Local Councils on the Social Status of Black Men and Boys in the cities of Orlando, Tampa, St. Petersburg, Miami, Ft. Lauderdale, Jacksonville, and West Palm Beach. These Local Councils will be primarily charged with the coordination and implementation of local evidence-based programming specifically designed to improve the lives of black men and boys. The intent for each Local Council will be to address problems that are unique to each city and its surrounding area. The strategic development of Local Councils will enable each of the communities to optimize and leverage scarce existing resources, while simultaneously providing focal points throughout the State where funding initiatives from the Council can be directed. While the development of Local Councils throughout the entire State of Florida is a long-range goal, the Council recognizes that the myriad challenges confronting black males can vary significantly and require customized intervention and prevention strategies. To date, each Local Council is at varying stages of development and is making progress based on the unique needs of its designated service area and its ability leverage resources for growth.

The third priority of the Council was to establish new mentoring programs in Orange and Gadsden Counties, drawing from the operational blueprint of the Miami-Dade 5000 Role Model Program. Throughout the nation, the need for mentoring programs has become increasingly prevalent as states struggle to improve students' academic outcomes at every level. Mentoring programs, when carefully designed and well managed, have been shown to provide significant positive influences for black males lacking viable support systems.

Introduction

Dismal high school graduation rates, elevated suspension and dropout rates, high rates of teen pregnancy, disproportionate representation in the criminal and juvenile justice systems, high unemployment rates, low wages, and lost economic opportunities constitute the startling statistics which continue to make up the social reality of far too many black males in Florida. Not ironically, these are also the challenges confronting those charged with improving Florida's education, health, economic, and criminal justice systems. Left unimproved, the collateral consequences are clear – black men and boys will increasingly become more disconnected from the mainstream of society. This is a problem we can no longer ignore.

The critical relationship between school success and positive life options is quite clear. Black male drop outs have a significantly increased likelihood of difficult choices and circumstances including, but not limited to, increased dependence on public assistance, lower lifetime earning potential, and higher rates of criminal behavior and incarceration. Among black male dropouts in their late 20's, more are in prison on any given day than are successfully working in our communities. Low performing schools, absent and economically challenged parents, and the lack of sustainable wage jobs are a few of the reasons for the deplorable situation facing many black youths.

While the issues confronting black men and boys may appear to be systemic and daunting to overcome, they are not insurmountable. For example, in Orlando there are dedicated men and women who work in our schools, who are members of prevention coalitions, and who volunteer at non-profit organizations to assist young black men in reaching their full potential. Their work should not go unnoticed, and it is making a difference in the lives of many black men and boys. There are other examples of men and women working around the state to make a difference.

Florida must now support these existing efforts by focusing on ways to replicate methods that can stem the tide of high dropout rates and lower the levels of employment, and the revolving door in and out of prison for black men.

About the Council

In 2006, the Florida Legislature established the Florida Council on the Social Status of Black Men and Boys. The Council is charged with studying the conditions that affect black men and boys, including, but not limited to, homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, health issues, and school performance.

Established in §16.615, Florida Statutes, the Council is administratively housed in the Office of the Attorney General, and has 19 members from the Florida Legislature, state agencies, law enforcement, public agencies, private organizations, and private citizens. Deputy Secretary Richard D. Davison, Florida Department of Corrections, is the Chairman of the Council and Lillian Lima, Special Projects Coordinator with the Department of Children and Families, is the Vice Chair. The Council is required to submit an annual report to the Governor, President of the Senate, Speaker of the House of Representatives, and chairpersons of the standing committees of jurisdiction in each legislative chamber.

Council Mission

The mission of the Florida Council on the Social Status of Black Men and Boys is to identify and assist with the implementation of programs and services that will improve the lives of black men and boys through sound practices in the fields of education, health, family, economics, and criminal justice.

Meeting Highlights

The Council is made up of dedicated professionals from around the state. The men and women that make-up the Council have made significant progress toward fulfilling the goals of the Council during 2010. The Council met in person for its quarterly meetings and via teleconference for additional meetings to continue their overall mission to improve conditions for black men and boys in the State of Florida. The May 27, 2010, Public Forum at the Dr. John R. Smith Community Center in Orlando, the August 19, 2010, meeting at the Broward College in Davie, Florida, and the November 18, 2010, meeting at the Florida A&M University College of Law in Orlando are three of the most notable events for this year.

Orlando Public Forum

The Council held a Public Forum in Orlando on May 27, 2010 in conjunction with the Preventing Crime in the Black Community Conference. The forum took place at the Dr. James R. Smith Neighborhood Center and centered a discussion on the high dropout rates, disproportionate representation in the criminal justice system and low wages and lost economic opportunities facing black males today. The forum served as a mobilizing event for the community members and leaders alike.

Broward

The August 19, 2010, meeting was held at Broward College Central Campus in Davie, Florida. The meeting included an introductory discussion of the Schott 50 State Report on Public Education and Black Males. The meeting also included in depth discussions on extant issues in the criminal justice system specific to black males, and progress made with establishing local councils and mentoring initiatives. Additionally, the Council heard presentations from the Agency for Health Care Administration (AHCA) and Broward College Council on the Social Status of Black Men and Boys. Representatives from AHCA discussed systemic issues with the Medicaid program affecting black males, specifically the historic intent of Medicaid to assist pregnant women and children, not men. Staff from Broward College Council on the Social Status of Black Men and Boys presented information about their program, the importance of mentoring, and their efforts to impact the education of black boys at Broward College and in Broward County.

Orlando

The Florida Council on the Social Status of Black Men and Boys met on November 18, 2010, in Orlando, Florida at the Florida A&M University Law School. The meeting included extensive discussion about educational and criminal justice issues affecting black men and boys. The Council also welcomed a number of outside guests who participated in two panel discussions. The first panel discussion was about education issues, particularly the achievement gap between black males and other students, the value of mentoring, and the importance of understanding and interpreting national and state education data. This discussion was moderated by Dr. Billy Close and Chairman Davison. The panelists included Alberto Carvalho, Superintendent of Miami-Dade Schools; Ed Pratt-Dannals, Superintendent of Duval County Schools; Mary Ellen Elia, Superintendent of Hillsborough County Schools, Lewis Brinson, Assistant Superintendent of Hillsborough County

Schools; Catherine Fleeger, Associate Superintendent of Pinellas County Schools; James Lawson, Orange County Area Superintendent; Gloria Crutchfield, Director of Curriculum for Palm Beach County Schools; and Mary Jane Tappen, Deputy Chancellor for K-12 Public Schools and Student Achievement, Florida Department of Education Deputy. Dialogue between the Council members and panelist ran the gamut from promising practices to continued deficiencies affecting black men and boys.

The second panel discussion focused on black males and the criminal justice system. Rod Love, Deputy Secretary of the Florida Department of Juvenile Justice, moderated the panel. Panelists included Walter A. McNeil, Secretary of the Florida Department of Corrections, former Tallahassee Chief of Police, and current First Vice President of the International Association of Chiefs of Police; Jerry Demings, Sheriff, Orange County; Franklin Adderley, Chief, Ft. Lauderdale Police Department and member of the Council on the Social Status of Black Men and Boys; Argatha Gilmore, Chief, Lake City Police Department and member of the Council on the Social Status of Black Men and Boys; Kipp Beacham, Captain, Seminole County Sheriff's Office; and Charles Robinson, Captain, Orlando Police Department. Panelist discussed issues unique to

community policing within the black community, perceived role of law enforcement in partnership with the community, re-entry and local agencies, and community interface with ex-offenders.

Following the panel discussion Council members reflected on the detrimental effects of many of the problems and conditions illuminated by the panel. Senator Stephen Wise, a council member and long-time proponent of education summarized the issues and put forth several recommendations to ensure positive change in the lives of black men and boys. Senator Wise recommended that education should place more emphasis on reading in instances where students have a history of reading failure in 6th, 7th, and 8th grades. He further recommended that the stakeholders review known education issues, policies, and procedures that disproportionately affect black males. Additionally, Senator Wise called for a comprehensive review of laws and the effect they have on black men and boys.

In preparation for the 2011 Legislative Session, the Council will develop policy recommendations for new policy and statutory changes required on the part of the Florida Legislature to make substantive progress on the challenges and opportunities outlined in this report.

2009 Recommendation Update

In 2009, the four committees within the Council poured over the many issues facing black men and boys in the State of Florida. The Council developed eleven recommendations spanning the four distinct areas of particular concern: socioeconomics, education, health and families, and criminal justice.

Socioeconomic Recommendation(s)

• Workforce Florida Inc., Agency for Workforce Innovation, and Florida's Regional Workforce Boards shall continue to offer a full range of employment and training services, through its One-Stop Career Centers, to meet the needs of a number of targeted populations, including dislocated workers, displaced homemakers, low-income individuals, migrant and seasonal farm workers, women, minorities, veterans, public assistance recipients, individuals with multiple barriers to employment, including those with limited English proficiency, as well as others who have been identified with special needs.

Update: Through the combined efforts of the Governor, Legislature, and Workforce Partners, Florida has been able to respond effectively to the employment and training needs in the State of Florida, and to support both job creation and job retention in a slowly recovering economy. A full summary of these programs, including specific details describing how various programs are positively impacting the social and economic status of black men and boys is provided in the Socioeconomic Committee section of this report.

Education Recommendation(s)

• Develop and implement a time-bound statewide-targeted tracking and intervention plan to substantially reduce the achievement gap for black males; initially staging it to increase proficiency in reading and mathematics, with the aim of increasing graduation rates similar to the Philadelphia Early Warning/Dropout Prevention Program. In tandem, utilize the state universities, particularly Florida A&M University and Florida State University, as vehicles to develop extensive research and longitudinal studies to aid with assessing measurable progress of the tracking and intervention plan.

Update: On June 28, 2010, the Florida Department of Education (FDOE) submitted a grant proposal for High School Graduation Initiative (HSGI) to increase the graduation rates in Florida by reducing the academic, social and cultural barriers that exist in schools with dropout rates higher than the state's average annual school dropout rate. Unfortunately, the proposal did not receive funding.

Health and Families Recommendation(s)

• The Department of Children and Families in collaboration with the foster care system should set up criteria and recognize the value of mental health services within Family Preservation Programs and address 1) the need for specialized therapists; 2) the need for qualified therapists; and 3) the need for new regulations to require that specialized mental health services are made available to every child taken into foster care, regardless of the time the child remains in the care of the Department of Children and Families.

Update: Currently under agency review.

• Establish an Office of Minority Affairs within the Department of Children and Families with the mission to focus on the causes and concerns identified by the theories of causation associated with the disproportionality in Child Welfare, to advise the Secretary on program activities affecting minority communities, and to provide leadership and oversight in the implementation

of initiatives, projects, and programs serving black communities.

Update: This recommendation is currently under review by the Department of Children and Families (DCF). Chairman Davison and Representative Perry Thurston are scheduled to present this recommendation to the DCF Fostering Success Task Force during their January 2011 meeting. Representative Perry Thurston has agreed to sponsor a bill to create an Office of Minority Affairs within the Department of Children and Families during the 2011 legislative session.

Criminal Justice and Gangs Recommendation(s)

- Develop an Interagency Strategic and Action Plan between the Department of Corrections, Department of Juvenile Justice, and the Office of the Attorney General to address the short-term and long-term issues and challenges of black men and boys in the criminal justice and juvenile delinquency systems.

Update: The Council has targeted its resources toward the priorities, which were adopted by this year. Due to limited resources, the Council was not able to pursue this recommendation in 2010. The development of an interagency strategic plan will be proposed as a priority for the upcoming year.

- Develop active workgroups within the agencies and entities represented on the Council and charge them with the responsibility of implementing the recommendations of the Council within their agencies and constituencies they impact.

Update: This recommendation has been implemented in various forms within several of the agencies represented on the Council. During the term of the current Chairman, the Department of Corrections has assembled a team to staff the Council and assist with the day-to-day administrative responsibilities, research, identifying funding sources and report writing.

- Expand the Council membership to include appointees from the Florida Department of Law Enforcement and the Office of the Attorney General.

Update: The Attorney General currently has an appointee to the Council. Therefore, there is no need to add another appointment by the Attorney General. The impetus behind the recommendation was to ensure that certified law enforcement was represented on the Council. This year the law enforcement presence on the Council was solidified by the appointment of police chiefs by the Speaker of the House and the Attorney General. [These appointments alleviated the need to amend to Section 16.615, Florida Statutes, to require an appointee from the Florida Department of Law Enforcement.]

- Implement programs in other areas of the state that are similar to the Rural Gadsden County Leadership and Law Career Academy.

Update: The Council adopted as a priority, the establishment of role model programs in the Parramore Community in Orlando and in Quincy. The Rural Gadsden County Leadership and Law Career Academy, the 5000 Role Model Program, and other successful role model programs will be considered in the development of the Council's role model programs. The Council will customize its role model programs to the needs of the community.

- Develop issue briefs and seminar briefings for legislative, judicial, law enforcement, prosecution, educational, and community leaders on the issues relating to black men and boys in the criminal and juvenile justice systems.

Update: The Council is continuing to gather information for each of their subject areas during its quarterly meetings. At the conclusion of the series of meetings on topics that directly impact black men and boys, the Council will prepare educational issue briefs for dissemination and seminars for presentation in communities throughout the state.

- Using model and high performing programs as blueprints, develop and implement evidence based prevention, diversion, intervention and reentry programs.

Update: The Council is continuing to gather information to support the development and implementation of evidence based programming. At the conclusion of the series of meetings on topics that directly impact black men and boys, the Council will prepare blueprints for evidence based prevention, diversion, intervention, and re-entry programming. The blueprints will be distributed in communities throughout the state.

