



State Faces Challenges to Improving Community Public Health in Florida

at a glance

Over the past 10 years, several key public health outcomes in Florida have improved. For example, infant mortality and births to teens have been reduced and infectious disease outcomes have improved. However, despite this improvement, in Fiscal Year 2002-03, the program met legislative standards for only 5 of its 13 PB2 outcome measures. In addition, Florida falls below the national average on many critical public health indicators.

Three barriers impede the Department of Health's ability to affect the public health of Floridians: many county health departments have not conducted assessments to identify and prioritize local health care needs; the department allocates some funds to county health departments using outdated allocation methodologies; and some county health departments need assistance to identify and garner supplemental funds to address local needs. In addition, the department can better ensure continuous improvement of health outcomes by modifying its quality improvement process for county health departments and developing a compendium of best practices.

Scope -----

Section 11.513, *Florida Statutes*, directs the Office of Program Policy Analysis and Government Accountability to complete a program evaluation and justification review for each state agency that is operating under a performance-based program budget. Justification reviews assess agency performance measures and standards, evaluate program performance, and identify policy alternatives for improving services and reducing costs.¹

This report is the second of two that reviews the Community Public Health program administered by the Department of Health. The first report examined activities related to controlling counterfeit and diverted drugs within the prescription drug wholesale market.² This report addresses Florida's performance on key public health indicators and ways to improve community public health in Florida.

Background -----

The Department of Health's mission is to promote and protect the health and safety of all people in Florida by delivering quality public health services and promoting health care standards. The department's Community Public Health Program supports this mission by overseeing public health services in Florida.

¹ Chapter 92-249, *Laws of Florida* (see Appendix A for statutory requirements).

² *Counterfeit and Diverted Drugs Threatened Public Health and Waste State Dollars*, [Report No. 03-18](#), February 2003.

Justification Review

The program delivers a wide range of services to maintain and improve the public health of Florida's citizens and visitors. Some program services and activities target specific populations, while others benefit communities as a whole. The program's services are grouped into three main categories.³

- Family health. These services provide preventive and primary care to adults and children who face barriers accessing health care. Services include basic primary health care for adults, prenatal care for high-risk pregnant women, food and nutrition services for women and children, family planning services, children's dental services and limited dental services for adults. Family health services also include activities that address prevention, education, and treatment of chronic diseases and conditions such as obesity, diabetes, and epilepsy. In Fiscal Year 2002-03, the program delivered an estimated 23.2 million family health services to 1.4 million clients.⁴
- Infectious disease prevention and control. These services detect, control, and eradicate infectious diseases. Services include education for prevention and early detection of infectious diseases, as well as treatment of persons with HIV/AIDS, sexually transmitted diseases, and tuberculosis. Infectious disease services also increase the percentage of children who are immunized and provide vaccinations to children without health care insurance. In Fiscal Year 2002-03, the program delivered an estimated 2.03 million infectious disease services to 738,937 clients.
- Environmental health. These services focus on maintaining a healthy environment by investigating outbreaks of food-borne illnesses, testing drinking water, investigating animal bites, and permitting and inspecting private septic tanks. Environmental health services also include regulating certain facilities, such as migrant labor camps, group care housing, and school cafeterias. In Fiscal Year 2002-03, the

program delivered 949,005 environmental health services.

The Community Public Health Program also provides statewide support services. These services include public health laboratory and pharmacy services, vital statistics registration, and the coordination of health and medical services in the event of a man-made or natural disaster.

Organization. Through state-county partnerships, the Community Public Health Program delivers most of its services by way of the state's 67 county health departments. Each county health department provides a basic core of services that are outlined in an annual contract between the board of county commissioners and the department. The program also contracts with organizations such as community and migrant health centers, academic-affiliated institutions, and non-profit public health organizations to deliver public health services.

The central program office (located in Tallahassee) provides leadership, policy and procedural direction, and programmatic support to the county health departments. The central office also administers statewide activities such as laboratory services and educational campaigns to prevent disease and promote healthy behaviors. In addition, the central office administers and monitors contracts for services not provided through the county health departments.

Resources. For Fiscal Year 2003-04, the Legislature appropriated \$1.58 billion for the Community Public Health Program. The majority of this appropriation (\$1.26 billion or 79%), comes from federal and state trust funds, county contributions, Medicaid revenues, and client fees. The program received \$319 million in state general revenue. For Fiscal Year 2003-04, the Legislature authorized 1,292 full-time positions (FTEs) and 162 other personnel services (OPS) positions for the Community Public Health program.⁵

³ For a detailed listing of services and activities, see Appendix B.

⁴ Some of the offices report activities by clients served and some report activities by services delivered.

⁵ These FTEs fill positions at headquarters and in regional offices throughout the state, such as the laboratories, epidemiology offices, and emergency support offices located across the state.

As shown in Exhibit 1, Community Public Health expenditures totaled \$1.4 billion in Fiscal Year 2002-03. In addition to performing administrative activities, the central office delivers a number of public health services directly or through contracts such as child care food services, some AIDS patient care, public health pharmaceuticals, and tuberculosis hospital care. County health department expenditures accounted for \$636.5 million (or 46%) of the \$1.4 billion and included \$421 million of state and federal funds allocated by the department, as well as approximately \$215.5 million in local contributions, fees, and grants. As of August 2003, the county health departments employed 11,398 full-time employees and 1,283 OPS employees.⁶

Exhibit 1

Community Public Health Program Expenditures Totalled \$1.4 Billion in Fiscal Year 2002-03

	Central Office	County Health Departments	Total
Family Health Services	\$448.5 m	\$360.8 m	\$ 0.8 b
Infectious Disease Services	113.6 m	174.7 m	0.3 b
Environmental Health Services	21.7 m	75.5 m	0.1 b
Other	173.2 m	25.5 m	0.2 b
Total	\$757.0 Million	\$636.5 Million	\$1.4 Billion

Source: Department of Health.

