

March 2005

Report No. 05-10

Healthy Communities, Healthy People Activities Effectively Monitored, But Assessment Could Improve

at a glance

State law requires the Department of Health to develop and implement a Healthy Communities, Healthy People program. The legislative intent of the program is to promote healthy lifestyles and reduce risk behaviors associated with chronic diseases and, ultimately, reduce the incidence of chronic diseases in Florida.

The Legislature has required the department to establish a Healthy Communities, Healthy People program since 1992. Although the department has not formally established a program, current departmental activities and efforts address the program's statutory requirements. Most of these efforts are federally funded programs that address specific chronic diseases and conditions. The department has monitoring processes in place to ensure that services and activities are delivered as intended. In addition, the department recently has issued an annual status report that identifies measurable objectives for assessing the overall success of its efforts to address the Healthy Communities, Healthy People statute.

To further evaluate progress in promoting healthy lifestyles, the department's annual status reports should identify the factors that influence performance and ways to better focus its activities toward achieving legislative intent.

Scope

Chapter 2004-297, *Laws of Florida*, directs OPPAGA to evaluate the effectiveness of the Department of Health's monitoring and assessment of the Healthy Communities, Healthy People program.¹

Background

Over the past 25 years, the Florida Legislature has emphasized the need for the state to take an active role in alerting citizens of lifestyle behaviors and other risk factors that can lead to ill health. In 1978, the Legislature required the Department of Health and Rehabilitative Services to establish pilot projects to demonstrate and test innovative methods to control chronic diseases such as coronary heart disease, cancer, and diabetes.² In 1986, the Legislature expanded these programs by requiring that the state health office assist county health departments in developing and operating community intervention projects to address specific chronic diseases. In 1992, the Legislature again emphasized the importance of focusing on chronic diseases in a broader context by creating the Healthy Communities, Healthy People Act and directing the

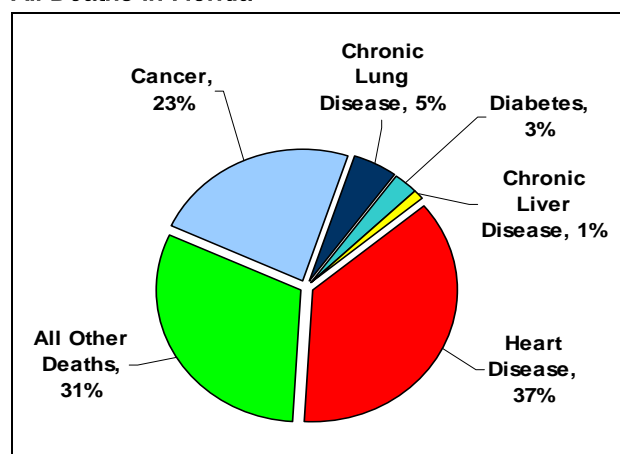
¹ Chapter 92-33, *Laws of Florida*.

² Pilot projects were to be established in three or more areas of the state and include health screening, risk factor detection, and interventions to encourage risk factor reversal. Projects also were to include community health education programs to assist citizens to adopt and maintain healthy lifestyles.

Department of Health to develop and implement a formal program to promote healthy lifestyles and reduce the risk of developing chronic disease.³

Chronic diseases are a major health problem in the state, and accounted for 69% of all deaths in Florida during 2002 (see Exhibit 1). The majority of these deaths were associated with heart disease and cancer.

Exhibit 1
In 2002, Chronic Diseases Accounted for 69% of All Deaths in Florida



Source: Florida Vital Statistics, 2002, Florida Department of Health.

The Healthy Communities, Healthy People program is intended to enhance knowledge of risk behaviors that can lead to chronic disease; motivate citizens to engage in healthy behaviors; and involve health care providers, small businesses, health insurers, and communities in helping citizens develop and maintain healthy lifestyles. To accomplish this, the act directs the department to

- assess chronic disease risk factors that affect the health status of Floridians; and
- develop and implement health education and health promotion strategies and interventions designed to reduce these risk factors.