- Seek executive and cabinet agency funding for the implementation of collaborative programs

that focus on educating black men and boys on causes and underlying factors behind the disproportionate representation of black men and boys in the criminal justice and juvenile delinquency systems.

Update: The Council will recommend to the Governor and Florida Legislature that they include in their legislative budget, requests for funding to support the priorities of the Council, including the creation of Local Councils and the establishment of role model programs.

Committee Reports

To support its mission of identifying and assisting with the implementation of programs and services that will improve the lives of black men and boys through sound practices and to support the establishment of the Local Councils and role model programs, the Council has maintained four standing committees: Socioeconomic, Education, Health and Families, and Criminal Justice and Gangs.

Socioeconomic Committee

This report highlights the success of Florida's workforce system programs in improving employment outcomes for black men and boys. The report also highlights new initiatives undertaken by the workforce system since the Committee's last report including targeted initiatives that were designed to address the social development needs that also impact the ability of black men and boys to make successful transitions into the workforce.

The State's strategy for employment and training to special populations is described in Florida's 2009-2010 Workforce State Plan. Florida's network of One-Stop Career Centers provide a full range of employment services and is the vehicle for delivering workforce services to targeted individuals. In addition to providing workforce services to black men and boys, Florida's workforce services system serves the needs of dislocated workers, displaced homemakers, low-income individuals, migrant and seasonal farm workers, minorities, individuals training for non-traditional employment, veterans, public assistance recipients and individuals with multiple barriers to employment (including older individuals, limited English proficiency individuals, and people with disabilities).

In previous reports, the Council has provided statistics to clearly demonstrate that black men traditionally represent a disproportionate percentage of the national and state unemployment rate. Unfortunately, in the 2009-2010 time period covered by this report, the unemployment situation and the challenges facing black men in gaining sustained employment has grown with the worst global recession since the Great Depression. During the year, Florida's unemployment rate was higher than the national rate. The state's seasonally adjusted unemployment rate for March 2010 was 12.3 percent, the highest experienced in Florida's recorded history going back to 1970--over 1.1 million of the state's 9.2 million labor force was out of work. To further complicate Florida's employment situation, on April 20, 2010, the Deepwater Horizon oil rig exploded in the Gulf of Mexico, releasing million of gallons of crude oil and affecting the livelihood of residents in coastal communities from the Florida Panhandle to the Florida Keys. While only a relatively small amount of oil actually came ashore, the threat of oil pollution on the state's pristine beaches has had a continuing negative impact on Florida's economy including tourism and employment. In response to the varied economic challenges facing the state, Florida's workforce system, often cited as one of the best in the nation, continues to operate a myriad of state and federal workforce programs to assist job seekers and employers.

During 2009-2010, through the leadership of Governor Charlie Crist, Florida has been successful in acquiring additional resources to address the state's record high unemployment.   This includes funds to assist with subsidized employment, enhanced re-employment and eligibility evaluations for unemployment compensation claimants, job training and employment services for those who lost jobs resulting from the Deepwater Horizon oil spill, and on-the-job training to help employers in new and emerging industries. Also Governor Crist signed legislation extending eligibility for unemployment compensation utilizing federal stimulus funds provided under the American Recovery and Reinvestment Act (ARRA), resulting in an estimated $128 million in benefits being

provided to approximately 107,000 Floridians, and legislation providing for $218 million in tax breaks and incentives for businesses to create job growth through business and economic development.

The Socioeconomic Status Committee's 2009 Recommendation was:

> Workforce Florida Inc., Agency for Workforce Innovation, and Florida's Regional Workforce Boards shall continue to offer a full range of employment and training services, through its One- Stop Career Centers, to meet the needs of a number of targeted populations, including dislocated workers, displaced homemakers, low-income individuals, migrant and seasonal farm workers, women, minorities, veterans, public assistance recipients, individuals with multiple barriers to employment, including those with limited English proficiency, as well as others who have been identified with special needs.

Through the combined efforts of the Governor, Legislature, and Workforce Partners, Florida has been able to respond effectively to the employment and training needs in our state and to support both job creation and job retention in a slowly recovering economy. The remainder of this Committee report provides a summary of these programs, including specific details describing how various programs are positively impacting the social and economic status of black men and boys.

Basic Labor Exchange Programs

The Wagner-Peyser Act became law in 1933 and the nationwide public employment service was established. This program supports a federally funded labor exchange system developed to match up employers with qualified job applicants. Local employment services are provided through the state's network of one-stop career centers. Local services provided at theses centers include helping applicants filing for unemployment benefits and helping them find re-employment opportunities.

- Since last program year, the workforce system has seen a significant increase in services to black males in Basic Labor Exchange (Wagner-Peyser) programs. See graph below.

Basic Labor Exchange
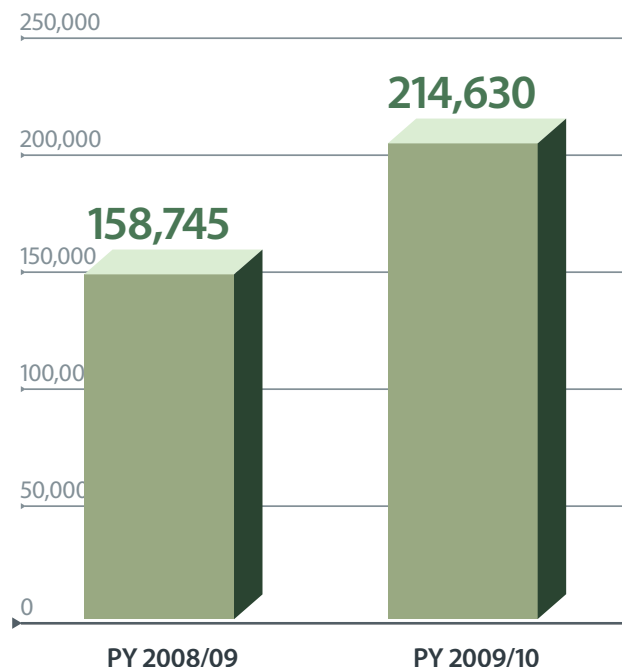
Veteran's Program

The Agency for Workforce Innovation's Transitioning Incarcerated Veterans' Program is an employment and training program that provides intensive case management and other workforce services to incarcerated veterans who are transitioning from correctional facilities back into society and into the workforce. This program is strategically located at One-Stop Career Centers in areas of the state where the greatest populations of incarcerated veterans are located. The Transitioning Incarcerated Veterans' Program and Disabled Veterans' Outreach Program provides maximum exposure of workforce services to soon to be released veterans. These services are intended to reduce the risk of homelessness and prevent a reversion back to criminal activities among these veterans.

- Since last program year (PY), the workforce system has seen a significant increase in participation by black males in Veterans Programs. See graph below.

Veterans

18,937	27,452
PY 2008/09	PY 2009/10
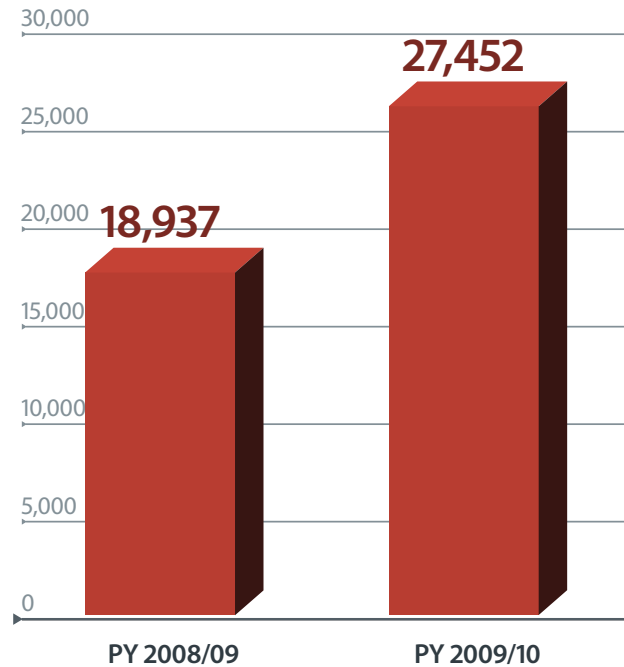
Florida Back to Work

The American Recovery and Reinvestment Act provided Temporary Assistance for Needy Families (TANF) funding to provide job subsidies for those with incomes of less than 200 percent of the federal poverty level and who have a child younger than 18. Eligible participants included many who receive unemployment and all of those who receive temporary cash assistance. The funds were available until September 30, 2010. The subsidy paid for up to 95 percent of employee wages and benefits (public and private not-for-profit entities as well as for-profit businesses participated). The project was made possible through a partnership between the Agency for Workforce Innovation, the Department of Children and Families, and Workforce Florida, Inc. Services were delivered locally through the statewide network of Regional Workforce Boards, linking local employers with eligible employees. Participating employers posted job openings on the Employ Florida Marketplace at www.employflorida.com.

- The Florida Back to Work program put a total of 487 black males into subsidized jobs during the 2009-2010 year.

Workforce Investment Act

The Workforce Investment Act (WIA) offers a comprehensive range of workforce development activities through statewide and local organizations. Available workforce development activities provided in local communities benefit job seekers, laid off workers, youth, incumbent workers, new entrants to the workforce, veterans, persons with disabilities, ex-offenders, and non-custodial parents. The purpose of the program is to promote an increase in the employment, job retention, earnings, and occupational skills of program participants. This in turn, improves the quality of the workforce, reduces welfare dependency, and improves the productivity and competitiveness of the nation.

- Since last program year, the workforce system has seen a significant increase in services to black males in Workforce Investment Act (WIA) programs. See graph below.

WIA

5,383	10,582
PY 2008/2009	PY 2009/2010
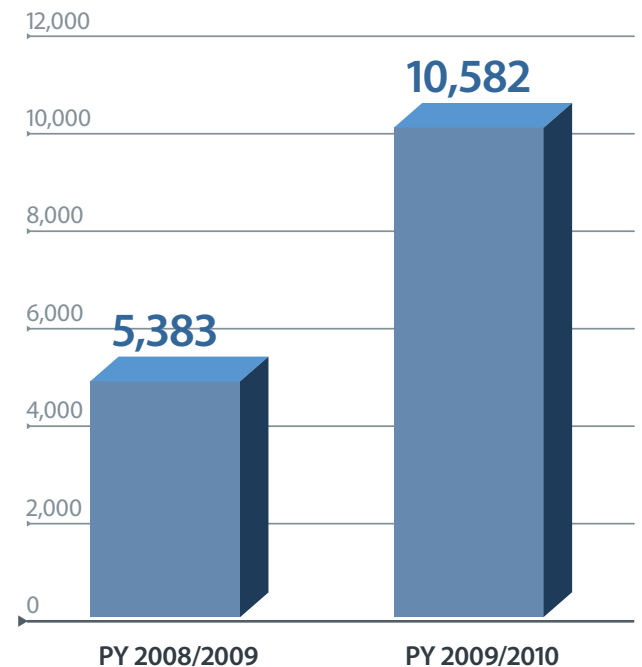
The following are new Workforce initiatives that will benefit black men and boys in Florida:

Non-custodial Parent/ Ex-offender Grant

The purpose of the 2010 Non-custodial Parent/ Ex-offender program is to assist non-custodial parents, through the application of intensive services, to obtain the life skills and education necessary to become self-sufficient and to maintain employment. This targeted population will receive recruitment and referral services; basic skills training, including work-readiness and occupational skills training; supportive services to help overcome barriers to employment; and other services that are easily accessible. The services are intensive, one-on-one, and will ultimately lead to a job placement. Participants are provided with the tools they need for long-term success and with the ultimate intent to empower them to become economically self-sufficient.

The program has established a priority of service for ex-offenders who are non-custodial parents. The funding will assist non-custodial parents in establishing stable employment while facilitating their efforts to pay child support and to become involved with their families. This project will also reduce recidivism rates among ex-offenders and create a strong potential for saving taxpayers' money and creating room within crowded correctional systems. By making long term jobs more available and offering support services to ex-offenders, the program should

significantly reduce the inmate population growth. The program should also help to improve the lives of ex-offenders and their families.

Youth Aging Out of Foster Care Program 2010-2011 Grants

Workforce Florida Inc. Youth Opportunities Committee approved funding this year to initiate pilot projects to serve youth who are aging out of foster care, ages of 18-21. The purpose of this funding is to assist youth aging out of the foster care system to obtain the life skills and education necessary to become self-sufficient, live independently and maintain employment. The program elements included in these projects are: one-on-one mentoring and career counseling; basic life skills training, work readiness, and employability skills; fast paced, short-term programs to obtain a graduate equivalency diploma (GED); vocational training, enrollment in post-secondary education, or industry recognized certification programs; paid work experiences for the youth; and weekly training stipends. Each project has identified valuable partnerships in their community to help connect youth to support services and ensure the success of each youth. Partners in this initiative include education and training entities, community based care providers, and the business community. The collaborative efforts between the Regional Workforce Board and their partners will result in the best return on investment for the program.

Department of Juvenile Justice/ Workforce Grant Initiative

The Department of Juvenile Justice partnered with Florida's workforce system to provide employment services to at-risk youth. The Department will contract with non-profit or faith-based organizations that have experience in providing services to at-risk youth and community involvement in the counties of Pinellas, Hillsborough, Manatee and Sarasota. An advocate (mentor/job coach) is assigned to the youth to be a positive role model and to act as a support system to obtain and retain employment. Youth will also receive program monetary stipends. Often

staying employed is a matter of financial support for transportation, clothing, additional training, and other reasonable expenses. Subsidies are offered to employers who participate in this employment initiative. Youth are at a disadvantage when competing with adults for employment; thus providing an incentive to employers who agree to hire at-risk youth will help overcome that disadvantage.

