STATE OF FLORIDA

DEPARTMENT OF HEALTH

Long-Range Program Plan

Fiscal Years 2006-07 through 2010-11

September 30, 2005

DEPARTMENT OF HEALTH

Table of Contents
LONG RANGE PROGRAM PLAN
FISCAL YEARS 2006-07 THROUGH 2010-11

DEPARTMENT OF HEALTH

AGENCY MISSION

“Promote and Protect Health”

“Promote and protect the health of all people in Florida through the delivery of quality public health services and health care standards”

Department of Health
Goals and Objectives

GOAL #1: **Prevent and Treat Infectious Diseases of Public Health Significance**

OBJECTIVE 1A: Reduce the AIDS case rate

OUTCOME: AIDS case rate per 100,000 population

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
40.7 / 1997	28.0	27.0	26.0	25.0	24.0

OBJECTIVE 1B: Increase the immunization rate among young children

OUTCOME: Percent of two year olds fully immunized

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
82.6 / 1997	90.25	90.25	90.25	90.25	90.25

OBJECTIVE 1C: Identify and reduce the incidence of chlamydia

OUTCOME: Chlamydia rate per 100,000

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
181.2 / 1997	239	236	233	230	227

OBJECTIVE 1D: Reduce the tuberculosis rate

OUTCOME: Tuberculosis case rate per 100,000

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
9.5 / 1997	6.0	5.8	5.6	5.4	5.2

GOAL #2: **Provide Access to Care for Children with Special Health Care Needs**

OBJECTIVE 2A: Provide a family-centered, coordinated managed care system for children with special health care needs

OUTCOME: Percent of families served reporting a positive evaluation of care provided.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
90.0% / 1997-98	94.0	94.25	94.5	94.75	95.0

OBJECTIVE 2B: Ensure that CMS clients receive appropriate and high quality care

OUTCOME: Percent of CMS enrollees in compliance with periodicity schedule for well child care.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
85.0% / 1998-99	90.5	91.0	91.5	92.0	92.5

OBJECTIVE 2C: Provide early intervention services for eligible children with special health care needs

OUTCOME: Percent of eligible infants/toddlers provided CMS early intervention services

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
65.0% / 1997-98	100	100	100	100	100

Department of Health
Goals and Objectives

OBJECTIVE 2D: Provide specialized team assessments for children suspected of suffering abuse or neglect

OUTCOME: Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
75.0% / 1996-97	92%	92%	92%	92%	92%

OBJECTIVE 2E: Prevent hospitalizations for conditions preventable by good ambulatory care

OUTCOME: Percent of CMS Network clients hospitalized for selected ambulatory conditions

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
13.2% / 1999-00	13.0	13.0	13.0	13.0	13.0

GOAL #3: **Improve Access to Basic Family Health Care Services**

OBJECTIVE 3A: Improve maternal and infant health

OUTCOME: Infant mortality rate per 1000 live births

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
7.1 / 1997	6.9	6.85	6.8	6.75	6.7

OBJECTIVE 3B: Reduce births to teenagers

OUTCOME: Live births to mothers age 15-19 per 1000 females age 15-19

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
58.2 / 1997	41.5	41.3	41.1	39.9	39.7

OBJECTIVE 3C: Improve access to basic primary care screening and treatment services

OUTCOME: Age-adjusted death rate due to coronary heart disease

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
200.2 / 1997	158	156	154	152	146

OBJECTIVE 3D: Improve access to dental health care services

OUTCOME: Percent of targeted low-income population receiving dental services from a county health dept.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
9.6% / 1997-98	16.58	17.5	18.38	19.26	20.14

GOAL #4: **Prevent Diseases of Environmental Origin**

OBJECTIVE 4A: Monitor individual sewage systems to ensure adequate design and proper function

OUTCOME: Septic tank failure rate per 1000 within two years of system installation

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
3.0 / 1997	3.5	3.45	3.4	3.35	3.3

Department of Health
Goals and Objectives

OBJECTIVE 4B: Ensure regulated facilities are operated in a safe and sanitary manner