³ Section 381.734, *F.S.* When this legislation was enacted in 1992, the program's duties and responsibilities were assigned to the Department of Health and Rehabilitative Services. The 1997 Legislature created the Department of Health and transferred this statutory responsibility to that department.

The act also directs the department to consolidate and use existing resources, programs, and data in developing and implementing the program and to incorporate community intervention projects.

Findings

Even though the department had not established a Healthy Communities, Healthy People program, its activities address statutory requirements

Although the Department of Health has been required since 1992 to develop and implement a Healthy Communities, Healthy People program, it has not established a separate formal program to do so. Instead, the department is addressing the statute's intent through nine of its individual subprograms. Most of these efforts are delivered through the Bureau of Chronic Disease Prevention and Health Promotion (commonly referred to as the Bureau of Chronic Disease). However, a few related activities are administered in other parts of the department. (See Appendix A for a description of the programs, activities, and services, identified by the department as related to fulfilling the statutory requirements of the Healthy Communities, Healthy People program.)

Through cooperative grants from the federal Centers for Disease Control and Prevention (CDC), the Bureau of Chronic Disease administers individual programs that address specific chronic diseases and conditions.⁴ These grants are intended to assist the state in developing a strong infrastructure for delivering services and activities that detect, prevent, and treat chronic disease.⁵ The grants generally require the bureau to conduct media campaigns and public service announcements

⁴ These chronic diseases and conditions are arthritis, cancer (colorectal, lung, ovarian, prostate, and skin cancers), diabetes, heart disease and stroke, and obesity.

⁵ The CDC grants provide two levels of funding: (1) capacity building that allows a state to initiate the planning stages and (2) comprehensive that provides additional funding to begin implementing more activities once a state has established strategies and developed statewide collaboration among stakeholders.

and implement community-level health education and promotion interventions to address specific diseases and their associated risk factors. The grants also require the bureau to provide training to health care professionals and collaborate with state and local stakeholders to develop multi-year plans that improve awareness of chronic disease and identify strategies to improve healthy lifestyles. In addition, the bureau also partners with the Department of Education to administer school-based programs that promote the overall health and well-being of children, emphasizing healthy behaviors and strong self-esteem.⁶

Although historically only a few counties have had community intervention projects, the department blended three funding sources in Fiscal Year 2003-04 to ensure that all 67 counties in Florida provide health education and promotion through at least one community intervention project. The bureau has assisted county health departments in designing community intervention projects that address health objectives in five areas.⁷ A primary goal of these projects is to implement strategies that will build a foundation for long-term changes in health behaviors, such as adopting no-smoking policies in public places and constructing walking trails to encourage exercise.⁸ See Appendix B for details on the community intervention projects.

As shown in Appendix A, other department activities consistent with the Healthy Communities, Healthy People statute are delivered by other department units. For example, the Division of Health Access and Tobacco administers tobacco prevention services, and the Bureau of Family and Community Health administers the breast and cervical cancer program. Tobacco prevention activities provide strategies to enable adults to

stop smoking and activities to discourage youth from smoking. The breast and cervical cancer program provides free screening for women between the ages of 50 and 64.

The department reports spending \$14 million in Fiscal Year 2003-04 to deliver services related to the Healthy Communities, Healthy People statute.⁹ Of this amount, \$3 million was derived from general revenue, while the remaining funds came from CDC grants (\$7.5 million), the tobacco trust fund (\$1 million), and a federal public health block grant (\$2.5 million).¹⁰

The department effectively monitors Healthy Communities, Healthy People activities and is assessing its overall success

Chapter 2004-297, *Laws of Florida*, directs OPPAGA to evaluate the department's effectiveness in monitoring and assessing the Healthy Communities, Healthy People program. While no formal program exists, the department has monitoring processes in place to ensure that the individual subprograms are delivered as intended and to identify areas for improvement. In addition, it recently has identified measurable objectives for assessing the community intervention projects and the overall effectiveness of its efforts to promote healthy lifestyles.