Digital Access 2010-2011 Program

In its ongoing efforts to strengthen Florida's workforce, Workforce Florida, Inc., awarded more than $4 million to enhance local digital literacy initiatives throughout the State of Florida. Participating Regional Workforce Boards from Northwest to South Florida are using the Digital Access funding to offer new technology training opportunities and add to existing digital literacy efforts to address the needs of their community. Stronger digital access and technology training are integral to creating a workforce that can succeed in the 21st century. This investment is a vital tool to help us meet our goals of strengthening Florida's workforce, businesses and, ultimately, the economy through more highly skilled and productive workers. Regional Workforce Boards will be expanding the availability of no-cost or low-cost Microsoft training vouchers and providing low-income families with refurbished computers, upgraded software and online access. They

also are establishing a variety of new initiatives and enhancing existing programs that serve high school students, adults, minorities, military veterans and seniors.
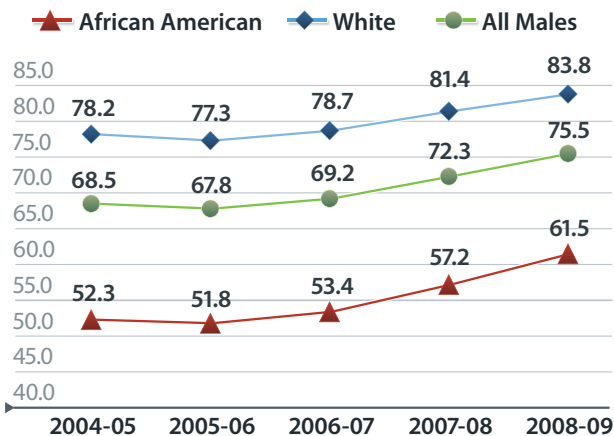
Career and Professional Education Act

The Career and Professional Education Program (CAPE) allows students who complete a Career and Professional Academy program to graduate from high school with one or more industry recognized certifications and college credit. A career academy includes the following essential elements: a small learning community; a college-prep curriculum with a career theme; and partnerships with employers, the community, and higher education. The Florida Career and Professional Education Act was created to provide a statewide partnership between the Florida Department of Education and the Agency for Workforce Innovation. This partnership includes Workforce Florida, Inc., along with industry groups and other associations. Black males participating in career academies have shown to have more satisfactory outcomes than black males enrolled in traditional secondary schools in relation to grade point average, number of absences, completing secondary education with a standard diploma, and continuing into postsecondary education.

Education Committee

The Education Committee restructured it activities this year to support the needs of the seven Local Councils. An in depth discussion on the establishment of the local councils is provided in Local Council section of this report. The Education Committee is building educational briefs relative to the educational outcomes for each of the Local Councils. Each brief will include the following measures for each city or school district with a Local Council: graduation rates, dropout rates, non-promotion rates, proficiency rates on FCAT, and placement outcomes. This information can help the local councils identify the educational needs of black males in their respective areas. Moreover, the previous annual reports identified the need for more individual level data and less aggregate data that inform the public of the educational progress of black males. These briefs will also provide detailed information about the educational status of black men and boys in Florida.

The following charts and graphs provide statewide outcomes for the information contained in the local educational briefs described above. The five year data from the Florida Department of Education reveals that black males throughout Florida are significantly less likely to graduate than white males. The data also reveals that black males are significantly more likely to be retained or to drop out of school.

Five-Year High School Dropout Rates for Male Students Percent by Race[2]
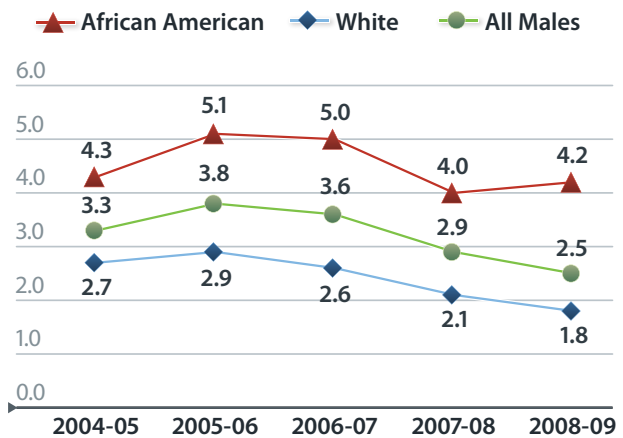
K-12 Non-Promotion Rates Percent by Race[3]
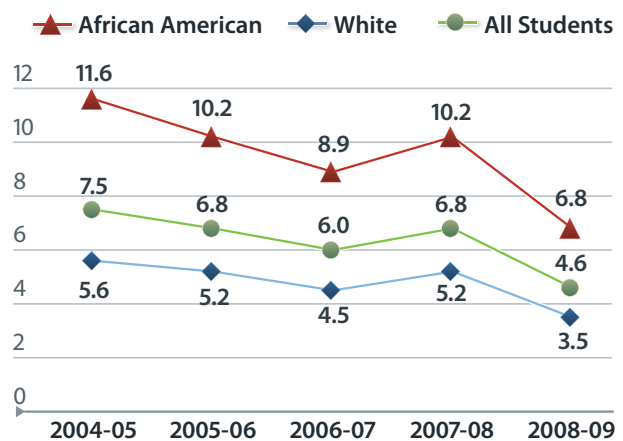
Education is one of the key areas affecting the lives of black men and boys. Historically, black males have increased achievement gaps compared to other students and have been lower performing educationally. Florida is working hard to improve the education system, particularly improving graduation rates and closing the achievement gaps. This is accomplished in part by fostering community support and mentoring and schools. Additionally, Florida received Race to the Top funds through the American Recovery and Reinvestment Act in 2010. The Florida Council

Five-Year High School Graduation Rates for Male Students Percent by Race[1]

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[1] Source: Florida Department of Education, Education Information and Accountability Services

[2] Source: Florida Department of Education, Education Information and Accountability Services

[3] Source: Florida Department of Education, Education Information and Accountability Services

on the Social Status of Black Men and Boys continues to align its education efforts with those of the state.

Graduation Rates

The 2010 Schott Foundation Report found that only 47 percent of black males graduate from high school, an issue educators in Florida have grappled with for sometime. The Florida Council on the Social Status of Black Men and Boys convened an education panel during its November 18, 2010, meeting to probe into the education and graduation issues in Florida, particularly whether the educational outlook for Florida's black males is as dismal as it appears on the surface of the Schott Foundation report. Panelists included superintendents, assistant superintendents from different areas of the state, and the Department of Education's Chancellor for K-12 schools. An over-arching theme in the discussion was the differences in data collections and analysis between the state of Florida and the Schott Foundation. Data practices between the state and the foundation were frequently likened to a comparison of "apples and oranges." Florida collects cohort data, meaning it follows a group of students from ninth grade through the end of twelfth grade to determine graduation rates. Schott uses different research methods, which allow them to compare data across states for its report. Panelists expressed the overwhelming sentiment that while Florida had more work to do, they have made great improvements in graduation rates and the outlook is more positive than the information contained in the Schott report. The panelists took turns discussing promising practices, as well as providing rhetoric regarding the extant issues. At the conclusion of the panel, Council member, Senator Stephen Wise summarized his understanding of the issues and recommended that broad reviews take place on a variety of fronts.

Closing the Achievement Gap

According to the Florida Department of Education, Florida, Delaware, Illinois and New Jersey made the most progress in closing the performance gaps between white and black, and white and Hispanic students in fourth and eighth grade reading and math scores between 2003 and 2007. These improvement were accompanied by significant score increases for African-American, Hispanic and low-income students. Florida was one of only five states that showed significant narrowing of the white/African-American gap between 2003 and 2007 in fourth grade reading. Florida is one of only two states where the gap between low and higher income fourth grade student decreased significantly in math between 2003 and 2007. Florida was also one of only three states where the gap between low and higher income student decreased significantly in fourth grade reading. Reading and math scores for Florida's African-American students rose significantly between 2003 and 2007.

Importance of Community Involvement in Schools and Mentoring

Community involvement and mentoring is vital to help boost the self-image, social skills, and academic performance of youth. The need for mentoring programs has become increasingly more important as states and institutions struggle to improve students' academic outcomes at every level. Mentoring programs, when carefully designed and well managed, provide positive influences for young people who may need a little extra attention or do not have a good support system available to them. The Florida Council on the Social Status of Black Men and Boys is in the process of implementing two role model programs in Quincy, Florida and the Parramore Community in Orlando, Florida.

Race to the Top Grant

The American Recovery and Reinvestment Acts $4.35 billion Race to the Top Fund is the largest-ever federal competitive investment in school reform. It rewards states for past accomplishments, creative incentives for future improvements, and challenges states to create comprehensive strategies for addressing the four central areas of reform that will drive school improvement:

- Adopting internationally benchmarked standards and assessments that prepare students for success in college and the workplace;

- Recruiting, developing, retaining, and rewarding effective teachers and principals, especially where they are needed most;

- Building data systems that measure student success and inform teachers and principals about how they can improve instruction; and

- Turning around lowest-achieving schools.

In August 2010, the U.S. Department of Education awarded Florida $700 million in Race to the Top Funds. Florida joins eight other states who received funding: Georgia, Hawaii, Maryland, Massachusetts, New York, North Carolina, Ohio, Rhode Island, and Washington, D.C. Florida and New York received the largest awards due to their size. Funds will be used to continue to propel Florida into the education forefront.

Recommendations

In 2009 the Education Committee recommended that Florida develop and implement a time-bound statewide targeted tracking and intervention plan to substantially reduce the achievement gap for black males; initially staging it to increase proficiency in reading and mathematics, with the aim of increasing graduation rates similar to the Philadelphia Early Warning/Dropout Prevention Program. In tandem, utilize the state universities, particularly Florida A&M University and Florida State University, as vehicles to develop extensive research and longitudinal studies to aid with assessing measurable progress of the tracking and intervention plan.

On June 28, 2010, the Florida Department of Education (FDOE) submitted a grant proposal for High School Graduation Initiative (HSGI), a $10 million federal grant project, to increase the graduation rates in Florida by reducing the academic, social and cultural barriers that exist in schools with dropout rates higher than the state's average annual school dropout rate. The proposal sought to: 1)develop a statewide early warning system that identifies students considered at-risk of dropping out based upon established indicators, such as academic performance, attendance, and behavioral referrals; 2) implement evidenced-based dropout prevention intervention strategies to keep struggling and/or disengaged students in grades 9-12 in school; and 3) implement innovative research-based strategies for convincing students who have previously dropped out of school to return and reconnect with school. Unfortunately, the proposal did not receive funding. The Education Subcommittee continues to seek funding opportunities to implement an early warning system.

Health and Families Committee

This section describes the work of the Health Committee of the Florida Council on the Social Status of Black Men and Boys to identify health disparities between black men and boys and non-minorities and women and to make recommendations for reducing and eventually eliminating these disparities[4].

According to the Centers for Disease Control and Prevention, CDC, the gap between male and female life expectancy closed from 5.4 years in 2002 to 5.3 years in 2003, continuing a trend toward narrowing since the peak gap of 7.8 years in 1979. Record-high life expectancies were found for white males (75.4 years) and black males (69.2 years) as well as for white females (80.5 years) and black females (76.1 years). Despite the improvements, the following continue to hold true:

- Men die of chronic diseases at younger ages, and in greater numbers than women;

- Men don't take care of themselves as well as women do;

- Men are more likely to engage in unhealthy behavior;

- Men are less likely than women to follow preventive health measures;

- Men don't seek medical attention when they need it; and

- Men are less likely to have health insurance.

Men in Florida, like others throughout the rest of the country, continue to experience poorer health and health outcomes than their female counterparts. Efforts to address this disparity must include improvements to policies, programs, infrastructure and education about the health issues that affect Florida's men. Data indicates that more men are reporting improvements in preventative and screening habits,

but there is much to be done. Behaviors still figure prominently in the spread of infectious diseases. Violence and injury continue to claim the lives of young men throughout the state, and the burdens of chronic diseases fall heavily on Florida's elderly males and their families. Efforts to improve men's health should address all the factors that contribute to poor health and focus on promoting healthy behaviors.

Leading Causes of Death for Black Males in Florida

Based on the most recent data available (2008) the five leading causes of death for black males in Florida are cancer, heart disease, unintentional injury, HIV/AIDS, and homicide.

For black male infants, perinatal conditions and congenital malformations are the leading causes of death. For all other black males under the age of 15, the leading cause of death is unintentional injury. These mirror the leading causes of death for infants and for children under age 15 for the population as a whole within all racial and ethnic groups. However, this changes for black males, at age 15.

Among black males between ages 15-34, homicide is the leading cause of death. This is the only population subgroup for which homicide is among the leading causes of death. Unintentional injury, the second leading cause of death for this age group, accounts for fewer than half the homicide deaths among black males. Suicide is the third leading cause of death for black males between ages 15-24, and HIV/AIDS is the third leading cause for those between ages 25-34. Among those aged 35-44, HIV/AIDS is the leading cause of death compared to white and Hispanic males. Diabetes moves into the top five leading causes of death for black males between ages 55-84.

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[4]   Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs –October 2007: U.S Department of Health and Human Services, www.tobaccofreekids.org. (Campaign for Tobacco Free Kids), www.naatpn.org (National African American Tobacco Prevention Network), www.naatpn.org , Florida Youth Tobacco Survey, 2009, Behavioral Risk Factor Surveillance Survey, 2007.