Findings -----

Public health outcomes are improving, but do not meet all legislative performance expectations

Over the past 10 years, key public health outcomes in Florida have improved. For example, infant mortality and births to teens have decreased and infectious disease outcomes have improved. However, despite this improvement, in Fiscal Year 2002-03, the

program met legislative standards for only 5 of its 13 performance-based program budgeting (PB²) outcome measures. In addition, Florida falls below the national average on some key public health indicators. An annual national study that evaluates states' overall health ranked Florida 42nd for 2003.⁷ While up from 43rd place the previous year, Florida ranked below the other nine most populous states.⁸

Infant mortality and birth indicators have improved in Florida over the past 10 years, yet have not met legislative standards. Improving birth outcomes and reducing the rate of births to teens are critical public health goals. To improve birth outcomes, the department's Healthy Start initiative targets prenatal-care services to high-risk clients. Healthy Start screens pregnant women and newborns to identify those at risk of poor birth, health, and developmental outcomes. Healthy Start works directly with communities that exhibit significant increases in infant mortality. Healthy Start also works to ensure that eligible clients enroll in and receive services from WIC, a supplemental nutrition program for women, infants, and children.

As shown in Exhibit 2, from Fiscal Year 1993-94 to 2002-03 infant mortality and births to teen mothers in Florida decreased. Over this time period, infant mortality has fluctuated but has decreased overall by 12%. Teen births experienced a steady decrease, falling by 30% over the period.

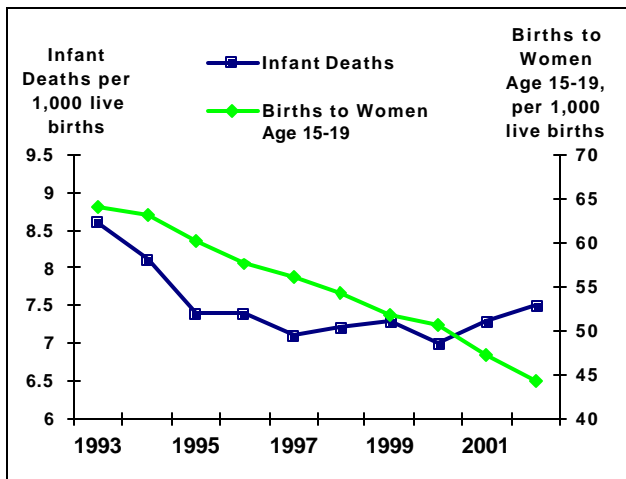
⁷ *State Health Ranking-2003 Edition*, United Health Foundation. This study assesses both risk factors and health outcomes to establish ratings. Some risk factors, such as high school graduation rate, lack of health insurance, and the rate of violent crimes, may not be directly related to Department of Health services and programs. See www.unitedhealthfoundation.org for detailed information.

⁸ The 10 most populous states, in order from highest population to lowest, are California, Texas, New York, Florida, Illinois, Pennsylvania, Ohio, Michigan, New Jersey, and Georgia.

⁶ County health department employees are state employees.

Exhibit 2

Infant Mortality and Births to Teenage Mothers Have Declined Over the Past 10 Years



Source: Department of Health, Office of Planning, Evaluation and Data Analysis.

However, as shown in Exhibit 3, the department met only one of the four legislative performance standards for family health services in Fiscal Year 2002-03. The department met the standard for reducing the rate of births to teens aged 15-19. This birth rate fell from 50.42 births per 1,000 young women in Fiscal Year 2001-02 to 42.8 in Fiscal Year 2002-03.

The department did not meet the three legislative standards for infant mortality and birth weight during Fiscal Year 2002-03. Instead, performance on these outcome measures has declined over the past three fiscal years. The department attributes this decline to increased incidences of multiple births and women delaying pregnancy to an older age, both factors that contribute to poor birth outcomes. The department would have met the standard for low-birth weight babies for WIC clients if multiple births were excluded (resulting in a rate of 7.28% of babies with low birth weight, compared to the 8.38% rate if multiple births were included). The department plans to request that the Legislature increase the standard for low birth weight births to 8.2% for Fiscal Year 2004-05.

When compared nationally, Florida's infant mortality rate exceeds the national average. Florida also has the 15th highest teen birth rate for 15-19 year-old girls.

Exhibit 3

The Department Did Not Meet Three of Four PB² Standards for Family Health Services in Fiscal Year 2002-03

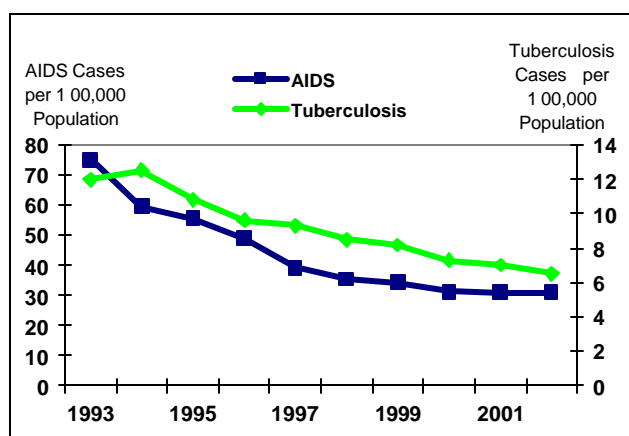
	Fiscal Year			PB ² Standard	Standard Met?
	2000-01	2001-02	2002-03		
Total infant mortality per 1,000 live births	7.0	7.3	7.53	6.7	No
Non-white infant mortality per 1,000 live births	11.4	12.2	12.27	10.7	No
Percentage of low birth weight births among prenatal WIC (women, infants, and children) clients	8.10%	8.34%	8.38%	7.90%	No
Live births to mothers age 15-19 per 1,000 females 15-19	51.60	50.42	42.8	48.4	Yes

Source: Department of Health, Office of Planning, Evaluation, and Data Analysis.