The Bureau of Chronic Disease monitors its disease-specific programs as well as the community intervention projects to ensure that services are delivered as intended. As required by the CDC, the bureau submits mid-year and annual progress reports that provide updated information on implementing and completing workplan services and activities and that identify areas needing improvement or

⁶ This program is known as the Coordinated School Health Education program.

⁷ The five areas are diabetes, heart disease and stroke, nutrition and overweight, physical activity and fitness, and tobacco use.

⁸ Although each county currently has at least one community intervention project, coverage varies. For example, a project in one county targets public high school students by providing healthier choices in vending machines. A project in another county targets people who have heart attacks by placing automated external defibrillators in selected public buildings.

⁹ We worked with department budget staff to identify expenditures associated with each of the activities defined by the department as comprising their Healthy Communities, Healthy People activities.

¹⁰ The general revenue includes \$1.98 million that the Legislature appropriated to fund the Closing the Gap program which addresses racial and ethnic disparities for cardiovascular disease, diabetes, and cancer.

modification.¹¹ CDC program managers indicate that the bureau has demonstrated its success in implementing disease-specific programs.¹²

The department has contracted with an outside evaluator to assess the extent to which its community intervention projects have achieved their target objectives. The evaluator will assess the progress of each project by calculating a progress quotient which measures the percentage of change achieved by the project.¹³ This technique was developed by the CDC and can be used to compare project effectiveness even though the types of projects differ from community to community. Preliminary information from this evaluation is to be available in the summer of 2005.

As required by statute, the department also has recently issued its first annual status report on its Healthy Communities, Healthy People activities.¹⁴ The department's 2004 status report gives progress information for 21 objectives that the department has identified for assessing the overall effectiveness of its efforts to address the statute (see Appendix C).¹⁵ This report describes the department's current activities and efforts, provides trend information related to the 21 objectives, and gives progress toward meeting the 2010 targets for these objectives. For example, the report shows that death rates for the three leading causes of death in Florida (coronary heart disease, cancer, and stroke) have all declined since 1992. In addition, while

smoking and physical inactivity has remained relatively stable during this time period, obesity has nearly doubled.

However, future status reports could be improved to be more useful to legislative policymakers and department managers if the reports identify demographic and programmatic factors that influence performance. For example, the department's 2004 status report showed inadequate progress toward reducing the proportion of adults in Florida with high blood pressure. To be useful for policy and budget decisions, the department also should provide data on which areas of the state and population groups show the greatest problems, describe current efforts to address those problem areas, and provide recommendations for fostering improvement.

The department also should include in its status reports information related to the coverage and success of its community intervention projects that address healthy lifestyles. This information could be used to help determine what types of projects have been successful and should be implemented in other areas of the state and which areas of the state have a limited number of intervention projects. The information could also be used to determine which projects should receive priority if funding is reduced and some projects need to be discontinued.

Conclusions and Recommendations

To reduce behaviors associated with chronic disease by providing services that promote healthy lifestyles, Florida statutes direct the Department of Health to develop and implement the Healthy Communities, Healthy People program. The department, primarily through the Bureau of Chronic Disease, administers and delivers several disease-specific programs that address statutory requirements. Although the department has not established a formal program, the department effectively monitors these activities and recently has begun assessing overall success in achieving Legislative intent.

¹¹ For example, one of the disease-specific programs decreased payment to a local contractor based on reports that revealed that the contractor had not completely implemented an activity.

¹² The CDC recently recognized the diabetes program for increasing the percentage of persons with diabetes who receive recommended eye exams, one of the specific health objectives for the program

¹³ For example, if after two years of project implementation a school-based project intended to increase the percentage of students receiving health education to 80% had increased the percentage from a baseline of 58% to 73%, the project would have achieved a progress quotient of 68.2%.

¹⁴ Chapter 2004-297, *Laws of Florida*, requires the department to report annually on the status of its efforts related to the Healthy Communities, Healthy People program, with the first report due by January 31, 2005.

