



# Better Reporting Still Needed on Healthy Communities, Healthy People Initiative

## *at a glance*

Although the Department of Health is reporting annually on the status of the Healthy Communities, Healthy People initiative that seeks to promote healthy lifestyles and reduce chronic disease in Florida, it has discontinued reporting on the initiative's 21 key objectives. The department also cancelled an outside evaluation of the initiative's community intervention projects. As a result, the Legislature has limited information on the initiative's success, key trends, and areas that need improvement. To address this problem, the department should expand its annual report to include assessments of the initiative's progress over time, the community intervention projects, factors that have affected progress, and recommendations for addressing areas of concern.

## Scope

In accordance with state law, this progress report informs the Legislature of actions taken in response to a 2005 OPPAGA review of the Florida Department of Health's Healthy Communities, Healthy People program.<sup>1, 2</sup>

<sup>1</sup> Section 11.51, *F.S.*

<sup>2</sup> *Healthy Communities, Healthy People Activities Effectively Monitored, But Assessment Could Improve*, OPPAGA [Report No. 05-10](#), March 2005.

## Background

In 1992, the Legislature created the Healthy Communities, Healthy People Act and directed the Department of Health to develop and implement a formal program to promote healthy lifestyles and reduce the risk of developing chronic disease.<sup>3</sup> While the department has not formally established a Healthy Communities, Healthy People program, it directs resources and activities toward addressing the statutory requirements through individual subprograms. Through cooperative grants from the federal Centers for Disease Control and Prevention, the department's Bureau of Chronic Disease and Prevention implements subprograms that address specific chronic diseases and conditions.<sup>4</sup> The bureau also implements community intervention projects in all 67 counties. These projects are intended to build a foundation at the local level for long-term changes in health behaviors.<sup>5</sup> The bureau also coordinates with the Department of Education to administer school-based health education and promotion programs and with the Division of

<sup>3</sup> Section 381.734, *F.S.*

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

<sup>5</sup> These projects address health objectives in five areas: diabetes, heart disease and stroke, nutrition and overweight, physical activity and fitness, and tobacco use. 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 machine food. A project in another county targets people who have heart attacks by placing automated external defibrillators in selected public buildings.

Health Access and Tobacco to administer the tobacco prevention program.

The department reports spending \$21 million in Fiscal Year 2006-07 to deliver services related to the Healthy Communities, Healthy People initiative. Of this amount, \$6.2 million was derived from general revenue. The remaining funds came from cooperative grants with the federal Centers for Disease Control and Prevention (\$9.5 million), the tobacco trust fund (\$3 million), and a federal public health block grant (\$2.3 million).

Our 2005 review of the initiative concluded that the department effectively monitored Healthy Communities, Healthy People activities and had identified 21 measurable objectives for assessing the overall effectiveness of its efforts to promote healthy lifestyles and decrease the burden of chronic diseases on Florida's communities.<sup>6</sup> The department had established specific 2010 performance targets for each of these objectives. In addition, the department had contracted with an outside evaluator to assess the extent to which the community intervention projects achieved their target objectives. The department also had issued its first annual status report, as required by law, which included trends over time and progress toward meeting targets for the 21 objectives.<sup>7</sup> We recommended that the department strengthen future annual reports by including detailed information about progress on these objectives, including factors affecting progress and recommendations for addressing areas of concern.

## Current Status

Since our 2005 review, the department has continued to produce an annual report on the Healthy Communities, Healthy People initiative, but it has not implemented our recommendations to make the reports more useful to policymakers.<sup>8</sup>

The department's annual reports describe the initiative subprograms and activities but do not contain performance or trend information related to the 21 objectives the department identified in 2005 to measure the success of the initiative. As a result, the annual reports provide limited information for legislators and other policymakers to use to assess progress and guide policy and budget decisions. The department also did not renew its contract with an outside evaluator to assess the initiative's community intervention projects.<sup>9</sup>

In its 2005 Healthy Communities, Healthy People annual report, the department identified 21 objectives in three areas (chronic disease mortality rates, behavioral health indicators, and health status measures) that it used to assess the success of the initiative, including specific targets to achieve by 2010. The department reported progress toward achieving these targets for each objective by calculating progress quotients.<sup>10</sup>

However, the department has not included and discussed progress on these objectives in subsequent annual reports. Instead, these reports describe subprogram activities and strategies the department has implemented to address the Healthy Communities, Healthy People initiative. While the 21 objectives are still key indicators of the initiative, department staff told us that the department has not continued to report on their status because it does not collect data for all objectives every year (data for some is collected every other year) and significant changes in healthy behaviors and chronic disease measures are difficult to detect from year to year. However, tracking performance and reporting progress quotients for these objectives is important and informs legislative policymakers and program managers on areas in which Florida is progressing and areas that need improvement.