Ten Leading Causes of Death for Black Males, by Age Group, Florida, 2008

Age	Cause of Death	Total Number of Deaths	Rate per 100,000 Black Males	Rate per 100,000 Total Florida Population
All	**Total**	**9,606**	**718**	**938**
All	Cancer (Malignant Neoplasms)	2,091	156	223
All	Heart Diseases	2,068	155	298
All	Unintentional Injury	598	45	49
All	Human Immunodeficiency Virus (HIV)	547	41	8
All	Homicide	531	40	7
All	Stroke (Cerebrovascular Diseases)	506	38	47
All	Diabetes	416	31	28
All	Chronic Lower Respiratory Diseases (CLRD)	285	21	56
All	Kidney Disease (Nephritis & Nephrosis)	248	19	16
All	Perinatal Period Conditions	212	16	5

Access to Healthcare

Those developing programs or services for black men or that have existing programs or services must understand and address the social and cultural context in which these men seek to access healthcare. Reviews of the literature found that the predominant barriers for black men to access healthcare primarily fell into these categories: cultural factors; lack of health insurance, client-specific issues; and provider organizational issues. These categories provide a starting point for strengthening the ability of healthcare providers to connect with and to be instructive in tailoring services for black men.

The lack of culturally competent providers is a serious barrier to access and retention in care for black men. Additional information is needed regarding the specific barriers that black men face in seeking and accessing care. Researchers must focus greater attention on the health care needs of black men. The disproportionate impact on black men should be acknowledged in the broader context of health disparities that confront racial and ethnic minorities in the U.S. In 2002, an Institute of Medicine report entitled "Unequal Treatment," concluded that minorities are more likely to receive lower quality health care than whites, even when income levels and health insurance status are comparable. Bias, prejudice, and stereotypes on the part of healthcare providers were cited as potential contributors to these differences. The quality of care that black men receive can be influenced by factors such as internalization of everyday racism and other discriminatory experiences and negative interactions with medical providers. In turn, these may account for reduced knowledge of overall health issues related to good health, a reluctance to seek care, delayed access to care, and ultimately, poorer treatment outcomes for black men. Culturally and linguistically competent strategies are needed to encourage black men to seek healthcare and remain in good health regimens.

Cultural Factors

Boyd-Franklin (1989) noted the history of inequality for blacks began with the institution of slavery. The author also noted, "the process of discrimination does not disappear or lessen with advances in economic status, education career, the neighborhood, or job

level" (p. 10). Researchers like Olsen, Bhattacharya, and Scharf (2006), Rose (2011), Spector (2009) and others connect the historical and unending inequities suffered by people of color in the United States as a major underpinning in the dilemma known as health disparities. Spellings (USDOE, 2008) asserted that the US education system has historically failed to properly educate students of color. Researchers have shown a clear link between a poor education, poor socioeconomic status, lack of health literacy, and poor health outcomes (Olsen, et al., 2006; Spector, 2009; Rose, 2011; Williams, 2006).

The concept of culture as identified by Cross and Benjamin (1989) defines culture as "the integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups" (p. iv). Olsen et al. (2006) noted that culture is all that one learns about the world in which one lives; Corwin and Tierney (2007) describe culture as "the intersection of beliefs and practices" (p. 1).

Despite progress in the overall health of the people of Florida, disparities still exist in emerging racial and ethnic majority populations. Health disparities are seen in the areas of cancer, cardiovascular disease, stroke, diabetes, HIV/AIDS, dental, immunization, and infant mortality. Blacks experience a mortality rate significantly higher than whites for all cancers combined, coronary heart disease, stroke, diabetes, HIV/AIDS, and infant mortality. As Florida's underserved, racial and ethnic populations continue to increase, health disparities will continue to increase if not addressed effectively.

Family Influence

Black men have the worst health indicators of any racial or ethnic group in the U.S. They have the lowest life expectancy and the highest death rates compared to men and women of all races or ethnicities. Black males have higher death rates than men from other racial groups for heart disease, HIV/AIDS, and certain cancers, including prostate, lung, and colon cancer. They are also more likely than white men to experience hospitalization for complications from diabetes, hypertension, and angina.

Despite these alarming statistics, black men, like most men, are less likely to go to the doctor when physical or mental health problems present or to seek advice or support in dealing with health issues. When they do seek advice or support, that advice is more likely to come from a spouse or female partner than from a male friend. Consequently, family must play a major role in men's health care, as women are more likely to take on the role of health navigator for their families and are more likely to be aware of available health care resources. Therefore, family involvement in men's health is key to engaging black men earlier in the healthcare system in order to improve their health outcomes.

Environmental Factors

A significant number of blacks live in low income communities and are more likely to be exposed to environmental hazards that contribute to poor health. There are several environmental risk factors that also contribute poor health outcomes among blacks, such as inadequate living conditions, improper hand washing, and poor hygiene. Another well known risk factor for poor health is the lack of exercise, which leads to a high prevalence of obesity. Many black neighborhoods lack parks, sidewalks, and playgrounds, which would encourage physical activity and promote better health.

Many black communities are near hazardous waste sites, solid waste dump sites, power plants and polluted industrial facilities. These living conditions have been linked to certain chronic and infectious diseases. In addition, blacks predominately reside in substandard housing in poor neighborhoods, which pose health hazards, including infestation of rodents, mosquitoes, and roaches, which may lead to vector borne diseases. Some of the older housing units occupied by blacks contain old or broken fixtures, out-dated electrical units, or old lead piping, which increase the risk for injuries and health conditions such as lead poisoning. In some instances there

is insufficient clean running water that could result in diseases such as Hepatitis A, dysentery, and other food and waterborne diseases due to poor sanitation and hygiene practices. Neighborhoods with dilapidated and abandoned housing units encourage crime including the sale and use of illegal drugs and alcohol abuse. Such neighborhoods typically have unattended lots, which are usually overgrown with vegetation and covered with garbage. Unattended lots are usually sites for illegal dumping of construction debris, and solid and chemical waste, which can contribute to health problems and criminal activities.

Cancer Screenings

The 2005 Florida Annual Cancer Report noted that black males in Florida had the highest incidence rates (547.7 per 100,000 population) for all cancers combined compared to white males (508.3), white females (394.4), and black females (333.1). The three most common cancers and the leading causes of cancer deaths among black men are prostate cancer, lung cancer and colorectal cancer. According to the federal Office of Minority Health, in 2005 black men were 1.3 times as likely to have new cases of lung and prostate cancer as white men. The five year survival rate for lung cancer is lower among black men and they are more likely to die from prostate cancer and colorectal cancer than any of the other races or ethnic groups. It is vitally important for black men to educate themselves about the risk factors for developing cancer, understand the importance of screening for early detection, and know how to prevent, where possible, the various types of cancers in order to live longer, healthier lives.

Prostate Cancer

The Centers for Disease Control and Prevention, CDC, identifies prostate cancer as the most commonly diagnosed cancer and the second leading cause of cancer deaths among men in the United States. The American Cancer Society, ACS, estimates that 217,730 men will be diagnosed with prostate cancer in 2010. Of these an estimated 32,050 will

die from the disease. In Florida, the ACS estimates that 14,610 will be diagnosed with prostate cancer in 2010 resulting in an estimated 2,590 deaths from the disease. The Florida Department of Health, Bureau of Epidemiology, reports that in 2006 the percentage of cases with an advanced stage diagnosis of prostate cancer was greater among black men than among white men.

There is no way for a man to know if he will get prostate cancer, however, black men are much more likely than any other ethnic or racial group to be diagnosed with the disease. Black men are also nearly three times as likely to die from prostate cancer as white men. The reasons why black men are also nearly three times as likely to die from prostate cancer as white men is presently unknown. As a result, black men need to be keenly aware of the risk factors associated with developing prostate cancer. A man's chances of getting prostate cancer are higher if he:

- Is fifty years of age or older;

- Has a family history of prostate cancer – meaning he has a father, brother, or son that has had prostate cancer;

- Is of African descent;

- Eats a diet high in saturated fats and red meat; or

- Is obese

There are two main types of screening tests commonly used to check for prostate cancer. They are the digital rectal exam, DRE, and the prostate specific antigen, PSA, test. Neither of these tests can detect if a man has prostate cancer; however, they can indicate if something is unusual or abnormal and whether further testing is needed.

Because prostate cancer is the most common cancer in men and because of the higher risk factors, black men should talk to their doctors about the benefits and risks of prostate cancer screening so that they can make informed decisions about what is best for them and their families.

Lung Cancer

Lung cancer is the second most commonly diagnosed cancer and the leading cause of cancer-related deaths in black men, according to data from the CDC and the National Cancer Institute. Smoking is the main cause of lung cancer, accounting for more than 80 percent of all lung cancer deaths. Black men are less likely to smoke than white men. Data from the Department of Health's Bureau of Epidemiology shows that between 1986 and 2006, cigarette use among black males decreased by 56 percent compared to only 13 percent for white males. A report from the American Lung Association revealed, however, that while black men smoke less than their white counterparts, they are 37 percent more likely to get lung cancer and 22 percent more likely to die from it as compared to white men. The report also indicates that only 12 percent of black men live longer than 5 years after diagnosis and treatment compared to white men at 16 percent.

Unfortunately, lung cancer has few to no symptoms during the early stages. It is not until the cancer is well advanced that most symptoms occur. Lung cancer symptoms include shortness of breath or wheezing, persistent cough, coughing up blood, pain in the chest often made worse by deep breathing, and recurring pneumonia or bronchitis.

Even though there are some instances of people getting lung cancer who never smoked, it is one of the few cancers that can often be prevented. Quitting smoking can significantly reduce the risk of lung cancer, as well as, cancer of the trachea and bronchus. Studies have shown, however, that black men are more likely to be diagnosed at later and less treatable stages of the disease. Black men also, generally, wait longer to get treatment after they have been diagnosed or may even refuse treatment all together.

Colorectal Cancer

Colorectal cancer ranks as the third most common cancer among black men. The disease occurs more frequently in black men than in any other racial or ethnic group of men in the United States. Because it is more often diagnosed in the late stages, colorectal cancer is also the third leading cause of cancer-related deaths among black men according to CDC data. Colorectal cancer incidence rates and death rates are also higher in black men than in any other ethnic or racial group, including black women.

According to U.S. Cancer Statistics, the incidence rate in 2006 (most recent data available) for black men was 63.0 per 100,000 in the population compared to white men at 53.0 per 100,000 and black women at 49.2 per 100,000. Data from the 2005 Florida Annual Cancer Report also indicate a higher incidence rate for black males than white males. In 1981 the incidence rate for black males was actually 34 percent lower than for white males, but in 2005 the incidence rate was 19 percent higher. The report also shows that the death rates for black males was 18 percent lower than white males in 1981, but by 2005 the death rates for black males exceeded their white counterparts by 40 percent.

Colorectal cancer is highly preventable and has a 90 percent cure rate, if discovered early. Regular screening can detect abnormal growths in the colon or rectum so they can be removed before they become cancerous. Regular screening can also detect colon cancer at an early stage making treatment more successful. The CDC estimates that 60 percent of the deaths from colorectal cancer could be avoided if everyone 50 years of age or older had a regular screening test. The U.S. Preventative Services Task Force (USPSTF) recommends colorectal cancer screening for men and women between the ages of 50 and 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.

Cardiovascular Diseases and Heart Attack

Cardiovascular diseases characterize disorders of the heart and blood vessels, including ischemic heart disease, heart attack, stroke, congestive heart failure, hypertension, and atherosclerosis. Certain populations have a higher prevalence of heart disease and stroke. Addressing these disparities is important in the overall effort to control cardiovascular disease

in Florida. Based on the state's burden of cardiovascular disease, the following priority populations have been identified: Adults age 45 or older that are at risk for heart attack and stroke due to cardiovascular risk factors. Risk factors include high blood pressure, diabetes, elevated cholesterol, and obesity. Other risk factors include smoking, sedentary lifestyles, previous cardiovascular events, or a family history of cardiovascular disease. In 2007, the age-adjusted death rates were 279 deaths per 100,000 population for blacks, compared to 195 deaths per 100,000 population for Hispanics, and 201 deaths per 100,000 population for whites.

A heart attack, also referred to as a myocardial infarction, occurs when the heart is damaged due to an insufficient supply of blood to the walls of the organ itself. The signs of a heart attack include chest discomfort, discomfort in other areas of the upper body, and shortness of breath. Most heart attacks are identified by a discomfort in the center of the chest that can last more than a few minutes or a discomfort in the center of the chest that may occur, stop and then recur.

Stroke and Hypertension

A stroke is the result of either a blocked artery or a ruptured vessel that prevents adequate blood flow to the brain. The signs of a stroke include: sudden numbness or weakness of the face, arm, or leg – especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden vision loss in one or both eyes; sudden trouble waking; loss of balance or coordination, or dizziness; and sudden, severe headache with no known cause.

Hypertension or high blood pressure greatly increases a patient's risk for heart disease and stroke. A blood pressure reading is the combination of a systolic and diastolic pressure measurement. Systolic pressure is the blood pressure measurement during contraction of the heart or when blood is pushed through the arteries. Diastolic pressure is the blood pressure measurement between contractions or when the heart chambers are filling with blood. Blood pressure is considered "high" when the systolic reading is at or

above 140mm and the diastolic reading is at or above 90mm Hg. Life expectancy for men with controlled blood pressure is 5.1 years longer than those with uncontrolled high blood pressure. While the mortality rate from hypertension has improved over time, black males continue to be more disparately affected.