¹⁵ These objectives assess behavioral health indicators, health risk factors, and chronic disease mortality rates.

However, the department needs to further identify in its annual status report the factors that influence performance so that it can better focus its activities toward achieving the ultimate goals of the statute.

To maintain its focus on the Healthy Communities, Healthy People statute and better evaluate progress in achieving Legislative intent, we recommend that the department strengthen its annual status reports. To accomplish this, the department should include in its annual status report the demographic and programmatic factors that influence its performance. Based on these factors, the department should also identify areas of concern and develop recommendations, such as ways to better focus its activities on areas needing improvement. The department also should include in its annual status report information related to the coverage and success of the community intervention projects that address healthy lifestyles.

Agency Response

In accordance with the provisions of s. 11.51(6), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Health for his review and response.

The Secretary's written response is reproduced in its entirety in Appendix D.

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

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Appendix A

The Department Has Nine Chronic Disease Prevention and Health Promotion Programs and Activities That Address Healthy Communities, Healthy People Requirements

As part of the Department of Health's mission is to protect and promote the public health of all persons in Florida, it develops and implements statewide and community-level strategies and interventions to reduce the burden of chronic disease on Floridians' quality of life. While the department has not specifically defined a Healthy Communities, Healthy People program, its efforts address the statutory program requirements through nine of its subprograms.

In setting goals and objectives for these programs, the department takes guidance from the national Healthy People 2010 health promotion and disease prevention agenda.¹⁶ In general, program activities assess health status and behaviors, develop partnerships with stakeholders to identify strategies for addressing disease prevention and health promotion, and provide education and prevention services statewide, regionally, and locally.

Program Name	Program Goals	Program Activities and Services
Division of Family Health Services, Bureau of Chronic Disease Prevention and Health Promotion		
Arthritis Prevention and Education	Goal - Reduce the occurrence, impairment, activity limitation, and restriction in social participation due to arthritis and other rheumatic conditions.	<ul style="list-style-type: none"> Implements Arthritis Self-Help Course Projects, a self-management program that teaches individuals with arthritis the latest pain management techniques, how to manage medication, and ways to deal with factors that exacerbate arthritis. Promotes awareness of the benefits of physical activity for persons with arthritis, e.g., Physical Activity: The Arthritis Pain Reliever, a 2004 radio and print campaign in Southwest and Northwest Florida. Co-sponsors the Florida Arthritis Partnership, co-sponsored with the department and Arthritis Foundation, Florida Chapter, the partnership brings together stakeholders to develop strategies and actions to address arthritis needs.
Chronic Disease Health Promotion and Education Programs	Goal - Reduce deaths related to cardiovascular disease by focusing on five areas: diabetes, heart disease and stroke, nutrition and overweight, physical activity and fitness, and tobacco use.	<ul style="list-style-type: none"> Develops and implements at least one community intervention project in every county to promote healthy lifestyles and long-term changes in behaviors associated with chronic diseases. (See Appendix B for details.)
Comprehensive Cancer Control Program	Goal - Reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to state of the art treatment with a focus on colorectal, lung, ovarian, prostate, and skin cancers.	<ul style="list-style-type: none"> Collaborates with the Cancer Control and Research Advisory Council and other cancer partners to develop the state cancer plan (Florida Cancer Plan 2003-2006). Oversees and funds regional collaboratives to coordinate and focus program initiatives for both infrastructure building and community-level projects. Implements cancer educational campaigns to increase awareness among the public, e.g., prostate public service announcements in Jacksonville, Orlando, and Gainesville during spring/summer 2004.

¹⁶ Healthy People 2010 is the U.S. Department of Health and Human Services program for addressing chronic disease prevention and health promotion in the U.S.