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time of this report, the 2007 report was not available on the department's website.

<sup>9</sup> The evaluation was to have been completed and submitted to the department in June 2005. However, the contractor did not submit the final report in June 2005, and the department reported that, due to budget cuts, the contract was not renewed.

<sup>10</sup> A progress quotient measures the percentage of change from the baseline and is calculated by dividing the difference between the current status and its baseline by the difference between the desired target and the baseline and multiplying by 100 for each measure. A positive progress quotient shows movement from the baseline toward meeting the target; a negative quotient shows regression from the baseline. Progress quotients were developed by the CDC and are used to measure progress toward Healthy People 2010 objectives.

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<sup>6</sup> The department established these 21 objectives, which assess health behavior, risk factors, and chronic disease mortality, based on guidance from the U.S. Department of Health and Human Services program, Healthy People 2010.

<sup>7</sup> The first annual report, issued in January 2005, also described the nine subprograms comprising the initiative, department activities, and key accomplishments (generally noted as the number of people who attended events, promotions, and materials distributed). It is available on the department's website at <http://www.doh.state.fl.us/Family/hchp/HCHPReport04.pdf>.

<sup>8</sup> The department issued annual reports in 2006 and 2007. The 2006 report is available on the department's website at <http://www.doh.state.fl.us/Family/hchp/HCHPReport06.pdf>. At the

To illustrate the usefulness of trend information and progress quotients, we obtained the most recent data available from the department and used this information to calculate progress quotients for the 21 objectives.<sup>11</sup> (See Appendix A.) Progress quotients for 15 of the 21 objectives show positive trends toward meeting their targets with five objectives having met or exceeded their targets.<sup>12</sup> For example, the percentage of middle school students who smoke has continued to decrease, from 18.5% in 2000 to 7.8% in 2004 and to 6.6% in 2006. The most recent progress quotient for this objective, which measures the percentage of change from the baseline, is 87.5%. This indicates significant progress toward meeting the 2010 target. Similarly, the percentage of adults who report smoking cigarettes also has decreased, from 23.2% in 2000 to 21% in 2006, despite having increased slightly between 2000 and 2003. The progress quotient for this objective (68.8%) shows that current performance is two-thirds of the way toward meeting the Healthy People 2010 target.

In contrast, the progress quotients for six objectives are negative, reflecting movement away from the target rather than toward it. Performance on these measures either has worsened compared to 2003 or has improved over the past two years but is still below the 2000 baseline status. For example, as shown in Appendix A, the four objectives related to overweight and obesity do not reflect any progress

toward meeting their targets, with three of the measures worsening since 2003.<sup>13</sup>

We continue to recommend that the department include in its annual reports an assessment of progress over time of its efforts to meet the 2010 targets for the 21 objectives as well as descriptions of demographic and programmatic factors that influence performance. Discussing these trends, the specific areas and population groups in which the trends show the greatest problems, and recommendations to address these problems in the annual report would enable policymakers to consider policy and budget actions to foster improvements.<sup>14</sup>

We also continue to recommend that the Healthy Communities, Healthy People annual reports include information related to the coverage and success of community intervention projects that address healthy lifestyles. These projects represent a substantial investment of public funds (\$3.5 million in Fiscal Year 2006-07). This information would help the department determine what types of projects have been successful and could be implemented in other areas of the state. The information would also be useful to the department in determining which projects should receive priority for funding and which projects to no longer fund.

<sup>11</sup> The appendix also shows performance data for three points in time.

<sup>12</sup> The five objectives that either met or exceeded their targets were the percentage of current high school students who smoke, the proportion of adults not engaging in leisure-time physical activity, and death rates for coronary heart disease, stroke, and cancer.

<sup>13</sup> The baselines for these four measures were calculated using either 2000 or 2001 data, depending on data availability.