Diabetes

Diabetes is associated with an increased risk for a number of serious and often life threatening complications. According to the American Diabetes Association, blacks are 1.8 times more likely to be diagnosed with diabetes than whites. Florida data for 2008 indicate that more males (10.4 percent) than females (8.7 percent) had diabetes. The data also show that the prevalence of diabetes was higher among blacks at 14.6 percent than whites (9.0 percent) and Hispanics at 7.9 percent. Blacks are also more likely to develop complications from diabetes, such as blindness caused by diabetic retinopathy, kidney failure, heart disease, and lower limb amputations. Amputation rates are nearly three times higher in black men than women. Death rates for people with diabetes are 27 percent higher for blacks as compared with whites. For black men, the death rates were 2 times higher than for white men in 2006, according to data from the Centers for Disease Control and Prevention.

Type 2 diabetes, which occurs when the body does not make enough insulin or cannot properly use the insulin it does make, accounts for 90 to 95 percent of all diagnosed cases of diabetes. Blacks are at a particularly high risk for developing Type 2 diabetes and are 1.7 times as likely to have Type 2 diabetes as the

general population. Type 2 diabetes usually develops in adults over the age of 40 and is generally associated with people who have a family history of diabetes, those that are overweight or obese, women who had gestational diabetes, physical inactivity, and certain race or ethnic groups such as blacks, Hispanic/Latino Americans, Native Americans, and Asians/Pacific Islanders.

Obesity

The number of people in the United States who are overweight or obese has more than doubled in the past 30 years. In 2005-2006 there were over 72 million people who were considered to be obese according to the Centers for Disease Control and Prevention. For adults, overweight is defined as having a body mass index (BMI) of 25 or higher and obesity is defined as having a body mass index of 30 and higher. The BMI level, which measures the ratio of weight to height, is often used as a tool to determine whether a person's health is at risk because of their weight. For example, a man who is 5 feet 11 inches tall and weighs 179 pounds is considered to be overweight. If he weighs 215 pounds he is considered to be obese.

National Center for Health Statistics (NCHS) 2008 data indicates that the percentage of black men (20 – 74 years of age) that are overweight or obese increased from 51.3 percent in 1976-1980 to 72.1 percent in 2003-2006.   Even though a higher percentage of black women in Florida are considered overweight or obese than black men, the percentage of black men identified as overweight or obese (73.9 percent) is only slightly higher than white men at 71.2 percent according to Florida's 2008 Behavioral Risk Factor Surveillance System (BRFSS) data. Within this group however, the prevalence of black men considered to be obese (38.1 percent) is significantly higher than white men (22.6 percent).

Individuals who are overweight or obese increase the risks of illness from a number of chronic conditions, including high blood pressure, heart disease, high blood cholesterol, stroke, certain types of cancers, arthritis, and breathing problems. They also increase the risk of disability and as weight increases so does the prevalence of health risks.

Diet and Exercise

Diet plays a vital role in every person's life. It is the key to a successful lifestyle or an unhealthy lifestyle. Many black communities no longer have local suppliers of fresh healthy foods. In some neighborhoods there may be small stores that are more likely to sell low quality, non-fresh food items that contribute to poor nutrition and lower health status. Low income individuals often lack transportation to local supermarkets, usually located outside these communities, to purchase healthier food items. Black families have been known to prepare and eat foods high in saturated fats especially during the holidays. Over the years these eating habits have caused a high incidence of diabetes, hypertension, heart disease and obesity in many black families, especially among the black men. Diet plays a vital role in every person's life. It is the key to a successful lifestyle or an unhealthy lifestyle. Black men can start improving their health by reducing the intake of red meat, eliminating the saturated and trans fats from their diet lowering their cholesterol, salt and sugar intake, and eating more baked or broiled food rather than fried foods. They should also eat a varied diet, high in fiber and rich in nutrients from leafy green vegetables and fruits, whole grains, and fat-free or low-fat dairy products. The CDC recommends that men eat between 2 to 2 ½ cups of fruit and 2 ½ to 4 cups of vegetables every day. To help improve their health outcomes, black men should eat a healthy diet and exercise daily by walking or taking the stairs instead of the elevator.

Regular physical activity has been shown to have many health benefits. It reduces the risk of many diseases such as heart disease, stroke, high blood pressures, diabetes and colon cancer. Further, physical activity may improve one's quality of life, help maintain a healthy body weight and reduce mild anxiety and depression.

The *2005 Dietary Guidelines for Americans* recommended at least 30 minutes of moderate-intense

physical activity on most days of the week to prevent chronic disease and approximately 60 minutes of moderate to vigorously intense activity on most days of the week to maintain weight. However, individuals who become more active without reaching the recommended levels may still improve their health. The *Healthy People 2010* objective is to increase the number of individuals who report regular moderate physical activity to 30 percent or more.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), historically known as venereal diseases, are among the most common infectious diseases in the United States and affect men regardless of age, race, marital or economic status. Failure to prevent, screen, or treat STDs in a timely manner can result in sterility and increased risk for transmission of HIV (Human Immunodeficiency Virus). Changing patterns of sexual behavior, unprotected sexual encounters, and the stigma often associated with seeking testing or treatment are factors that have played a significant role in escalating infection rates. Further, STDs are often asymptomatic or exhibit subtle symptoms that may not prompt individuals to seek care.

Although, routine screening is encouraged for all sexually active males, disparities among racial/ethnic groups exist in the number of cases reported annually. Non-Hispanic black males accounted for 50 percent of commonly reported sexually transmitted diseases among men in Florida in 2009. Young (15-24) non-Hispanic black males had the highest rate and number of reported cases of Chlamydia and Gonorrhea among men. Non-Hispanic black males under 30 accounted for more than 68 percent (386 of 566) of reported Early Syphilis (Infectious and Early Latent) cases when compared by race and gender. Conversely, males in other racial/ethnic categories traditionally experience higher cases of syphilis in populations over the age of 30. Based on these statistics, the young black male is disproportionately affected by STDs. This inequality impacts not only the male's health but the partner's health as well.

Table 1 displays the reported cases of Chlamydia among males and the rate/100,000. The rate for non-Hispanic black males was 13 times higher than the non-Hispanic white males and almost 6 times higher than Hispanic males.

Table 1: Male Chlamydia cases & rates/100,000   Florida 2009

Race/Ethnicity	Cases	Rate/100,000
Black	9,248	790
White	2,877	60
Hispanic	2,417	140

Reported cases of Gonorrhea among males are reported in Table 2. The rate/100,000 for non-Hispanic black males was nearly 25 times higher than the rate for non-Hispanic white males and almost 12 times higher than Hispanic males.

Table 2: Male Gonorrhea cases & rates/100,000   Florida 2009

Race/Ethnicity	Cases	Rate/100,000
Black	5,765	490
White	1,154	20
Hispanic	721	40

The rate for reported cases of Early Syphilis for non-Hispanic black males was 3 times higher than the non-Hispanic white males and Hispanic males.

Table 3: Male Early Syphilis (Infectious and Early Latent) cases & rates/100,000   Florida 2009

Race/Ethnicity	Infectious Syphilis Cases	Early Latent Syphilis Cases	Rate/100,000
Black	336	337	30
White	290	276	10
Hispanic	177	237	10

HIV/AIDS

All over the world, on average, men have more sex partners than women, which places them and their sex partners at increased risk (Henderson and Lieb 2009). HIV is more easily transmitted sexually from men to women than vice versa, which has caused increasing rates of HIV infection among women. Society often expects men to be strong, unemotional and virile. Some of these expectations translate into attitudes and behaviors that have become unhealthy or frankly lethal since the beginning of the HIV/AIDS epidemic in the early 1980s. Because it is more socially acceptable for men to be sexually active than it is for women, there is a double standard of "moral" behavior. Men may even derive higher status from having multiple partners, while women who have multiple partners are often labeled negatively (Henderson and Lieb 2009).

The HIV/AIDS epidemic continues to impact individuals in Florida and throughout the United States. Men, women, children, young, old, black, white, Hispanic, rich, poor, gay, lesbian, or straight -- no group is wholly exempt from contracting HIV. In Florida, 1 in 209 white men, compared to 1 in 44 black men and 1 in 117 Hispanic men are living with HIV/AIDS (reported cases) (Henderson and Lieb 2009).

Immunizations

Adults

Influenza and pneumonia vaccinations are important to ensure health and wellness in the senior population. Both influenza and pneumonia can become life threatening to people aged 65 and older and to people with chronic conditions such as heart diseases, diabetes, HIV/AIDS, and kidney disease. However, many black men fail to take advantage of these vaccinations because of cultural beliefs. Many older black males believe if they take the influenza and pneumonia vaccinations it will make them sick. Both influenza and pneumonia can become life threatening to people aged 65 and older and to people with chronic conditions such as heart diseases, diabetes, HIV/AIDS, and kidney disease.

The influenza (flu) shot can greatly reduce illness and death that can occur as a result of the virus. The flu shot should be taken every year in the fall to help protect against illness. Similarly, immunization against pneumonia is vital, given the continuous development of resistant strains of the pneumococcal bacterial. The pneumonia vaccine can be given at any time of the year.

Children

Children and adolescents who fall into high-risk groups because of health conditions, behaviors, or membership in certain communities should receive additional vaccines. Approximately 11,000 babies born each day in the United States will need vaccination against fourteen diseases before age two. Approximately 24 percent of toddlers may be vulnerable to serious illnesses, including polio, measles, mumps, rubella, diphtheria, tetanus (lockjaw), pertussis (whooping cough), invasive *Haemophilus influenzae* type b infection, hepatitis B, and varicella (chickenpox) because they have not completed the recommended vaccination series.

Adolescents

Traditionally, vaccines have been associated with protecting young children, but recently many vaccines targeted toward adolescents have been recommended. In 2005, the meningococcal conjugate vaccine (MCV4) was recommended for 11 to 12 year-olds at the pre-adolescent visit, and for older adolescents and college freshman who reside in dormitories, as these groups experience higher rates of meningococcal disease than the general population. Invasive meningococcal disease has a 10 percent death rate, and up to 19 percent of survivors can suffer serious after effects like deafness or loss of limbs. Also recommended in June 2005 was a

new tetanus-diphtheria-acellular pertussis vaccine to combat waning immunity to pertussis in adolescents. It is also important for adolescents to receive certain "catch-up" immunizations if they were not fully vaccinated in childhood.

Mental Health Factors

An important milestone occurred in 1999 with the publication of the first ever Surgeon General's Report on Mental Illness. The Surgeon General issued one over-arching recommendation: "Seek help if you have a mental health problem or think you have symptoms of a mental disorder" (DHHS, 1999, p.vi). The report makes clear that the data and research support that culture, race, and ethnicity play a major role not only in accessing quality mental health care but also the appropriateness of the treatment provided. The Surgeon General noted:

- Minorities have less access to, and availability of, mental health services.

- Minorities are less likely to receive needed mental health services.

- Minorities in treatment often receive a poorer quality of mental health care.

- Minorities are underrepresented in mental health research.

Boyd-Franklin's (1989) and Richardson and Wade's (1999) research clearly stated that the accumulation of historical abuse and inferior offerings does not heal with the passing of time. The modern-day manifestations of the lack of healing are further complicated for black men and boys due to the overlay of the ongoing social determinants that impact health. Presenting problems for blacks may be exacerbated by the realities of mistrust and fear of treatment, racism and discrimination, and differences in language and communication. The American Psychiatric Association as recently as this year 2010 noted that the incidence of mental illness among blacks is not different from that of the general population. The authors went on to say however that treatment of mental illness for those afflicted continues as a

dilemma needing systemic attention. As is the case with healthcare, blacks often are poorly served due to a lack of culturally competent care, and less or poor quality care. Given the realities of the many social determinants of heath impacting black men in particular, the deficiencies in the mental health care delivery system demand the attention of policy makers and advocates.

The skills involved in cultural and linguistic competency are particularly important in the mental health arena because of the importance of appreciating and accurately interpreting an individual's thoughts, moods, and behaviors. Patients and clinicians clearly must understand, respect, and trust one another. The 1999 Surgeon General's report echoed Boyd-Franklin (1989) and Richardson and Wade (1999) with regard to the impact of the accumulation over time of unresolved racism, discrimination, and other barriers to quality care. As noted in the research from Olsen, et al., (2006) and others the skill sets of cultural and linguistic competency in a 21st century multicultural environment assist practitioners in meeting the many and varied needs of diverse cultures.

Oral Health

Dental diseases are preventable yet chronic, progressive bacterial infections that affect almost everyone. Millions of people in the United States experience dental decay, periodontal diseases and other oral diseases or conditions that affect one's quality of life. (Reisine and Locke, 1995) Untreated, these diseases result in needless pain, suffering, and difficulty in speaking, chewing and swallowing. In addition they can also result in increased treatment costs, low self-esteem, and reduced economic productivity through lost work and school days. In extreme cases severe illness or death can occur (Reisine and Locke, 1995). Significant oral health disparities exist in black communities. In 2000, then United States Surgeon General David Satcher, released the first ever Surgeon General's Report on Oral Health identifying what he called a "silent epidemic" of dental and oral diseases that burden some population groups. This

report and the subsequent National Call to Action to Promote Oral Health (2003) highlighted disparities found in ethnic and racial minority groups. The Healthy People 2010 national objectives set two overarching goals of increasing quality and years of life and eliminating health disparities.