Program Name	Program Goals	Program Activities and Services
Coordinated School Health Program	Goal - Improve health and reduce risky behaviors among school-aged children.	<ul style="list-style-type: none"> ▪ Funds and implements school health programs that establish Healthy School Teams to address physical and health education, nutrition, family involvement, and staff wellness. ▪ Provides leadership in implementing 2004 physical education legislation.
Diabetes Prevention and Control Program	Goal - Reduce the burden of diabetes mellitus and the related health complications among persons in Florida.	<ul style="list-style-type: none"> ▪ Provides leadership in assessing Florida's statewide diabetes health care system, e.g., Diabetes Health System Assessment Congress in March 2004 that brought together 100 partners from around the state to provide input on Florida's diabetes health system and develop recommendations to improve weaknesses in the system. ▪ Promotes the Florida Diabetes Medical Practice Guidelines to ensure the implementation of diabetes standards among health care professionals. ▪ Develops work plans for community intervention projects and assists with implementation and monitoring.
Heart Disease and Stroke Prevention Program	Goal – Prevent and reduce the burden of cardiovascular disease in Florida.	<ul style="list-style-type: none"> ▪ Coordinates the Florida Cardiovascular Health Council to develop a state strategic plan. ▪ Supports and facilitates workgroups that meet at least quarterly to develop and implement activities to address the strategic plan. ▪ Implements and provides funding for community intervention projects. ▪ Conducts educational campaigns, e.g., physical activity radio campaign in Miami in May and June 2004 targeting the Hispanic population.
Obesity Prevention Program	Goal – Prevent obesity among Florida's children and adults.	<ul style="list-style-type: none"> ▪ Implements community programs to prevent obesity. ▪ Facilitates statewide leadership to develop recommendations for addressing obesity, e.g., Governor's Obesity Task Force. ▪ Assesses middle school youth physical activity and nutrition behaviors, e.g., Youth and Physical Activities Survey.
Division of Family Health Services, Bureau of Family and Community Health		
Breast and Cervical Cancer Program	Goal – Detect breast and cervical cancer among to low-income, uninsured women between the ages of 50 and 64	<ul style="list-style-type: none"> ▪ Provides free or low-cost Pap smears, clinical breast exams, and mammograms and some diagnostic tests. ▪ Provides case management for all clients. ▪ Identifies women eligible for treatment under Medicaid.
Division of Health Access and Tobacco		
Tobacco Prevention and Control Program	Goal - Prevent initiation of tobacco use, reducing tobacco use, protecting from exposure to environment tobacco smoke, and reducing tobacco use among district populations.	<ul style="list-style-type: none"> ▪ Offers the Florida Quit-for-Life-Line smoking cessation program for adults and youth aged 13 and above. ▪ Promotes and enforces smoke-free workplaces. ▪ Provides professional and public education about secondhand smoke and spit tobacco.