Indicators related to the control and prevention of infectious diseases show mixed performance. Over the last several years, Florida has improved on several major indicators relating to infectious diseases. For example, case rates for HIV/AIDS and tuberculosis (see Exhibit 4) have significantly decreased over the last decade. Furthermore, infection rates for gonorrhea have decreased by 26% and syphilis by 56% over the past 10 years.

Exhibit 4

AIDS and Tuberculosis Rates Declined from Fiscal Year 1992-93 to 2002-03



Source: Department of Health, Office of Planning, Evaluation and Data Analysis.

However, as illustrated in Exhibit 5, the department met only two of six legislative performance standards for infectious disease services in Fiscal Year 2002-03. The HIV/AIDS

death rate and the tuberculosis case rate have fallen in recent years and met the legislative standard. Although the AIDS case rate exceeded the legislative standard for 2002-03, this rate has declined with the department nearly meeting the standard. The rate of chlamydia, a sexually transmitted disease, was 251.75 cases per 100,000 population, which exceeded the standard of 213. The department attributes this increase to stronger monitoring and screening for chlamydia. In view of this, the Legislature raised the standard for Fiscal Year 2003-04 from 213 to 230.

The department also did not meet legislative standards for the two performance measures related to immunizations against vaccine-preventable diseases. The immunization rate among two-year-old children fell slightly and was well under the legislative standard of 90.2%. While the rate of vaccine-preventable diseases increased slightly, this is a volatile measure which can be affected by a few cases. To improve performance related to immunization outcomes, the department has developed a database that allows central office staff to identify children who are not being immunized and develop strategies to increase immunization. While there is no requirement that private health care entities participate by entering immunization histories into this system, private providers have expressed interest and the department expects more participation in the future.

Exhibit 5

The Department Met Two of Six PB² Performance Standards for Infectious Disease Services

	Fiscal Year			PB ² Standard	Standard Met?
	2000-01	2001-02	2002-03		
AIDS case rate per 100,000 population	31.35	32.03	30.9	30	No
HIV/AIDS resident total deaths per 100,000 population	11.32	10.37	10.31	10.9	Yes
Chlamydia case rate per 100,000 population	208.92	229.3	251.75	213	No
Tuberculosis case rate per 100,000 population	7.5	7.0	6.5	7.0	Yes
Immunization rate among two-year-olds	86.60%	85.50%	85.30%	90.20%	No
Vaccine-preventable disease rate per 100,000 population	3.67	3.22	3.55	3.15	No

Source: Department of Health, Office of Planning, Evaluation, and Data Analysis.

Justification Review

When compared nationally, Florida exceeds the national average for sexually-transmitted disease rates, and is below the national average for ensuring that children receive immunizations. Nationally, in 2001, Florida had the fourth highest rate of AIDS, the twelfth highest rate of syphilis, and the sixth highest rate of tuberculosis. While the national syphilis rate was 2.2 cases per 100,000 population in 2001, Florida's rate was 3.0 with six Florida counties reporting rates greater than 4.0. However, as discussed later in this report, Florida's public health system is challenged by its unique population.

The department met two of three legislative standards for environmental health services. Environmental health services primarily serve a regulatory function to prevent the spread of diseases from environmental sources and to maintain a healthy environment. The department achieves this by inspecting and permitting specific facilities and environmental areas; monitoring air, food, and water quality; and investigating outbreaks of environmental diseases. Because of the regulatory nature of these services, the environmental health PB² outcomes are intermediate outcome measures and do not directly reflect public health status. For example, the rate of food- and waterborne disease outbreaks only measures outbreaks that occur in facilities regulated by the department, rather than measuring all food- and waterborne disease outbreaks in Florida.⁹ However, the department investigates all food- and waterborne disease outbreaks.

⁹ In addition to the Department of Health, the Department of Business and Professional Regulation and the Department of Agriculture also regulate facilities where food- and waterborne diseases originate.

As shown in Exhibit 6, the department met the legislative performance standards for both septic tank failure rate and food- and waterborne disease outbreaks. However, department monitored facilities did not meet the overall sanitation and safety score standard in 2002-03 even though performance improved slightly compared to the previous year (from 93.24% to 93.52%).

The department attributes failure to meet this standard to recent efforts to improve the quality of inspections by expanding its training program. As a result of more intensive training, inspectors have cited more violations and thus, scores have worsened.

Public health challenges underscore the need for a strong public health system

Florida faces several challenges in improving its public health outcomes. Florida is the fourth most populous state with large racial and ethnic minority populations and a relatively high poverty level (37% of residents lived below 200% of the federal poverty level in 2001).¹⁰ Florida also has the third highest rate of immigration in the country.¹¹ Language and cultural barriers as well as limited health care insurance and access to health services are often associated with these demographic and socioeconomic characteristics, which contributes to inadequate health care, unhealthy behavior, and poor public health outcomes.