Despite the major improvements seen in recent years, oral health disparities still exist for blacks. According to data provided by the Centers for Disease Control and Prevention (CDC) the greatest racial and ethnic oral health disparity among children aged 2-4 years and aged 6-8 is seen in Mexican American and black, non-Hispanic children (Oral Health in the U.S., 2002). The level of untreated dental caries among black children aged 6 to 8 years (36 percent) is far greater than that for white children (26 percent). For people of all ages, blacks had higher rates of untreated dental decay and increased incidence of gum disease when compared to whites (*Oral Health in America*, 2000). A greater percentage of black adults have missing teeth when compared to white or Hispanic adults of the same age (*Oral Health in America*, 2000). Disparities include access to preventive measures like dental sealants. CDC also reports the percentage of black children with dental sealants is 3-4 times less than the percentage for the same aged white children. Overall, the Centers for Disease Control and Prevention states non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States[5]. In 2008, 28,600 Florida adults died from tobacco use and another 2,570 nonsmokers died from exposure to secondhand smoke. Studies show that most people begin using tobacco as adolescents[6]. Children are exposed to tobacco advertising, promotion and sponsorship through paid media, paid sports sponsorships and retail stores. This type of exposure fosters attitudes towards smoking among youth[7].

Smoking or exposure to cigarette smoke contributes to the high rate of asthma among blacks. Additionally, asthma affects black children more than any other disease. The living conditions of many blacks (extended families with extra adults in the household or apartment living with shared ventilation) place many black children at increased risk for secondhand smoke exposure[8].

Incidence of smoking among black males traditionally has been low. Among black males under 18 the smoking rate is 6 percent, which is significantly lower than for non-Hispanic white males at 14.5 percent. However, cigar use is at 12.4 percent compared to Hispanic males at 12 percent and non Hispanic males at 14.5 percent. In 2009, 39 percent of black males were exposed to secondhand smoke compared to Hispanic males at 47.6 percent and non-Hispanic white males at 59.5 percent[9]. Studies show that black men are more likely never to smoke than white men[10].

The Florida Department of Health has implemented a statewide multi-faceted program to combat tobacco use. The program is based on the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs. In addition, a disparity workgroup has been developed to address tobacco related disparities that exist among emerging majority and underrepresented populations that are disproportionately impacted by tobacco use and the exposure to secondhand smoke. In addition, a strategic plan was developed to address the burden of tobacco on the State of Florida and its diverse populations. This plan is the framework for state partners, advocacy groups and community organizations to help reduce and eliminate tobacco related disparities.

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[5] Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs – October 2007: U.S Department of Health and Human Services.
[6] www.tobaccofreekids.org (Campaign for Tobacco Free Kids)
[7] www.naatpn.org (National African American Tobacco Prevention Network)
[8] www.naatpn.org
[9] Florida Youth Tobacco Survey, 2009
[10] Behavioral Risk Factor Surveillance Survey, 2007

The Bureau of Tobacco Prevention Programs continues to work to protect people from the health hazards of tobacco. The goals of the program are to prevent initiation among youth and young adults; promote quitting among youth and adults; eliminate exposure to secondhand smoke; and to identify and eliminate tobacco-related disparities.

Conclusion

Black men and boys should be encouraged to participate in frequent and regular physical activity, consume more balanced and nutritionally appropriate foods, refrain from tobacco use, learn and apply stress reduction techniques and get regular check-ups and screenings for cardiovascular disease, cancer and HIV.

Local and state governments should facilitate these efforts by ensuring that necessary policy changes are made. Improvements are needed to promote engagement in physical activities to build walkable communities as well as to provide for the availability of healthy foods for black men and their families. Local communities and health departments should continue to promote campaigns to stop tobacco use and ensure accessibility to screenings. More campaigns are needed that specifically targeted black males.

Equal access to health care is also fundamental to improving the health of black men and boys in Florida. The health care reform effort should provide coverage to more black males in the state. Additionally, medical facilities and health care professionals must be available and accessible to men, especially black men in rural Florida. Recruitment efforts to increase the numbers of health care providers of color, particularly specialty providers and functional safety net providers of care in rural areas are essential in these efforts.

Despite the challenges, the Florida Department of Health is committed to improving the health of all men and eliminating racial and ethnic health disparities. The Florida Department Health has committed to continue its advocacy for black men and boy's

health and wellness and looks forward to ongoing opportunities for collaboration with other state agencies and community-based organizations.

Recommendations for Black Men and Boys Good Health

- Eat a varied diet, rich in fruits, vegetables, whole grains, and low-fat foods;
- Be especially careful to limit cholesterol intake and avoid saturated fats;
- Exercise 30 minutes per day at least three days per week;
- Maintain a healthy weight;
- Drink at least eight, eight-ounce glasses of water per day;
- Limit alcohol to no more than two drinks per day
- Do not smoke and minimize exposure to second-hand smoke;
- See the doctor regularly;
- Know the family history and discuss it with the doctor;
- Practice safe sex;
- Wear a seatbelt in motor vehicles and a helmet when riding a motorcycle or bicycle;
- Manage stress; and
- Get help when needed.

HIV/AIDS/STDs

In the absence of a vaccine, the only way to prevent an HIV infection is to abstain from certain risky behaviors: having unprotected vaginal, anal, or oral sex, or sharing needles and other instruments for injecting drugs. Lacking abstinence , there is a set of realistic recommendations to reduce the risk of HIV and STDs.

- Be monogamous. Having sex with one uninfected partner who only has sex with you will keep you

safe from HIV/AIDS and other sexually transmitted infections (STIs).

- Use condoms correctly and every time you have sex. Use male latex condoms made of latex or polyurethane if you or your partner is allergic to latex for vaginal, anal, or oral sex. "Natural" or lambskin condoms do not protect against HIV/AIDS/STDs. Condoms are highly protective when used correctly. For oral sex, dental dams also might offer some protection.

- Get tested for HIV and STDs and know your status. People who are aware of being infected tend to avoid transmission of HIV and STDs. Knowledge of HIV and STD status encourages communication with partners, prevention strategies, and early intervention for those infected.

- Encourage your family, friends, and co-workers to get tested and get involved with HIV/STD prevention.

- Be Honest. If you are having sex with both men and women, inform your sex partner. If you have multiple partners, inform your partners. If you have HIV/AIDS/STD, inform your sex partners.

- Seek treatment if you are HIV positive. Managing your viral load can prevent progression of the infection.

- Get an annual physical examination. Ask your doctor for an HIV test or STD screening if one has not been offered.

- Avoid drugs and alcohol, as use can lead to risky behaviors that can increase your exposure to HIV/AIDS/STDs.

- Other sexually transmitted infections (STIs), as well as hepatitis A, B and C, can be transmitted through behaviors similar to those that put you at risk for HIV. STIs can increase the risk for HIV infection. Increase awareness of the need to be tested for these other diseases.

- Engage in casual conversations about safe sex practices with your partner.

Mental Health

The Children and Adolescent Service System Program's, CASSP, cultural competence model was developed for the field of children's mental health but appears to have the necessary theoretical foundation to lend itself to various service disciplines involving children, families, communities of color, and, at least theoretically, to non-ethnic cultural groups (Adelman & Taylor, 2008). The primary focus is on changing attitudes and behaviors rather than just sensitivity and awareness.

- The authors of this report recommend the State of Florida monitor compliance with the Culturally and Linguistically Appropriate Services standards (2001) adopted by the National Office of Minority Health.

- Require that healthcare providers and staff receive training in curriculum addressing the changes in beliefs, attitudes, and behaviors needed to become culturally and linguistically competent.

- All new employees receive this training and that ongoing training should be provided yearly to reinforce the efficacy of the training.

- Training is required for all policymakers and administrators. The literature is replete with examples of policy makers and caregivers lacking in the appropriate knowledge and appreciation for the cultures and traditions of the populations they serve.

- The State of Florida should require those teaching courses related to health and mental health care for children, adults, and families in state colleges and universities be required to participate in cultural and linguistically competent training designed to impact attitudes, beliefs, and behaviors.

- The Florida Legislature must invest sufficient funding to increase the pipeline to finance aggressive outreach and support for students of color and other underrepresented students seeking professional and academic training in the mental health and healthcare fields.

Oral Health

The increased focus on oral health by federal, state, and local entities beginning in the late 1990's helped achieve increased initiatives, partnerships, and collaborations. More work must be done to heighten interest and increase oral health literacy. To improve oral health among blacks, oral health stakeholders and policymakers must improve access to preventive and restorative services, enhance surveillance of oral health disease, and research new methods of improving oral health service delivery. Black men and boys and all people living in Florida will benefit from the following recommendations (Florida's State Oral Health Improvement Plan):

- Widespread implementation of community and school-based prevention programs like water fluoridation, sealant programs, and other evidenced-based preventive efforts mostly directed toward the poor, largely inner-city and rural children.

- Improve access to state and county-based oral health data collection and research to establish and monitor disease rates, trends and disparities.

- Ensure there are highly trained, diverse, and appropriately allocated dental workforce available to provide care and increase the number of minority dentists, dental hygienists and dental assistants.

- Increase awareness and improve effectiveness of oral health education programs for children, adults, non-dental health professionals, private, public and governmental policy or decision makers.

- The integration of oral health prevention and education into general health and improve the efficiency, effectiveness, and use of the current publicly funded infrastructure and support programs for economically disadvantaged groups and families with special needs.

Tobacco

- Increase and enhance data collection and analysis of tobacco use and secondhand smoke exposure on black youth and men.

- Increase the representation of blacks on tobacco prevention councils and committees.

- Produce mortality and morbidity reports on the burden of tobacco use on black boys and men.

Criminal Justice and Gangs Committee

In the 2009 Annual Report of the Council on the Social Status of Black Men and Boys, the Criminal Justice Committee outlines the daunting and far-reaching issues related to black males and the justice system. Practitioners often make the anecdotal correlation between early and frequent contact with the juvenile justice system and future contact with the criminal justice and adult corrections systems. In order to get a grasp on the propensity of this problem, staff from the Department of Juvenile Justice (DJJ) asked the Department of Corrections (DOC) to provide data files for a number of individuals in the adult corrections system (prison or community corrections) for a research project to determine if they had previously been referred for delinquency in the juvenile justice system in Florida. This analysis serves as a brief overview of the "client matching project" and the future analyses that may be conducted over the coming months, if sufficient staff resources become available. DJJ is currently in stage one of what will likely be a multi-stage process. After conducting the initial analysis, DJJ provided DOC with matched data for review and verification on their end. This is the first attempt at a large-scale match between these two information systems and we unfortunately do not have a point of reference from which to compare our results. DOC's review will help ensure that the statistics provided are accurate and can be relied upon by policy makers.

Data Sources and Methodology[11]

Department of Corrections provided the Department of Juvenile Justice with a data set of 234,824 individuals who were previously or currently under community supervision or held in an adult correctional facility. To be included in the analysis, the aforementioned individuals needed to be between the ages of 17 and 29 as of August 2009. These records were matched to 991,383 records from DJJ covering all youth referred for delinquency between January of 2000 and August of 2009. For the purposes of this analysis, youth who only received delinquency prevention services were not included in the match; however the DJJ plans to include them in subsequent analyses if sufficient staff resources become available. The match between the two agencies included a pseudo text-id match methodology, which is used by DJJ and DOC annually to match records for the purposes of assessing recidivism in the juvenile and adult criminal justice systems.

Executive Summary of Research Results

Department of Juvenile Justice identified 104,348 individuals who subsequently had contact (community or prison) with Department of Corrections. This represents an overall match rate of 44 percent, but keep in mind that there may not have been enough juvenile records to match against DOC individuals in the higher age ranges (DJJ data only included records between 2000 and 2009). For example, 79 percent of the 17 year-olds matched, whereas only 40 percent of the 29 year-olds matched between systems. Individuals in the upper age limits would only have a limited number of years as a juvenile included in the match, so we focused on the younger cohort for the current analysis and provide breakdowns as appropriate in the following pages.

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[11] *Please note: This analysis was a "quick match" using a pseudo text-id methodology to link individuals between databases. Although the DJJ has used this methodology for several years to match DJJ data to records within DOC and FDLE, DJJ analysts have not invested a substantial amount of time in examining all matches for false-negatives (i.e., records we've excluded that might actually be a good match) that would probably increase the match rate between systems.*

Percentage of Individuals Matching Between Adult and Juvenile Justice Systems by Age (All Supervision Levels)
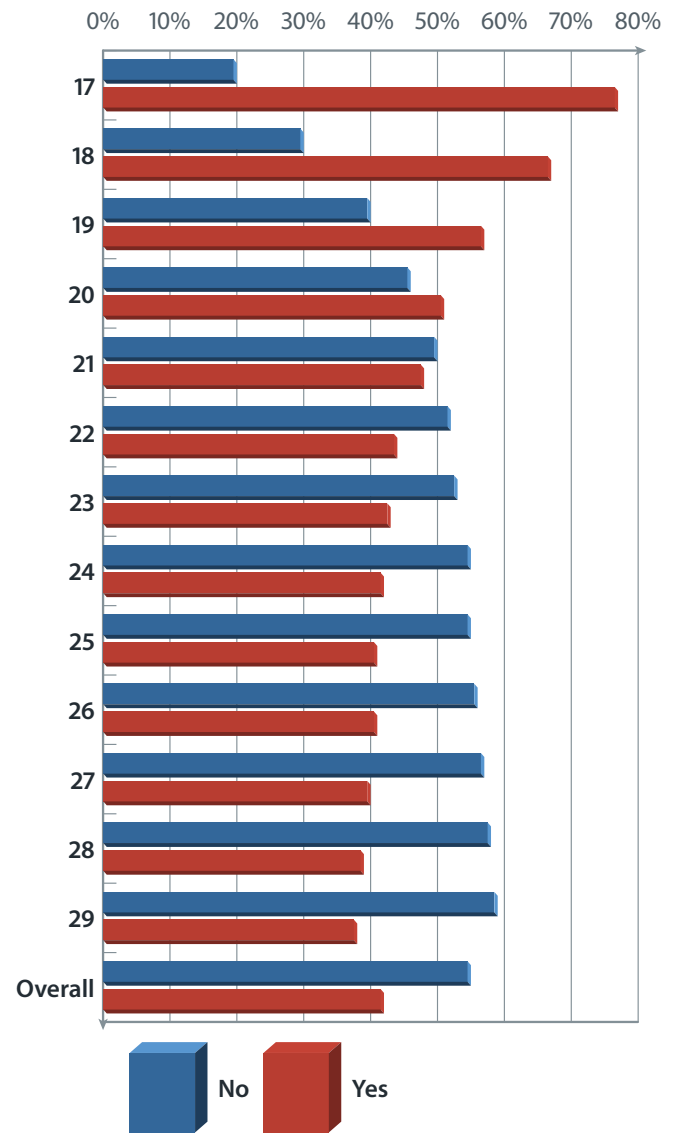
Analysis for Individuals Between Ages 17 and 21 (Only Community Supervision):

- Forty-eight (48) percent of individuals between the ages of 17 and 21 placed on adult community supervision were found to have a previous delinquency record.