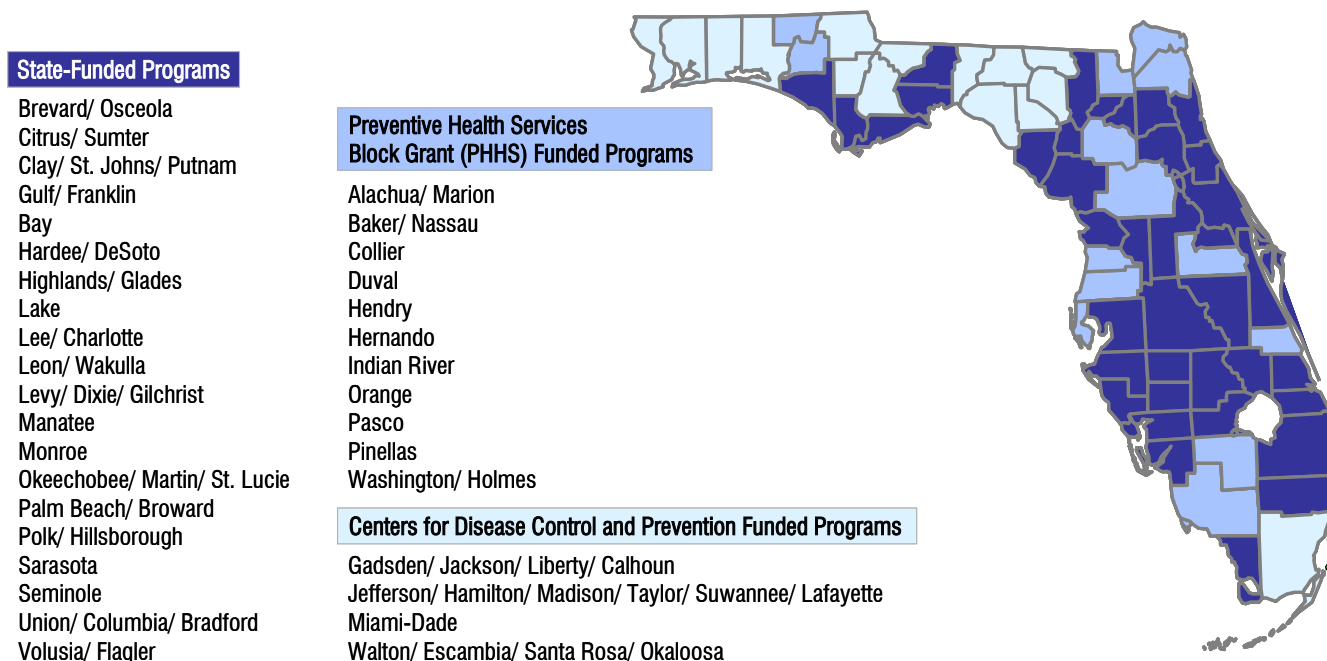
Source: Florida Department of Health.

Appendix B

The Department Funds Community Intervention Projects to Prevent Chronic Diseases and Promote Healthy Lifestyles

Since 2003, the Department of Health has used three funding sources to ensure that all 67 counties in Florida develop and implement health education and promotion through at least one community intervention project. The department's Bureau of Chronic Disease administers single- and multi-county projects that mobilize community resources and partnerships. (See Illustration B-1 for a map of partnering counties and their funding source.) The projects target developing and implementing strategies designed to promote healthy lifestyles and long-term changes in behaviors associated with chronic diseases.

Illustration B-1: Map of Community Intervention Projects



County health departments have the lead role in implementing community intervention projects and are to collaborate with local public health partners to maximize resources. The Bureau of Chronic Disease assists local county health department employees develop these projects, and requires that project work plans address the following five national Healthy People 2010 priority areas: diabetes, heart disease and stroke, nutrition and overweight, physical activity and fitness, and tobacco use.¹⁷ Bureau staff monitor these projects by reviewing project work plans, providing technical assistance, and reviewing quarterly reports submitted by local project coordinators. The department has contracted with an outside evaluator to assess the progress of the community intervention projects. According to the evaluator, preliminary information related to project progress should be available in the summer of 2005.

Examples of community projects include employee wellness programs; walking trails, bike paths, and other recreational facilities; physical activity campaigns; and school policies that increase physical activity, improve nutrition, and prohibit tobacco use.

¹⁷ Healthy People 2010 is the U.S. Department of Health and Human Services' program for addressing chronic disease prevention and health promotion in the U.S.

Appendix C

Measures of Success for the Department of Health's Healthy Communities, Healthy People Activities

The table below lists the 21 Healthy People 2010 objectives that the Department of Health plans to monitor in order to measure the success of its Healthy Communities, Healthy People Activities. The progress quotient, developed by the CDC and calculated by the department, reports the percentage of progress achieved by calculating the difference between the baseline and the current status relative to the difference between the baseline and the objective target.