¹⁰ Florida's population is 14% black, 20% Hispanic, and 2% other.

¹¹ Only New York and California admitted a higher percentage of immigrants in 2001.

Exhibit 6

The Department Met Two of Three PB² Performance Standards for Environmental Health Services

	Fiscal Year				PB ² Standard	Standard Met?
	1999-00	2000-01	2001-02	2002-03		
Overall sanitation and safety score in department regulated facilities	96.10%	96.10%	93.24%	93.52%	96.20%	No
Septic tank failure rate per 1,000 within 2 years after system installation	2.50	3.02	2.7	2.74	2.98	Yes
Food- and waterborne disease outbreaks per 10,000 facilities regulated by the department	N/A	3.8	3.8	1.96	3.76	Yes

Source: Department of Health, Office of Planning, Evaluation, and Data Analysis.

Florida's 67 counties also vary widely in demographic and socioeconomic characteristics. In 2000, poverty rates ranged from 26% in Hamilton County to 6.8% in Clay County. In addition, public health outcomes vary significantly among counties. The AIDS case rate in Dade County in 2002 is 49 per 100,000 population while the rate in Citrus County is 4. Further, Florida's citizens have an increased prevalence of chronic diseases and conditions, such as diabetes, cardiovascular disease, and obesity, which challenges Florida's public health system. For example, obesity among adults in Florida increased from 10.1% in 1991 to 18.9% in 2001. Chronic diseases and conditions are costly to treat in the health care system and significantly reduce both the length and quality of life.

To address these challenges and improve Florida's public health status, the department needs to increase efforts to identify and address local public health needs and challenges. We identified three barriers in the current public health infrastructure that if addressed, should facilitate the department's ability to improve the health status of Floridians.

- Many county health departments have not conducted assessments to identify and prioritize local public health needs.
- The department allocates some funds to county health departments using outdated allocation methodologies.
- Some county health departments need assistance to identify and garner supplemental funds to address local needs.

Requiring county health departments to conduct community health assessments would improve health outcomes

Given the diversity among Florida's counties, public health needs and priorities vary greatly. Thus, it is important to identify and address needs at the local level. While the department monitors and reports on numerous data related to public health status, it does not require county health departments to comprehensively assess public health at the local level. These assessments identify local public health needs using a systematic process that assesses health

status as well as available resources and capacity of local public health systems. Focusing attention on addressing local public health needs can, in turn, assist the department in improving the state's overall public health status.

Over half of the county health departments have conducted health assessments but efforts have varied. Our 2002 survey of county health department directors and the preliminary results of a 2003 department survey indicate that slightly more than half of the departments have conducted some type of community health assessment in their county. Of the 64 county health departments that responded to our survey, 35 reported that they have conducted a community health assessment; an additional 7 health departments reported to the department that they have now conducted or are in the process of conducting a community health assessment. The county health departments that had not conducted community health assessments told us that lack of internal resources and expertise were the primary reasons.

Further, the local community health assessments that had been conducted at the time of our survey varied substantially. Some assessments were comprehensive and covered a wide range of public health issues, others were limited to single issues such as primary care for indigents or child health access. While some county health departments used their assessments to develop priorities and action plans to address local needs, other departments did not develop or implement action plans. Such variations make it difficult for the department to use these assessments as a basis for statewide planning or resource allocation decisions to improve Florida's performance on critical health status indicators.

The department should continue its efforts to encourage all county health departments to conduct community health assessments. The department is in the early stages of implementing an initiative to institute routine, systematic community health assessments in all county health departments. The department's plan for this initiative is for each county health department to conduct routine assessments based on the community health assessment

model, Mobilizing for Action through Planning and Partnerships (MAPP).¹² MAPP is a comprehensive, strategic approach for conducting assessments, from engaging public health and other community leaders to identify and prioritize community health issues to developing and implementing action plans. The department offers training in how to conduct the MAPP-based process. To assist counties in identifying needs, the department also has developed a web-based database that county health departments can use to analyze data and compile community health profile reports.¹³ In addition, the department is currently surveying county health departments to determine which health departments need assistance to conduct community health assessments.

To ensure the success of this initiative, it is important that the department develop a schedule for the 67 county health departments to conduct MAPP-based assessments. The department also should provide training in how to use department data to identify needs and set public health priorities, to involve local public health partners, and to develop and implement action plans. Once each county health department has conducted an initial health assessment using MAPP, the department should use these assessments to guide and support resource allocation and program planning.

County health department funding should be allocated based on current conditions

To maximize county health departments' ability to improve public health status, program funding should be based on current conditions. The department allocates both categorical and discretionary funds to the county health departments. Categorical funds must be used for specific services and programs while discretionary funds, as stipulated in annual contracts, should be used to fulfill local public health priorities.

However, some department allocations are not periodically adjusted to reflect changes in demographics, socio-economic factors, or other criteria.¹⁴ To illustrate this, basic school health services allocations have not been readjusted since 1993-94. Instead, funding is still allotted based on each county's percentage of school-age children in 1993-94 even though these percentages have changed since then.¹⁵ The department should review and update allocation formulas and adjust county health department allocations so that counties receive funding that more accurately reflects their needs. In addition, once implemented, the department can use MAPP-based assessments as a tool to assist county health departments in how to best address local priorities with state discretionary funds.

The department should assist county health departments in obtaining grants

In addition to the funding provided by the department, a wide variety of other funding sources are available to county health departments to support their public health initiatives. Some supplemental funding is available through grants administered by the department, while other funding is available through private entities. To receive this supplemental funding, county health departments generally must meet specific criteria and complete grant applications.