- Seventy-six (76) percent of the 17 year-olds and 64 percent of the 18 year-olds placed on adult community supervision were found to have a previous delinquency record.

Analysis for Individuals Between ages 17 and 21 (Only Prison Supervision):

- Seventy-one (71) percent of individuals between the ages of 17 and 21 placed in an adult prison were found to have a previous delinquency record.

- Eight-two (82) percent of the 17 year-olds and 80 percent of the 18 year-olds placed in an adult prison were found to have a previous delinquency record.
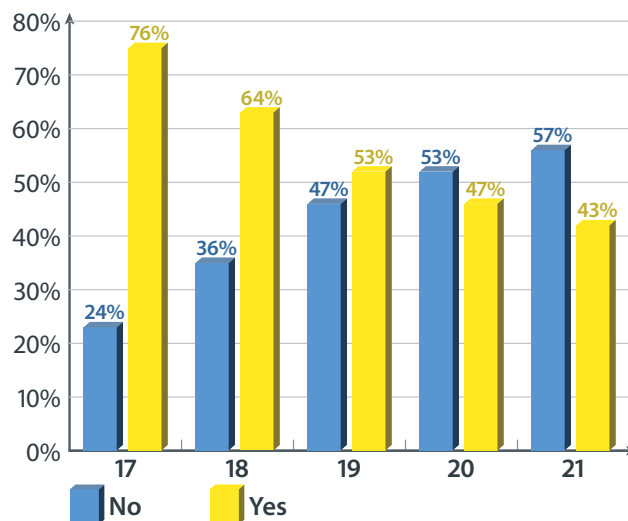
Analysis for Individuals Between ages 17 and 21 (Both Community Supervision and Correctional-Prison Supervision):

- Seventy-one (71) percent of individuals between the ages of 17 and 21 placed in both an adult community supervision and adult prison were found to have a previous delinquency record.

- Seventy-eight (78) percent of the 17 year-olds and 75 percent of the 18 year-olds placed in both an adult community supervision and adult prison were found to have a previous delinquency record.

Analysis for Individuals Between ages 17 and 21 (Only Community Supervision):

The Department of Corrections provided 28,924 records for individuals currently between the ages of 17 and 21 whose only adult placement was community supervision. The Department of Juvenile Justice was able to match 13,763 or 48 percent of those individuals to a prior delinquency record in Florida. The table below shows the match rate by age group:
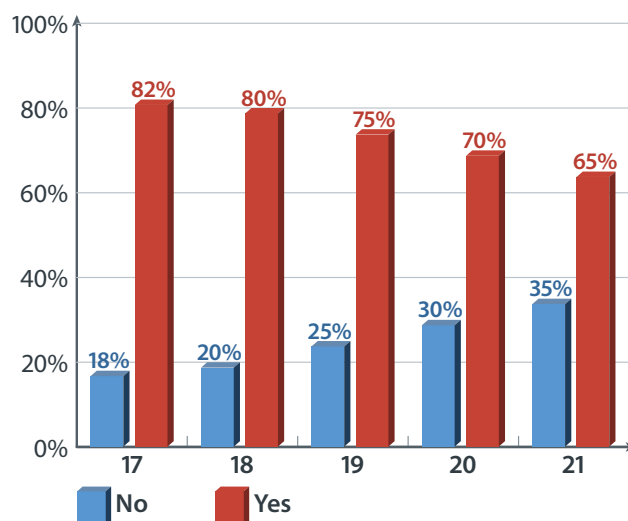
Percentage of Individuals Matching Between Adult and Juvenile Justice Systems by Age (Community Supervision Placements)

Analysis for Individuals Between Ages 17 and 21 (Only Prison Supervision):

The Department of Corrections provided 4,638 records for individuals currently between the ages of 17 and 21 whose only adult placement was a prison or correctional facility. The Department of Juvenile Justice was able to match 3,292 or 71 percent of those individuals to a prior delinquency record in Florida. The table below shows the match rate by age group:

Percentage of Individuals Matching Between Adult and Juvenile Justice Systems by Age (Adult Prison Placements)

The Department of Corrections provided 4,921 records for individuals currently between the ages of 17 and 21 who had both community supervision and prison or correctional facility placements. The Department of Juvenile Justice was able to match 3,474 or 71 percent of those individuals to a prior delinquency record in Florida. The table below shows the match rate by age group:

Percentage of Individuals Matching Between Adult and Juvenile Justice Systems by Age (Both Community and Prison)
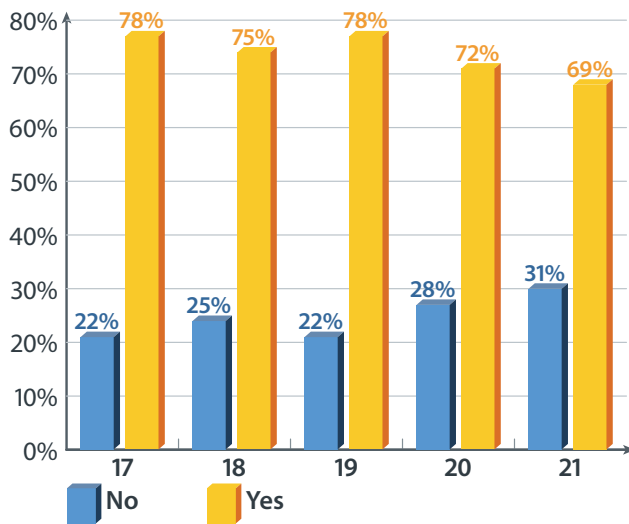
Demographics

Of the individuals in the adult corrections system that were identified as having a history with the Department of Juvenile Justice:

- **265 (or 63 percent) of the 17 year-olds were black.**

  » 255 (or 59.9 percent) were black males and 10 (or 2.3 percent) were black females.

- **790 (or 53 percent) of the 18 year-olds were black.**

  » 749 (or 50.6 percent) were black males and 41 (or 2.8 percent) were black females.

- **1,883 (or 46 percent) of the 19 year-olds were black.**

  » 1,687 (or 41.2 percent) were black males and 196 (or 4.8 percent) were black females.

- **2,995 (or 41 percent) of the 20 year-olds were black.**

  » 3,145 (or 39.6 percent) were black males and 341 (or 5.3 percent) were black females.

Follow-Up Questions and Answers

Question: Why are less than 100 percent of the 17 year-olds matching between the two systems? Don't all 17 year-olds come through DJJ first?

Answer: DJJ has partial matches on the majority of the 17 year-olds in the analysis, but because staff took a conservative approach to the matching process, some of these youth were excluded. DJJ does not spend much time with some of these youth and there may be data integrity issues on DJJ's end that are causing the record to fall out in the matching process.

Question: Can we go back farther than the year 2000 with juvenile justice records?

Answer: Yes we can, but prior to FY 1999-00 DJJ used a different information system that was not nearly as advanced as the current Juvenile Justice information System (JJIS). It is possible, but would require an investment of staff time that is just not available at the moment.

Local Councils on the Social Status of Black Men and Boys

This year the Council established Local Councils on the Social Status of Black Men and Boys in seven designated cities: Jacksonville, Tampa, St. Petersburg, West Palm Beach, Miami, Fort Lauderdale, and Orlando. The purpose of each Local Council is to address problems that are unique to each city. By building a Local Council in each city, existing resources can be leveraged and a focal point can be created to allow the statewide Council to pursue funding from philanthropic, charitable, and other sources, which will support the programming of the Local Councils. These Local Councils will coordinate and assist in the implementation of evidence-based programming to improve the lives of black men and boys. The building of Local Councils is a multi-year process. The statewide Council recognizes the success of the Local Council will depend on the ability of the Local Council coordinators to build a coalition among the program that already exists within the identified cities. The seven Local Councils on the Social Status of Black Men and Boys are in various stages of development. The progress and the ability of the Local Council to identify and bring together existing programs, organizations, and resources varies in each city. The following provides status reports for each Local Council.

Jacksonville Local Council

The Jacksonville Local Council is fully operational and has recruited and selected council members that include representatives from the Duval County Health Department, State Attorney's Office, Office of the Attorney General, Jacksonville Sheriff's Office, Duval County Schools, Department of Juvenile Justice, River Region Human Services Substance Abuse Program, Mad Dads, Legal Profession and other social service agency stakeholders. The inaugural meeting of the Jacksonville Council was July 19, 2010. Dr. Richard Danford, President and CEO of the Jacksonville Urban League was elected to serve as the Council Chairman and Mrs. Betty Burney, a Duval County School Board Representative was elected

to serve as the Vice-Chair. Additionally, the Council selected other officers and formed four committees: Socioeconomics, Education, Health and Families, and Criminal Justice and Gangs. The Local Council has met regularly since July and will meet as often as necessary to achieve their goals and objectives.

The Jacksonville Local Council is planning a community-wide event, to be held in the Spring of 2011, to reach disenfranchised black males and to provide them with services, resources, and support towards meeting their goals. The Council will begin to research, frame, and acquire funding for an Academy for young males ages 16-25 to begin to meet goals developed during community-wide and other screening events. Additionally, the Jacksonville Local Council plans to develop a non-profit Charter Academy in 2012 to meet social, educational and cultural needs if funding allows. Teach methods of "Reach One, Teach One" to revitalize neighborhoods and instill community investment.

Tampa Local Council (Advisory Board)

Tampa established a Tampa Local Council on the Social Status of Black Men and Boys Advisory Board to assist in the design and development of programs,

projects, and initiatives that address the risk factors associated with disproportionality in Child Welfare in 2009. It is an active advisory board, which serves on an as needed basis.

In the 2009 Annual Report, Teen Pregnancy was identified as a risk factor associated with disproportionality in Child Welfare. In collaboration with the Department of Children and Families and the University of South Florida, the Local Council Advisory Board assisted in the creation of a documentary that addressed the realities and challenges of teen parenthood *Think About This!* The goal of this documentary is to make youth and young adults think about how teen pregnancy not only affects their quality of life and future, but also the quality of life and future of their children and those trying to provide support. The documentary is currently being utilized by various youth serving agencies as an educational training tool throughout Hillsborough County.

In 2011 and 2012 the Tampa Local Council Advisory Board plans to:

- Expand the usage of the *Think About This!* Documentary as an educational training tool statewide.

- Assist the Department of Children and Families in the establishment of the Office of Minority Affairs, both administratively and legislatively.

- Continue to partner with the Department of Children and Families by assisting in the design and development of projects, programs, and services addressing the risk factors associated with disproportionality in Child Welfare.

St. Petersburg Local Council

The Pinellas Commission on the Advancement of Black Men and Boys was established in June 2010 to create local sustainable conditions to help black men and boys reach their full potential. The Commission will ultimately be comprised of 25 members. At least 11 will be black men; no less than three will be black male youth. Currently, the core members of the Commission are:

- **Carl Lavender, Jr.,** Partner in Chicago-based Quantum Management Resources and the retiring 10-year Executive Director of the Boys & Girls Clubs of the Suncoast (Mr. Lavender has accepted the invitation to Co-Chair the Commission);

- **Gregory Johnson**, CEO of the Pinellas County Urban League and Co-Publisher of the national Father Perspective magazine;

- **Gwendolyn Reese**, Co-Chair of The PACT and CEO of Infinite Solutions, Inc.;

- **Rev. Louis M. Murphy, Sr.,** Pastor of Mt Zion Progressive Missionary Baptist Church, Pinellas County's largest African-American congregation;

- **State Rep. Darryl Rouson**, Florida House District 55;

- **Gypsy Gallardo**, CO-Chair of the PACT and Publisher of The Power Broker magazine (Ms. Gallardo is a member on the Florida Council on the Social Status of Black Men and Boys, and has agreed to serve as Liaison to the Florida Council);

- **Minister Louis Muhammad**, Leader of the Nation of Islam's efforts in St. Petersburg, Mohammed's Mosque #95

In 2010, the Commission plans to create and implement:

- **The 10-YEAR BLACK LEDGER** – an exploration to produce the County's first comprehensive report on the economic, social, and educational status of black men and boys. Using 2010 Census data, the Ledger will assess the 10-year change – for better or worse – of black men and boys' status

since 2000. It will break new ground in several ways, for example, by eliminating the confusion on the black male graduation rate, by quantifying the number of black men and boys involved in the underground economy, including crime and drugs, and by peeling back the covers to look at the data and dynamics on families raising black boys.

- **The LIVING TRUST** – an inventory of the 125 plus initiatives working to improve educational and economic outcomes for black men and boys in Pinellas County, with a meta-analysis calculating the resources being invested in interventions on a county-wide basis.