Table C-1
Status Summary 1: Leading Behavioral Health Indicators

Objective	Florida Baseline (2000 unless indicated)	Status (2003 unless indicated)	Percentage Point Change	Progress Quotient	How Does Florida Compare to the Nation?
By 2007, reduce the percentage of adults in Florida who report using cigarettes to 20%. (BRFSS, CDC, Florida)	23.20% (21.8 - 24.5)	23.90% (22.0 - 25.8)	-.7%**	-21.9%	More adults smoke
By 2007, reduce the percentage of Florida middle school students who are current smokers to 4.9%. (Baseline 1998; Florida Youth Tobacco Survey)	18.50% (17.1, 19.9)	7.8 % (7.1 - 8.5) 2004	10.7%	78.7%	Not available
By 2007, reduce the percentage of Florida high school students who are current smokers to 19.9%. (Baseline 1998; Florida Youth Tobacco Survey)	27.40% (25.8 - 29.0)	17.3% (15.8 - 18.7) 2004	10.1%	134.7%	Fewer youth smoke
Reduce to 25.2% the proportion of adults who engage in no leisure-time physical activity.	28.8% (27.4 - 30.1)	27.9% (26.0 - 29.8)	.9%**	25.00%	Not available
Increase to 50% the proportion of adults who engage in moderate activity for at least 30 minutes five or more days per week. (2003 baseline)	33.20%	41.20% (39.0-43.4) 2003	8.0%	47.62%	Fewer in Florida meet this guideline.
Increase to 35% the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days. (Grades 9-12 baseline in 2001, YRBS)	22% (20.5 - 23.5)	22.3% (20.6 - 24)	.3%**	2.31%**	Not a significant difference
Increase the proportion of adolescents who engage in vigorous physical activity for at least 20 minutes on three or more of the previous seven days to 85%. (Grades 9-12 baseline in 2001, YRBS)	58.8% (56.9 - 60.7)	60.8% (58.9 - 62.7)	2.0%**	7.63%	Not a significant difference
Increase the proportion of adults who are at a healthy weight to 60% (neither overweight nor obese).	46.1% (44.5-47.6)	41.4% (39.2-43.6)	-4.7%	-33.81%	Not a significant difference
Reduce the proportion of adults who are obese to 15%.	18.7% (17.5-19.8)	19.9% (18.1-21.6)	-1.2%**	-32.43%	Lower (better) than 42 other states
Reduce the proportion of adolescents (Grades 9-12) who are at risk for overweight to 13%. (2001 baseline - YRBS)	14.3% (13.3, 15.3)	14% (12.7, 15.3)	.3%**	23.1%	Not a significant difference
Reduce the proportion of adolescents (Grades 9-12) who are overweight to 7%. (2001 baseline - YRBS)	10.4% (9.6, 11.2)	12.4% (10.9, 13.9)	-2.0%	-58.8%	Not a significant difference

*Progress quotient = $\frac{\text{current estimate} - \text{baseline}}{\text{2010 target} - \text{baseline}} \times 100$

** not a significant change

Table C-2
Status Summary 2: Risk and Screening Health Status Indicators

Objective	Florida Baseline	Status (2003 unless indicated)	Percentage Point Change	Progress Quotient	How Does Florida Compare to the Nation?
Stop the increase in the proportion of adults with high blood pressure and maintain the 1999 level of 27.6%. (Baseline 2001 BRFSS)	26.9% (25.3-28.4)	29.3% (27.4-31.2)	-2.4%**	Not a significant change	Higher (worse) than the national median
Stop the increase in the proportion of adults with high total blood cholesterol levels and maintain the 1999 level of 33%. (Baseline 2001 BRFSS)	31.0% (29.2-32.7)	35.1% (33.0-37.3)	-4.1%	-205%	Not significantly different from national median
Reduce the age-adjusted rate of lower extremity amputation in persons with diabetes by 18% to 22.0 per 100,000 population. (Baseline: 2000 26.8. Source: Florida AHCA Hospital discharge data)	26.8 /100,000 pop	25.1 /100,000 pop	1.7	35.4%	Comparison data not available.