However, more than half (38) of the 64 county health department directors that responded to our survey indicated that they lack staff and expertise needed to identify and apply for grants. Only nine county health departments have a specific position devoted to grant-writing. In the absence of this expertise, county health departments often forgo public and private funds that could be used to supplement state funding and meet local public health needs.

The department could address this situation by taking several steps. First, it could notify those counties that meet the criteria for the grants that it administers of the availability of this supplemental

¹² The National Association of County and City Health Officials, in collaboration with the Centers for Disease Control and Prevention, developed and promote this model.

¹³ The database, Community Health Assessment Resource Tool Set (CHARTS), provides access to public health indicators and health resource data. In addition to raw data, it provides users with tabular data, multi-year trend graphs, and detailed maps of public health status at the county and sub-county level.

¹⁴ Department managers reported that, with some exceptions, allocation criteria are reapplied only to funding increases while base funding remains the same.

¹⁵ For example, the percentage of children ages 5-17 has increased by more than 50% in Collier, Flagler, Osceola, and St. Johns counties.

funding.¹⁶ Second, it could provide training and technical assistance to county health departments in grant writing and help them identify sources of these funds. Finally, the department could work with the Florida Health Foundation, established in 2001, to garner private funding to support local public health priorities. The department should fill the board position designated by the foundation and work with the foundation to identify opportunities where the foundation could assist county health departments to apply for and administer supplemental grants.

The department should modify its county health department quality improvement process

The department's quality improvement process for county health departments is intended to ensure continuous improvement in key health status measures and to improve effectiveness and efficiency of county health department operations. The process is comprehensive, taking 13 months to complete and requiring extensive reviews of client charts, health statistics, and internal procedures. The department is planning to streamline the process to make it less burdensome to central office staff and county health department staff.

By making annual reviews of community health assessment action plans part of its quality improvement process, the department can maintain a stronger focus on improving health status at the local level. The department should incorporate community health assessments into its quality improvement process by conducting annual reviews of the status of community assessment action plans. Doing so would allow the department to monitor county health departments' progress toward meeting local health goals and identify factors impeding progress. The county health departments could then use the annual reviews to revise their action plans, when needed.

Because annual reviews of local action plans will provide more regular information about progress toward improving public health outcomes, the

department could conduct quality improvement reviews less often. For example, the department could extend the time between quality improvement reviews from the current three-year review cycle to a five-year cycle. The department also could use the annual reviews of local action plans to identify county health departments that might need additional assistance to address continuing problems or barriers. In these instances, the department could conduct an intensive quality improvement review prior to the next scheduled review.

To assist local communities in reaching their health status goals, the department should develop a compendium of best practices. Based on quality improvement reviews, the department maintains on its website a list of commendations that recognize county health departments' improved performance on health outcomes. These commendations, however, do not provide detailed information on how the referenced county health departments improved performance. To assist county health departments in identifying strategies that result in improved outcomes, the department should develop and maintain a compendium of best practices that offer successful solutions to challenges experienced by county health departments in improving health outcomes.

Conclusions and Recommendations-----

Although Florida's performance on key public health indicators has improved in recent years, the Community Public Health program met only 5 of its 13 legislative outcome standards. Three barriers impede the program's ability to improve the public health of Floridians: many county health departments have not conducted assessments to identify and prioritize needs; the department allocates some funds to county health departments using outdated allocation methodologies; and some county health departments need assistance to identify and garner supplemental funds to address local needs. In addition, the department needs to modify its quality improvement process for county health departments, and it should develop a compendium of best practices.

¹⁶ Typically the department notifies all county health departments of grant funding via email. County health departments must choose to apply for the grant funding.

Justification Review

To strengthen Florida's public health infrastructure and achieve long-term public health improvement, we recommend that the Legislature direct the Department of Health to take the actions described below.

- Establish a standardized community health assessment process as a department priority and ensure that county health departments conduct them on a periodic basis. The department should continue its efforts to encourage all county health departments to conduct standardized comprehensive community health assessments using the MAPP-based model. The department should develop a schedule for county health departments to conduct these assessments and provide training and technical assistance to aid this effort as needed. Once each county health department has conducted an initial community health assessment, the department should use the results of these assessments as a basis for community public health planning and resource allocation.
- Take steps to ensure that county health department funding addresses local priorities and needs. The department should review and update allocation formulas and adjust county health department allocations so that counties receive funding that more accurately reflects their needs. In addition, once implemented, the department should use the results of MAPP-based assessments as a tool to assist county health departments in how to best address local priorities with state discretionary funds.
- Assist county health departments to pursue and obtain supplemental funding. Some county health departments do not have the resources to apply for supplemental funding distributed by the department. In light of this, the department should notify counties that meet funding criteria of available

supplemental funding; provide training and technical assistance to county health departments in grant writing; and work with the Florida Health Foundation, established in 2001, to garner private funding to support local public health priorities. The department should fill the board position designated by the foundation and work with the foundation to identify opportunities by which the foundation can assist county health departments to apply for and administer grants.

- Modify its current quality improvement process to incorporate annual reviews of community health assessments. To maintain a focus on improving health outcomes, the department should annually review the status of community health assessment action plans. The department could then perform quality improvement reviews less often and use the annual status reviews to identify county health departments needing additional assistance to address continuing problems or barriers. Further, the department should develop and maintain a compendium of best practices to assist county health departments and communities in identifying activities and strategies that result in improved health outcomes. Best practices could focus on building strong community partnerships, using and analyzing data, and delivering efficient and effective local public health services.