OUTCOME: Sanitation/safety score in department regulated facilities

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
96.7 / 1997	94.0	94.1	94.2	94.3	94.4

*Have applied a more rigorous review process since baseline year

OBJECTIVE 4C: Protect the public from food and waterborne diseases

OUTCOME: Food and waterborne disease outbreaks per 10,000 facilities regulated by the department

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
11.8 / 1998	3.55	3.35	3.25	3.15	3.0

GOAL #5: **Prevent and Reduce Tobacco Use**

OBJECTIVE 5A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco

OUTCOME: Percent of middle and high school students who report using tobacco in the last 30 days

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
30.4% / 1997-98	16.8	16.75	16.7	16.65	16.6

GOAL #6: **Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care**

OBJECTIVE 6A: Effectively address threats to public health from specific practitioners.

OUTCOME: Percent of Priority I investigations resulting in emergency action

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
25% / 1996-97	30	31	32	33	34

GOAL #7: **Enhance and Improve the Emergency Medical Services (EMS) system**

OBJECTIVE 7A: Ensure EMS providers and personnel meet standards of care

OUTCOME: Percent of EMS providers found to be in compliance during licensure inspection

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
91.0% / 1997-98	86	88	89	90	92

*Have implemented a more rigorous inspection process since baseline year

GOAL #8: **Increase the Availability of Health Care in Underserved Areas and Assist Persons with Brain and Spinal Cord Injuries to Reintegrate into Their Communities**

OBJECTIVE 8A: Assist in the placement of providers in underserved areas

OUTCOME: Medical students who do a rotation in a medically underserved area

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
671 / 1997-98	5598	5750	6000	6250	6500

Department of Health
Goals and Objectives

OBJECTIVE 8B: Assist persons suffering brain and spinal cord injuries to rejoin their communities

OUTCOME: Percent of Brain & Spinal Cord Injury clients reintegrated to their communities at an appropriate level of functioning

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
79.2% / 1995-96	91.7	92.2	92.7	93.2	93.7

GOAL #9: **Prevent Unintentional Injury Death among Children in Collaboration with Local Community Partners**

OBJECTIVE 9A: Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14

OUTCOME: By 2012, meet the projected U.S. unintentional injury death rate (based on national trend for 1993-2001) of 4.8 per 100,000 children ages 0-14, in those Florida counties with existing state-local injury prevention partnerships.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
14.7% / 1993	8.9	8.6	8.3	8.0	7.7

GOAL #10: **Process Medical Disability Determinations**

OBJECTIVE 10A: Complete medical disability determinations in an accurate manner

OUTCOME: Percent of disability determinations completed accurately as determined by the Social Security Admin.

Baseline/ Year	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
90.6% / 1996-97	94.3	94.4	94.5	94.6	94.7

Department of Health
Linkage to Governor's Priorities

#1 – Improve education.

- Ensure health care practitioners meet relevant standards of knowledge and care.

#2 – Strengthen families.

- Provide access to care for children with special health care needs;
- Improve access to basic family health care services;
- Increase the availability of health care in underserved areas;
- Prevent and treat infectious diseases of public health significance;
- Enhance and improve emergency medical services and trauma systems.

#3 – Promote economic diversity.

- Assist persons with brain and spinal cord injuries to reintegrate into their communities;
- Process medical disability determinations.

#6 – Enhance Florida's environment and quality of life.

- Prevent diseases of environmental origin;
- Prevent and reduce tobacco use.

Department of Health
Trends and Conditions Narrative

Florida's Department of Health is statutorily responsible for the health and safety of all citizens and visitors to the state (381.001 F.S.). As a public health agency, the department monitors the health status of Floridians; diagnoses and investigates health problems; and mobilizes local communities to address health-related issues. The department develops policies and plans that support health goals; enforces laws and regulations that protect the health of all residents and visitors; links people to needed health care services; and provides services where necessary to increase access. The department also provides specialized assistance to pregnant women and children with special health care needs; licenses and regulates health care practitioners; and provides medical disability determinations.