*Progress quotient = $\frac{\text{current estimate} - \text{baseline}}{\text{2010 target} - \text{baseline}} \times 100$

** not a significant change

Table C-3
Status Summary 3: Mortality Health Status Indicators

Objective	Florida Baseline (2000 unless indicated)	Status (2003 unless indicated)	Change in Rate per 100,000	Progress Quotient	How Does Florida Compare to the Nation? ¹
By 2010, reduce coronary heart disease (CHD) deaths to 166 per 100,000 population.	179.2	157.5	21.7	164.39%	Lower (better) rate in 2002
By 2010, reduce stroke deaths to 46.6 per 100,000 population.	48	42.4	5.6	400.00%	Lower (better) rate in 2002
By 2010, reduce the overall cancer death rate to 172.09 per 100,000 population.	188.99	175.4	13.59	80.41%	Lower (better) rate in 2002
By 2010, reduce the colorectal cancer death rate to 15.52 per 100,000 population.	18.5	16.3	2.2	73.33%	Lower (better) rate in 2002
By 2010, reduce the prostate cancer death rate to 15.9 per 100,000 population.	25.2	22.2	3	32.26%	Lower (better) in 2002
By 2010, reduce the melanoma cancer death rate to 2.49 per 100,000 population.	2.8	2.9	.1	-33.33%	Higher (worse) in 2002
Stop the increase in the age-adjusted underlying diabetes death rate and reduce to the 1999 rate of 20.2. (Baseline: 2000 age-adjusted death rate 22.3 per 100,000.	22.3	21.2	1.1	52.4%	Lower (better) in 2002

*Progress quotient = $\frac{\text{current estimate} - \text{baseline}}{\text{2010 target} - \text{baseline}} \times 100$

** not a significant change

¹ National Center for Health Statistics web site at http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_05.pdf

Source: *Health Communities, Health People, 2004 Status Report*, Department of Health.

Appendix D



Jeb Bush
Governor

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

February 24, 2005

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

Dear Mr. VanLandingham:

Thank you for the opportunity to respond to the Office of Program Policy Analysis and Government Accountability's [OPPAGA] draft report, *Healthy Communities, Healthy People Activities Effectively Monitored But Assessment Could Improve*.

Our agency's response to your findings and recommendations are found in the enclosed document.

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

Sincerely,

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

JOA/jdg
Enclosure

Healthy Communities, Healthy People Activities Effectively Monitored, But Assessment Could Improve

	<i>Finding</i>	<i>Recommendation</i>	<i>Management's Response</i>	<i>Corrective Action Plan</i>
	1 Even though the Department had not established a Healthy Communities, Healthy People program, its activities address statutory requirements.	No recommendation was made.	N/A	N/A
12	2 The department effectively monitors Health Communities, Healthy People activities and is assessing its overall success.	We recommend that the department strengthen its annual status reports. To accomplish this, the department should include its annual status report the demographic and programmatic factors that influence its performance. Based on these factors, the department should also identify areas of concern and develop recommendations, such as ways to better focus its activities on areas needing improvement. The department should also include its annual status report information related to the coverage and success of the community intervention projects that address healthy lifestyles.	<p>We would like to thank you for the opportunity to respond to the report. Statements made by OPAGGA staff in the exit conference and the follow-up phone conversation indicated that: a) The Department is fulfilling the requirements of the Healthy Communities, Health People legislation, and b) The Department is effectively monitoring and assessing overall effectiveness using the Centers for Diseases Control progress quotient model.</p> <p>This is the first year that the department has been required to report on all aspects of the Healthy Communities, Healthy People statute in one report. We understand and welcome the suggestions that will improve the DOH Healthy Communities, Healthy People Report.</p> <p>As evidenced in the chronological section of the DOH Healthy Communities, Healthy People Report, the bureau has historically received funding from the Centers for Disease Control and Prevention that supports the requirements of the 1992 Health Communities, Healthy People Legislation. The Bureau also consistently assesses and evaluates the performance of its programs through outside evaluators, advisory councils, programmatic reports, secretary's performance measures, the DOH quality improvement reviews and use of the CHARTS system in planning activities and targeting at-risk populations.</p>	