Agency Response -----

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Health to review and respond. The Secretary's response has been reproduced herein and can be viewed in Appendix C.

Appendix A

Summary Conclusions for Program Evaluation and Justification Review

Section 11.513(3), *Florida Statutes*, directs OPPAGA program evaluation and justification reviews to address nine issue areas. Our conclusions on these issues as they relate to the Community Public Health Program are summarized below.

Table A-1
Summary of the Program Evaluation and Justification Review
of the Community Public Health Program

Issue	OPPAGA Conclusions
The identifiable cost of the program	For Fiscal Year 2003-2004, the Legislature appropriated \$1.58 billion for the Community Public Health program, including \$319 million in state general revenue and \$1.26 billion in federal and state trust funds, county contributions, Medicaid revenues, and patient fees.
The specific purpose of the program, as well as the specific public benefit derived therefrom	The purpose of the Community Public Health Program is to protect and promote the health and safety of Florida's residents and visitors. The public benefits both directly and indirectly from health protection from environmental conditions; health promotion and disease monitoring, including treatment, prevention and education services; and primary care for individuals who are poor or otherwise lack access to health care services..
Progress towards achieving the outputs and outcomes associated with the program	Over the past 10 years, key public health outcomes in Florida have improved. For example, infant mortality and births to teens have improved as well as outcomes related to infectious diseases. Despite this improvement, in Fiscal Year 2002-03, the program met legislative standards for only 5 of 13 PB ² outcome measures related to environmental health, family health, and infectious diseases: septic tank failure rates, food and water borne disease outbreaks, births to teenage mothers, HIV/AIDS death rates, and tuberculosis case rate.
An explanation of circumstances contributing to the state agency's ability to achieve, not achieve, or exceed its projected outputs and outcomes, as defined in s. 216.011, <i>F.S.</i> , associated with the program	According to department managers, the decline in infant mortality and birth weight performance can be attributed to increased incidences of multiple births and of women delaying pregnancy. Managers also reported that increased training to improve inspections has resulted in inspectors citing more violations and that increased chlamydia screening and monitoring has increased the number of reported cases. In addition, several factors outside the program's control affect public health outcomes in Florida, including racial and ethnic diversity, a significant poverty rate, and a high immigration rate.
Alternative courses of action that would result in administering the program more efficiently or effectively	<p>OPPAGA recommends that the department take the actions below to strengthen Florida's public health system and improve public health outcomes and thereby improve efficiency and effectiveness.</p> <p>Establish a standardized community health assessment process as a department priority and ensure that county health departments conduct them on a periodic basis. The department should continue its efforts to encourage all county health departments conduct standardized comprehensive community health assessments using the MAPP-based model. The department should develop a schedule for county health departments to conduct these assessments and provide training and technical assistance to aid this effort as needed. Once each county health department has conducted an initial health assessment using MAPP, the department should use the results of these assessments as a basis for community public health planning and resource allocation.</p> <p>Take steps to ensure that county health department funding addresses local priorities and needs. The department should review and update allocation formulas so that counties receive funding that more accurately reflects their needs. In addition, once implemented, the department should use MAPP assessments as a tool to assist county health departments in how to best address local priorities with state discretionary funds.</p>

Issue	OPPAGA Conclusions
	<p>Assist county health departments to pursue and obtain supplemental funding. Some county health departments do not have the resources to apply for supplemental funding distributed by the department. In light of this, the department should notify counties that meet funding criteria of available supplemental funding; provide training and technical assistance to county health departments in grant writing; and work with the Florida Health Foundation, established in 2001, to garner private funding to support local public health priorities. The department should fill the board position designated to it by the foundation and work with the foundation to identify opportunities by which the department can assist county health departments to apply for and administer grants.</p> <p>Modify its current quality improvement process to incorporate community health assessments. To maintain a focus on improving health outcomes, the department should annually review the status of community health assessment action plans. The department could then perform quality improvement reviews less often and use the annual status reviews to identify county health departments needing additional assistance to address continuing problems or barriers.</p> <p>Further, the department should develop and maintain a compendium of best practices to assist county health departments and communities in identifying activities and strategies that result in improved health outcomes. Best practices could focus on building strong community partnerships, using and analyzing data, and delivering efficient and effective local public health services.</p>
The consequences of discontinuing the program	The Community Public Health Program fulfills a vital function to protect Florida's public health by monitoring important public health outcomes and providing services and programs to improve those outcomes. Without the program, the state could realize increased rates of infectious diseases, infant mortality, teen pregnancy, and other public health threats. In addition, discontinuing the program would remove a safety net health care source for persons who are poor or otherwise lack access to health care services.
Determination as to public policy, which may include recommendations as to whether it would be sound public policy to continue or discontinue funding the program, either in whole or in part, in the existing manner	The Community Public Health Program provides essential services to the public, including Florida taxpayers. The two reports that review the Community Public Health Program identify strategies to improve the program effectiveness and efficiency.
Whether the information reported pursuant to s. 216. 031(5), F.S., has relevance and utility for evaluation of the program	The Community Public Health program's outcome and output measures address the program's responsibilities, functions, and roles aimed at fulfilling the department's mission of promoting and protecting the health of Florida's citizens and visitors.
Whether state agency management has established control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance reports	Thirteen databases support PB ² measures for the Community Public Health Program. The department's inspector general has performed limited scope reviews of four of these databases as well as a detailed systems audit of the Client Information System/Health Management Component. Upon reviewing follow-up actions taken by department management in response to these reviews, the inspector general concluded that all initial findings were sufficiently corrected. The current Inspector General's audit plan includes detailed systems audits for all of the Community Public Health program databases.