A number of factors contribute to the challenge of meeting the state's public health needs. Florida is large and diverse with approximately 16 million residents. Florida hosts many elderly persons, immigrants, national, and international visitors. Florida has experienced tremendous population growth. In-migrations rather than resident births account for over 75% of the state's growth. Florida's subtropical climate, inviting to tourists and residents alike, fosters the growth of many organisms that could not prosper in colder areas.

Florida's public health system has achieved notable successes in recent years. Infant mortality rates have dropped significantly since the 1980s, teenage pregnancy rates have decreased, and cases of vaccine-preventable diseases in young children have become exceedingly rare. Floridians currently live longer than at any point in history. Assuring Floridians that their health care practitioners are able to provide good care and public health programs are accessible and effective contribute to a healthier, more productive state.

Despite the department's successes, the scope and complexity of current health problems continue to present significant challenges. Factors that contribute to the formidable task of improving the health of Floridians include the growth and diversity of the population; the continued threat of infectious diseases such as HIV/AIDS and hepatitis; the large number of substance abusers including children who use tobacco and consume alcohol; the continual threat of natural disaster and the many Floridians without adequate access to health care. In addition, the events of September 11, 2001 and subsequent anthrax attacks demonstrated the vulnerability of the public to terrorist assaults and the deliberate release of highly dangerous pathogens and chemicals. As a result, the Department of Health is enhancing Florida's disaster preparedness and infectious disease surveillance and control capabilities.

The department presents below its priority goal areas for the next five years. The priorities were selected based on core public health functions such as the control of infectious diseases and the effort to improve access to basic family health care services and assist children with serious, chronic health problems. These goals align with the Governor's priorities to ***Strengthen Families*** and ***Enhance Florida's environment and quality of life*****.** Each goal significantly impacts the health, safety or welfare of the public and is based on the department's statutory responsibilities. The following narrative describes recent public health care trends and conditions and lists, in priority order, the department's goal areas and operational intentions for the next five years.

Prevent and Treat Infectious Diseases

The Department of Health has always set the prevention and control of infectious diseases among its highest priorities. A basic tenet of public health is to identify the source of infection and break the cycle of transmission. This will remain so over the next five years. Although disease control activities have in the past centered on more traditional infectious diseases such as yellow fever, tuberculosis, measles, diphtheria, sexually transmitted diseases and HIV/AIDS, recent events related to bioterrorism have placed increased demands upon Florida's public health system.

Public Health Preparedness

The events of September 11, 2001 and subsequent anthrax attacks demonstrated the vulnerability of the public to terrorist assaults and the deliberate release of highly dangerous pathogens and chemicals. The objective of the Department of Health is to develop the public and private health care infrastructure necessary to rapidly identify, respond to, and control threats to public health. To this goal, the Department of Health has initiated an intensive effort to upgrade Florida's disaster preparedness and infectious disease surveillance and control capabilities. Utilizing federal funds, the department contracted with Florida's hospitals to improve their capabilities to prepare for and respond to catastrophic events that would result in large numbers of casualties.

The enhancement of the state's disaster preparedness and infectious disease control infrastructure focuses on multiple areas. These areas include improved surveillance; improved investigation and event response capabilities; enhanced planning and coordination among state, federal and local responders; expanded training of responders and medical providers; upgraded and expanded laboratory capability; the stockpiling and distribution of vaccines and pharmaceuticals; and improved connectivity and communications among state, federal and local providers. Each of these areas must perform quickly and effectively in order to detect and respond to events and minimize casualties.

Florida needs a comprehensive and highly functioning disease reporting and investigation system to detect disease outbreaks related to bioterrorism and other public health threats. This includes a cadre of trained epidemiologists; timely reporting by public and private health care providers; enhanced electronic reporting systems and appropriate rules and guidelines related to the reporting of infectious diseases. To achieve this goal, the department is in the process of enhancing the Epidemiology Investigation and Surveillance Program; adding hospitals to existing surveillance projects; upgrading the infectious disease reporting system; implementing electronic laboratory reporting; training additional hospital staff in epidemiology; and implementing procedures to ensure the rapid analysis and exchange of epidemiologic data.