- **CONVENTION OF A COMMUNITY UNITED** – a 6-month strategy group charged with identifying the unmet needs in the County's educational, workforce, criminal justice and human service systems-of-care as they relate to the status of black men and boys; the group is preliminarily slated to meet monthly for 6 months in order to develop the 2020 Business Case and Strategy to Advance Black Men and Boys in Pinellas.

- **The 2020 BUSINESS CASE & STRATEGY TO ADVANCE BLACK MEN & BOYS IN PINELLAS** - a 10-year plan to achieve measurable, lasting improvement in the educational and economic status of black men and boys. The major sub-components of the 2020 Strategy will be:

  » a Consensus Policy Agenda for City, County and School Board policies needed to under-gird a 10-year countywide effort; and

  » a proposed Public-Private Investment Strategy of interventions on a broad enough scale to make a measurable difference.

In 2012 and beyond, the Commission will be solely dedicated to implementing the 2020 Strategy through the following roles:

- Conduit through which funds will be raised and fiscally managed

- Convener of the many partners who will be involved with the 2020 Strategy

- Grantor of funds being invested in partners who will implement the 2020 Strategy through direct delivery of interventions and programs prioritized by the Commission

- Standard Bearer & Accountability Board for the performance of the investments made in direct delivery of interventions and programs

- Permanent liaison to the Florida Council on the Social Status of Black Men and Boys

- Knowledge sharing with the six other Local Councils operating under the Florida Council throughout the State of Florida

The Commission is soliciting public and private contributors to amass a total $250,000 to execute its Year 1 work plan, of which $50,000 is already committed, and an additional $200,000 is currently being sought to invest.

West Palm Beach Local Council

The West Palm Beach Local Council had its initial meeting on August 20, 2010, and a second meeting on September 24, 2010, in West Palm Beach, Florida. Many of the individuals and organizations that were invited did not participate due to competing priorities. During the initial meeting, individuals from local fraternities, sororities, faith-based organizations, and local county health departments met at Gaines Park to discuss the purpose of the local council and who should be invited to participate.

Currently, the West Palm Beach Local Council is working to generate heightened interest in the council. The participants are actively seeking individuals to be a part of the Local Council. The Local Council has agreed on scheduled monthly meetings to discuss their next steps and has a goal of becoming fully functional within a year.

The Local Council is currently compiling information for a local resource directory for black men and boys. The directory will be completed by the end of

2010 or in early 2011. The Local Council plans to seek grants from foundations or corporations to support future activities.

Miami Local Council

The Miami Local Council is in the initial stages of development. Dr. Janetta D. Cureton, Department of Children and Families Chief Psychiatrist and Medical Director, is coordinating the development of the Local Council. To ensure that it is in step with the needs of the community, the Local Council will be committing the remainder of 2010 and most of 2011 familiarizing itself and coordinating with the local groups in Miami that are actively working in health, education, family, socioeconomics, and criminal justice, the five pillar areas of the statewide Council on the Social Status of Black Men and Boys. The Local Council will conduct outreach in the local black communities, including African-American, Haitian, Jamaican, and other Caribbean communities. Once the Local Council identifies groups and organizations, they will work to educate them about the role of the Statewide Council and its efforts to improve the social status of black men and boys by promoting systemic change in the black community. This outreach will assist with the ongoing assessment to determine a structure for the Local Council that will provide the maximum benefit to the black men and boys in the communities of Miami. It is anticipated that the Miami Local Council will be fully established and operating by December 2011.

Orlando Local Council

The Orlando Local Council is in the early stages of development. Local Council Coordinator Rod Love, Deputy Secretary of the Florida Department of Juvenile Justice, met with a representative from the City of Orlando on August 12, 2010, to discuss the formation of the Orlando Local Council. City officials have deferred any movement toward establishment a Local Council, pending the outcomes of the upcoming gubernatorial and Orange County government transitions. Notwithstanding the outcomes of the transitions, the establishment of a Local Council in Orlando continues to be ongoing. It should be noted that Orlando is a focal point of the Council on several fronts. In addition to establishing a Local Council on the Social Status of Black Men and Boys in Orlando, the Council has also committed to establishing a role model program in the Orlando Parramore Community. The Council anticipates that it will partner with local political, community, law enforcement, and business leaders to achieve these goals.

Ft. Lauderdale Local Council

In 2006 Broward College paved the way by establishing the first Local Council on Social Status of Black Men and Boys when it put in place a college level Local Council to support black and Latino male students at Broward College. The goal of the Broward College Local Council is to build a positive network of support in the lives of black and Latino male students. The Local Council provides a peer mentoring, scholarships, special events, and a learning community for black and Latino males. The Ft. Lauderdale Local Council Coordinator, Representative Perry Thurston, is moving the Local Council toward more community and family involvement. The Local Council has met with local leaders and civic organizations that have agreed to build on the successes of the Broward College Local Council and to expand the Local Council to the greater Ft. Lauderdale Community.

Role Model Programs

The need for mentoring programs has become increasingly more important as states and institutions struggle to improve students' academic outcomes at every level. Mentoring programs, when carefully designed and well managed, provide positive influences for young people who may need a little extra attention or do not have a good support system available to them. The Florida Council on the Social Status of Black Men and Boys has been working to establish two mentoring programs during the 2010 program year. Quincy in Gadsden County and the Parramore Community in Orlando were adopted by the Florida Council as the locations for these role model program initiatives.

Creating Vision and Value, "If you don't have a vision of yourself in the future, you really don't value your life," said Council Member and now Congresswoman-elect, Sen. Frederica Wilson, who founded the 5,000 Role Models of Excellence 16 years ago. Senator Wilson said, "Many of our black children never see any man getting up and going to work. You have to give children a vision of themselves in the future. Those children who have a vision can make it." As black and Hispanic boys continue to carry the highest percentage of underachievers in grade school, she said, dropout prevention programs like the 5,000 Role Models of Excellence program increasingly have

become a solid resource for school districts. The program started out with three schools, said Wilson. Now 101 Miami-Dade schools participate in the program, which operates on a $500,000 annual budget generated from the Miami-Dade school district.

Quincy Role Model Program

The Quincy Role Model Project is in the process of assessing the community's needs. The needs assessment will include available resources in the local community, status of an information regarding any locally-based mentoring programs, existing community leaders, the depth of need for the local role model program, and whether a to establish a entirely new program or build upon an existing program. The needs assessment is scheduled to be complete in December 2010. Why did the Council adopt the Quincy Community in Gadsden County for a role model program? There were 6,982 people residing in Quincy. The racial makeup of the city is 64.15 percent African-American, 31.55 percent white, and 6.89 percent Hispanic or Latino. There were 2,657 households out of which 30.5 percent had children under the age of 18 living with them. While 36.2 percent of the households were married couples living together, 28.1 percent were female households

with no husband present. The median age was 35 years. The median income for a household in the city is only $29,393 and the median income for a family is only $31,890. About 16.8 percent of families and 19.1 percent of the population live below the poverty line.

Orlando Role Model Program

The Orlando Role Model Project is in its early stages. Council members are currently investigating different programs in the Orlando area that it can work with to establish a role model program in Orange County. Why did the Council adopt the Parramore Community in Orlando for a role model program? The earliest recorded settlement of African-Americans in Orlando is commonly associated with the Callahan area or the Holden Neighborhood, but the area is more commonly known as the Parramore Community. In the Parramore Community, 73 percent of the children live in poverty and 84 percent are from single parent households. More than 47 percent of the adults have neither a high school

diploma nor GED. The median household income is $13,613. Historically, the Parramore Community had Orlando's highest rate of reported child abuse and neglect, the juvenile arrest rate is 2½ times that of the city-wide rate and the teen birth rate is nearly six times the rate of the surrounding county.

It is anticipated that the Role Model Program and Orlando Local Council will work in concert with the Pathways for Parramore initiative, a program that is intended to revitalize the Parramore community. The Pathways for Parramore initiative focuses on five key areas: housing, public safety, business development, children and education, and quality of life. One achievement in Parramore toward fulfilling this goal was the national recognition of the Parramore Kidz Zone Project. This project, modeled after the Harlem Children's Zone, seeks to create outreach to engage children of the area and involve them in positive opportunities, including pre-kindergarten education, parenting education, health care, mentoring, tutoring, and constructive activities during the summer recess.

Funding

Background of Funding/Allocations

Upon the creation of the Florida Council on the Social Status of Black Men and Boys in FY 2007-08, the Florida Legislature appropriated $100,000 to provide for the operational and administrative costs of the Council.   In FY 2008-09, the Florida Legislature reduced the Council's appropriation from $100,000 to $50,000.   Recognizing the need for additional funding and resources acquiring external funding became a necessity for the Council to effectively achieve its mission.

As authorized in §16.615(e), Florida Statues, the Florida Council on the Social Status of Black Men and Boys may "apply for and accept funds, grants, gifts, and services from the state, the Federal Government or any of its agencies, or any other public or private source for the purpose of defraying clerical and administrative costs as may be necessary for carrying out its duties under this section."

Challenges

Currently, Florida is facing an uncertain economy. State agencies have been required to cut costs while continuing to provide high levels of service. Because agency heads must cut costs, allocations for special projects and initiatives like those espoused by the Council are extremely difficult to obtain.

Fewer dollars are available for projects during these difficult economic times. Most philanthropic foundations, charitable organizations, and federal grant programs have begun to shrink their pool of funding for new projects.

Direct Support Organization (DSO)

To solicit and receive funding to support the activities of the Council the Florida Legislature authorized the establishment of a Direct Support Organization (DSO) as outlined in Chapter 616, Florida Statutes. The DSO was authorized in 2008, under §16.616,

Florida Statutes, to be organized as a not for profit Florida Corporation which shall operate under contract with the Department of Legal Affairs.

The Council developed a Strategic Business Plan with the desired end state of creating and sustaining a Direct Support Organization for the operation and support of the seven Local Councils on the Social Status of Black Men and Boys by 2012. Included in business plan is an appointment of a 13-member Board of Directors that will assist the Council in its efforts to obtain funding to support the operations of the Local Councils.

In May 2010, Chairman Davison on behalf of the Council solicited Florida agency heads for financial support.   Based on this request the Florida Department of Corrections and Florida Department of Children and Families committed $10,000 each to support the programs and initiatives of the Council, including the Local Councils and Role Model Programs. Other agencies were unable to support the Council financially due to budget constraints.

Potential Funding Sources

The Council recognizes the importance of strategic partners, like the Urban Leagues, to foster the development of community and private sector resources. The Council has begun researching financial support opportunities available from philanthropic foundations, charitable organizations, and federal grant programs to sustain the efforts of the Local Councils and role model programs.

With the development of the Local Councils and role model programs, the focus has been on researching appropriate funding sources. While several potential funding sources are known it is not productive to send out proposals indiscriminately in the hope of obtaining funding. Only interests and intentions of grant making organizations that are consistent with

those of the applicant are the most likely to provide support. In fact, many organizations will not accept unsolicited requests and most foundations usually do not make funding announcements; they usually seek out projects they wish to fund. With several known funding sources identified the Council intends to monitor Request for Proposal (RFP) announcements and submit letters of intent in an effort to apply for funding.

Additionally, there are many types of foundations: national, philanthropic, charitable, community, corporate, etc. As a general rule, it is a good idea to start research with organizations and businesses in your local community, as they are frequently concerned with solving the same local problems. Additionally, corporations tend to support projects in areas where

they have offices or plants. Florida is home to several corporations with foundations, for example, Gatorade, Publix, Target, Wal-Mart, Blue Cross Blue Shield of Florida, Office Depot, General Motors, Kraft Foods, Cisco Systems, Marriott International, etc. The Council will begin reaching out to these "home town" organizations to support the Local Councils and Role Model programs.

While directly funding the Local Councils and role model programs is the primary concern of the Council, is also considering non-monetary contributions that may be available. In many instances, academic institutions, corporations, and other non-profit groups in the community may be willing to contribute technical and professional assistance, in-kind services, or equipment to a worthy project.

Conclusion

The Florida Council on the Social Status of Black Men and Boys hopes that this 2010 Annual Report is an accurate representation of its work over the past year. The Council established three priorities for 2010. The first priority was to establish a Direct Support Organization to support the initiatives and programming of the Council and to identify funding sources. In May 2010, Chairman Richard D. Davison requested financial support from state executive agencies. Based on this request the Florida Department of Corrections and the Florida Department of Children and Families committed $10,000 each to support the initiatives and programs of the Council. Other agencies were unable to make a financial commitment due to budgetary constraints. The Council is awaiting applications to and appointments to the DSO by the Speaker of the House and the President of the Senate.

The second priority was to form Local Councils on the Social Status of Black Men and Boys in Orlando, Tampa, St. Petersburg, Miami, Ft. Lauderdale, Jacksonville, and West Palm Beach. These local councils will coordinate and implement evidence-based programming to improve the lives of black men and boys. Building local councils is a long-range goal that the statewide Council is approaching like a marathon – slow and steady work. Each local council is at varying stages of development and is making progress based upon the unique needs of its designated service area and its ability to leverage resources for growth.

The third priority was to establish role model programs in the Quincy and Parramore communities using the blueprint of the Miami-Dade 5000 Role Model Program. The role model programs in Quincy, Florida and the Parramore Community in Orlando are in their infancy. Council members are diligently working to lay the foundation to implement strong programs that can be expanded throughout the state.

In 2011, the Council plans to continue to work on these priorities to ensure that the lives of black men and boys in the state of Florida are improved. It will continue to take leadership in the local communities, and state-level support to begin to improve the plight of black men and boys in this great state of Florida.

**FLORIDA COUNCIL ON THE SOCIAL
STATUS OF BLACK MEN AND BOYS**

2010 Annual Report

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