<sup>14</sup> Annual reports should include progress quotients for all 21 objectives based on the most recent data, even for objectives for which data is collected every other year.

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Project supervised by Yvonne Bigos (850/487-9230)

Project conducted by Jennifer Johnson (850/488-1023) and Kellie O'Dare (850/487-9235)

Gary R. VanLandingham, Ph.D., OPPAGA Director

## Appendix A

# Fifteen of the 21 Healthy Communities, Healthy People Objectives Show Progress Toward Meeting Their Targets

Objective	2000 Florida Baseline (unless indicated)	2003 Status (unless indicated)	2005 Status (unless indicated)	2005 Progress Quotient (unless indicated) <sup>1</sup>	Current Status Relative to Target
<b>Behavioral Health Indicators</b>					
By 2007, reduce the percentage of adults in Florida who report using cigarettes to 20%.	23.2%	23.9%	21.0% (2006)	68.8%	Progress
By 2007, reduce the percentage of Florida middle school students who are current smokers to 4.9%. (Baseline 1998)	18.5%	7.8% (2004)	6.6% (2006)	87.5%	Progress
By 2007, reduce the percentage of Florida high school students who are current smokers to 19.9%. (Baseline 1998)	27.4%	17.3% (2004)	15.5% (2006)	158.7%	Exceeds
Reduce to 25.2% the proportion of adults who engage in no leisure-time physical activity.	28.8%	27.9%	25.1% (2006)	102.8%	Exceeds
Increase to 50% the proportion of adults who engage in moderate activity for at least 30 minutes five or more days per week. (Baseline 2003)	33.2%	41.2%	45.3%	72.0%	Progress
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. (Baseline 2001)	22.0%	22.3%	24.7%	20.8%	Progress
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%. (Baseline 2001)	58.8%	60.8%	60.2%	5.3%	Progress
Increase the proportion of adults who are at a healthy weight to 60%.	46.1%	41.4%	40.5% (2006)	-40.3%	Worse
Reduce the proportion of adults who are obese to 15%.	18.7%	19.9%	23.1% (2006)	-137.5%	Worse
Reduce the proportion of adolescents who are at risk for overweight to 13%. (Baseline 2001)	14.3%	14.0%	14.4%	-7.7%	Worse
Reduce the proportion of adolescents who are overweight to 7%. (Baseline 2001)	10.4%	12.14%	10.9%	-14.7%	Worse
<b>Risk and Screening Health Status Indicators</b>					
Stop the increase in the proportion of adults with high blood pressure and maintain the 1999 level of 27.6%. (Baseline 2001)	26.9%	29.3%	27.7%	-114.3%	Progress
Stop the increase in the proportion of adults with high total blood cholesterol levels and maintain the 1999 level of 33%. (Baseline 2001)	31.0%	35.1%	39.7%	-435.0%	Worse
Reduce the age-adjusted rate of lower extremity amputation in persons with diabetes by 18% to 22 per 100,000 population. (Baseline 2000)	26.8 %	25.1%	23.7%	64.6%	Progress
<b>Mortality Health Status Indicators</b>					
By 2010, reduce coronary heart disease deaths to 166 per 100,000 population.	179.2	157.5	138.1	311.4%	Exceeds
By 2010, reduce stroke deaths to 46.6 per 100,000 population.	48.0	42.4	37.6	742.9%	Exceeds
By 2010, reduce the overall cancer death rate to 172.09 per 100,000 population.	189.0	175.4	172.1	100.0%	Meets
By 2010, reduce the colorectal cancer death rate to 15.52 per 100,000 population.	18.5	16.3	15.8	90.6%	Progress
By 2010, reduce the prostate cancer death rate to 15.9 per 100,000 population.	25.2	22.2	21.0	45.2%	Progress
By 2010, reduce the melanoma cancer death rate to 2.49 per 100,000 population.	2.8	2.9	2.7	32.3%	Progress
Stop the increase in the age-adjusted underlying diabetes death rate and reduce to the 1999 rate of 20.2 per 100,000 population.	22.3	21.2	21.9	19.0%	Progress

<sup>1</sup> Progress quotient = (current status – baseline/objective target – baseline) x 100. A progress quotient measures the percentage of change from the baseline.  
Source: OPPAGA analysis of Department of Health data.