Appendix B

Department Offers Many Diverse Public Health Services and Activities

The Community Public Health Program is responsible for providing Family Health Services, Infectious Disease Prevention and Control, and Environmental Health Services. Statewide Support Services also are included under the Community Public Health Program. Most of these services are delivered through the county health departments or through other health offices located throughout the state such as community and migrant health centers and non-profit public health organizations.

Table B-1

The Community Public Health Program Provides a Wide Range of Services and Activities

Family Health

Specific services and activities

- Community Cardiovascular Health Intervention Programs
- Area Health Education Centers
- Primary and secondary prevention services through County Health Departments
- 5-A-Day Nutrition Program
- Diabetes Control Program
- Training and assistance for development of comprehensive health promotion programs at the community level
- Physical Activity Promotion Program
- Chronic Disease Tobacco Control Program
- Epilepsy Program
 - Epilepsy Client Services
 - Epilepsy Prevention and Education
 - Antiepileptic Drug Program
- Arthritis Prevention and Education Program
- Florida Obesity Prevention Program
- Coordinated School Health Program
- Comprehensive Cancer Control Program
- Special Supplemental Nutrition Program for Women, Infants and Children
 - Supplemental Foods
 - Nutritional education and Counseling
 - Breastfeeding Promotion and Support
 - Referrals for Health Care and Social Services
- Child Care Food Program
- After-school Snack Program
- Homeless Children Nutrition Program
- Healthy Start Services
- Family Planning Services
- Primary Care/Adult Health Services
- Breast and Cervical Cancer Early Detection Program
- Osteoporosis Prevention and Education Program
- Sexual Violence Prevention Program
- Primary Care/Comprehensive Child Health Services
 - Childhood Lead Poisoning Prevention Program
- KidCare Outreach Program
- School Health Services
 - Basic School Health
 - Comprehensive School Health Services Projects
 - Full Service Schools
- Abstinence Education Program
- Public Health Dental Program

Infectious Disease Prevention and Control

Specific services and activities

- Immunization Services
- Syphilis Control
- HIV Intervention
- Gonorrhea Control
- Chlamydia Control
- STD Intervention
- STD Reporting and Surveillance
- STD/HIV Prevention Training Centers
- HIV/AIDS Surveillance
- HIV Prevention
- HIV Early Intervention
- HIV Patient Care
- Florida's Hepatitis Program
- Tuberculosis Control Services
- Refugee Health Program
- Infectious and Chronic Disease Surveillance and Control
- Inpatient Tuberculosis Treatment
- Tuberculosis Behavioral Medicine Department
- Tuberculosis Respiratory Therapy

Justification Review

Environmental Health

Specific services and activities

- Regulation and Inspection of Facilities
- Community Hygiene
- Florida Safe Drinking Water Act Program
- 64E-8 Drinking Water Program
- State Underground Petroleum Environmental Response (SU PER) Act Program
- Dry-cleaning Solvent Surveillance Program
- Drinking Water Toxics Program
- Public Swimming Pools and Bathing Places
- Florida Health Beaches Program
- Toxicology
- Regulation and Inspection of Sewage Treatment Systems
- Inspection and registration of X-ray machines
- Health tracking
- Licensure and inspection of users of radioactive materials
- Certification of radiological technologists
- Environmental surveillance around nuclear power plants
- Pre- and post-mining surveillance
- Registration of laser devices
- Food and waterborne disease surveillance and investigation
- Adult and child lead poisoning surveillance
- Counter-terrorism activities
- Birth defects surveillance
- Pesticide exposure surveillance
- Aquatic toxin exposure surveillance and prevention
- Superfund health assessment and education
- Zoonoses and vector-borne disease

Statewide Health Support

Specific services and activities

- Emergency planning
- Emergency coordination and response
- Distribution and dispensing of drugs and biological agent
- Support of county health departments and other department programs (also physicians, hospitals, etc.) by providing laboratory services
- Laboratory screening of all newborns in the state for specific hereditary diseases
- Monitoring of water, food, and the workplace for water potability, food poisoning, toxic substances and noxious fumes
- Certification of environmental and water testing laboratories
- Analytical services in case of public health emergency
- Birth certificates
- Death certificates
- Fetal death records
- Marriage certificates
- Divorce records
- Closing the Gap grants

Source: *DOH Resource Manual, FY 2002-2003.*

Appendix C



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

December 12, 2003

Mr. Gary R. VanLandingham
Interim Director
Office of Program Policy Analysis
and Government Accountability
Room 312
111 West Madison Street
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

We appreciate the opportunity to respond to the Office of Program Policy Analysis and Government Accountability's justification review, *State Faces Challenges to Improving Community Public Health in Florida*.

Our agency's responses and to your findings and recommendations are enclosed. We are actively addressing the recommendations identified in the report.

We appreciate the opportunity to comment. If you have questions, please contact us.

Sincerely,

/s/
John O. Agwunobi, M.D., M.B.A.
Secretary, Department of Health

JOA/mhb
Enclosure

Justification Review

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State Faces Challenges to Improving Community Public Health in Florida

<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>
Infant mortality and birth indicators have improved in Florida over the past 10 years, yet have not met legislative standards.	None	We concur. Goals for the three indicators have not been met. Based on past success and in keeping with the National Healthy People 2010 goals and objectives, the Division of Family Health Services has set ambitious goals and continues to strive for achievement of these goals. One of the Family Health Services legislative performance standards is the non-white infant mortality rate. Black births make up the majority of those classified as non-white births. Therefore national statistics often compare states using Black infant mortality rates instead of the non-white infant mortality rate. Throughout the United States, the Black infant mortality rate is twice that of the white rate. Therefore, those states whose annual births are comprised of a higher percentage of Black births experience higher overall infant mortality rates. When compared to the six other states with similar racial makeup in the birth population (20-24% Black births), only New York has a lower total infant mortality rate than Florida. Florida also has the lowest total infant mortality rate and Black infant mortality rate in the Southeast region. While we are proud of our efforts in the area of maternal and child health, we are ever cognizant that we continue to face great challenges in discerning the root causes for many of the factors that impact infant mortality, including low birth weight and racial disparities. This requires ongoing work in collaboration with key national, state and local partners. The department continues to strive for improvement in these key public health indicators through strategies currently underway, including those in the division's strategic plan for the coming year.
Indicators related to the control and prevention of infectious diseases show mixed performance.	None	We concur.

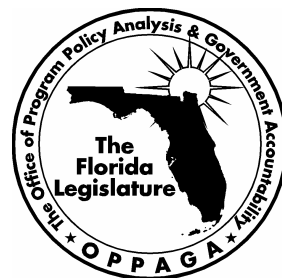
17

<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>
The department met two of three legislative standards for environmental health services.	None	We concur.
More than half of the CHDs have conducted health assessments to identify and prioritize local public health needs and efforts have varied. Of the 64 CHDs responding to a survey, 42 reported they conducted a community health assessment.	We recommend the Legislature direct the Department of Health to establish a standardized community health assessment process as a department priority and ensure that CHDs conduct them on a periodic basis.	<p>The majority of CHDs conduct comprehensive health assessments while every CHD works with its county commissioners and community partners to address local public health needs. Comprehensive community health assessments conducted at regular intervals using a standardized, comprehensive planning model would improve identification and prioritization of public health needs resulting in improved community health outcomes. Over a year ago the Department of Health began the Community Health Improvement Planning Initiative in recognition of the need for systematic, comprehensive health assessments in every county. Whereas most large and medium size CHDs conduct community health assessments, lacking additional resources and expertise, the smaller CHDs are most likely not to have a routine, systematic process in place.</p> <p>The recommendations mirror the department's Community Health Improvement Planning Initiative goals and objectives. Below is a summary of key objectives and milestones: 1) The Department applied for and received a competitive CDC Assessment Initiative Grant to help coordinate the initiative in September 2002. 2) A statewide advisory council to guide statewide implementation was formed and is made up of county health officers, the Deputy State Health Officer and key division directors and bureau chiefs. 3) Development of a comprehensive web-based community health assessment data system to support a systematic community health profile. The Community Health Assessment Resource Tool Set (CHARTS) system was implemented in the summer of 2003. 4) Administration of a community health assessment inventory survey of all counties to determine current process status, resource and training needs, and barriers was initiated in November 2003 and we are in the process of analysis. 5) New. CHD director performance standards include routine community health assessments 6) Incorporation of assessment standards into the revised CHD Quality Improvement Process will commence in March 2004. 7) An assessment of county assets and priorities will be used to develop a multi-year project plan for implementation of a MAPP-based approach in every county.</p>

	<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>
	The department allocates funds to CHDs using outdated allocation methodologies.	We recommend the Legislature direct the Department of Health to take steps to ensure that CHD funding addresses local priorities and needs.	<p>The department agrees that CHD funding should be based on local priorities and needs. The department has historically allocated new statewide formula-driven funds according to specific need variables. Once allocated, new appropriations become part of the CHDs' base and are awarded to CHDs in the same amounts in successive years.</p> <p>Holding CHD base funds harmless year to year preserves existing local program infrastructure and allows for stability of operations. The routine reallocation of base funds could result in the constant contraction and expansion of program infrastructure, disrupting operational stability and making long-term planning impractical. As no CHD in Florida is over-funded relative to local need, it has not been determined necessary to significantly reallocate base funds among CHDs. The department is aware that shifting demographic characteristics and morbidity rates can, over time, weaken the correlation between where funds are directed and where need is greatest. To address this, the department has focused on allocating new funds to the CHDs using methodologies that distribute proportionately larger amounts to the CHDs that are most under-funded.</p>
19	<p>Some CHDs need assistance to identify and garner supplemental funds to address local needs.</p> <p>The department needs to modify its quality improvement process for CHDs and it should develop a compendium of best practices.</p>	<p>We recommend the Legislature direct the Department of Health to assist CHDs to pursue and obtain supplemental funding.</p> <p>We recommend the Legislature direct the Department of Health to modify its current quality improvement process to incorporate annual reviews of community health assessments and develop and maintain a compendium of best practices to assist CHDs and communities in identifying activities and strategies that result in improved health outcomes.</p>	<p>The department will work with headquarters' divisions and CHDs to identify successful strategies and expertise for obtaining grants and other financing sources to supplement funding for local public health needs in the state of Florida.</p> <p>We concur. The Department of Health is currently modifying the overall CHD performance review process to include an annual CHD self assessment that will be reviewed by other agency experts. The process will assure that 1) Data related to key process indicators (such as community health assessment) is consistently assessed and tracked; 2) The collected data is used to address statewide gaps; and, 3) Best practices are clearly defined, described, and disseminated. We will clearly define and disseminate a set of "best practice" criteria to be utilized during the CHD Quality Improvement review process.</p>

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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