Effectively addressing a bioterrorism event requires a concerted effort on the part of the health care system and civil authorities, therefore planning and training is essential at all stages of the preparedness and response continuum. Personnel in both the public and private sector must recognize and quickly react to bioterrorism and other public health threats. This requires education and training for EMS providers, hospital staff, private physicians, law enforcement personnel, public health staff, and state and local government officials. Infectious disease recognition skills must be increased; the roles and responsibilities of all participants and responders determined in advance; and all participants must regularly train to respond to various scenarios including mass casualty events. These requirements are addressed in Florida's bioterrorism preparedness initiative.

Private and public health laboratories play a key role. The rapid isolation and identification of dangerous agents is critical to respond appropriately. Therefore is it necessary to ensure that the state has a sufficient number of laboratories trained and equipped to handle bioterrorist and other events. In addition, it is also critical that laboratories have the communications capability to quickly transmit findings. This requires not only compatible hardware and software but also standard submission protocols and reporting formats.

As timeliness and coordination are essential to effectively control outbreaks, communications capability is critical. This is a true not only between medical facilities and laboratories but also among public health departments, law enforcement, health care organizations, first responders, and public officials. Examples include the use of email for notification of alerts and a linked directory of key public health participants including hospital clinical personnel. This type of communication network is possible through continuous high-speed internet access, satellite and cellular phone capability, and auto dialing and voice messaging capabilities including full redundancy if the primary links are disabled.

Intervention Strategies and Initiatives

- All Florida licensed acute care hospitals have a minimum number of sets of personal protective and decontamination equipment and the requisite number of trained personnel to safely use this equipment;
- All Florida licensed acute care hospitals participate in training programs that will increase their ability to perform key tasks;
- Florida's hospitals will be able to conduct rule-out testing on suspected pathogens and have enhanced connectivity to Florida's public health surveillance and reporting system;
- Florida's hospitals will have the capability to communicate with each other, with emergency management, pre-hospital EMS providers and first responders;
- Florida's capacity to treat severely burned patients will increase from 60 to 800;
- Florida's capacity to provide isolation of suspected contagious patients will increase substantially through the installation of additional negative pressure equipment;
- Florida will have an operational system that will allow emergency managers to access registered and credentialed volunteer health care professionals.

Core Infectious Disease Control

Infectious diseases were the major killers of Floridians in the early 1900s. Influenza, pneumonia, tuberculosis, syphilis and enteric diseases were among the top 10 causes of death in the first third of this century. Today, only two infectious diseases are among the state's top 10 causes of death—AIDS and influenza/pneumonia.

Although impressive successes have been achieved, the threat of renewed infectious disease outbreaks always exists. Constant vigilance is necessary to maintain a healthy Florida. History shows that when prevention and control efforts are relaxed, the prevalence of infectious diseases resurges. Contemporary areas of concern include HIV/AIDS, hepatitis, sexually transmitted diseases, vaccine preventable diseases and tuberculosis.

Public health experts agree that another influenza outbreak similar to the one that killed 50 million people worldwide in 1918 is only a question of "when." The appearance of avian flu and SARS are reminders of the need for enhanced surveillance, preparation, and communication capabilities. Florida, in part due to its large elderly population, is particularly vulnerable to such an outbreak. A statewide strategy for influenza surveillance and prevention is a high priority. Fortunately, the surveillance and control infrastructure put in place to address bioterrorism is also useful in this regard.

The wide availability of inexpensive antibiotics and the ability of certain organisms to mutate are increasing the threat of diseases that are no longer treatable using routine drugs. For example, *Streptococcus pneumoniae,* which may cause invasive diseases such as meningitis, was in the recent past almost universally susceptible to penicillin. However, during 2000 56.8% of these cases were resistant to penicillin. Similar trends may be found in shigella, gonorrhea and other organisms. A statewide antibiotic resistance surveillance and prevention program should be put in place to address this threat.

Department of Health
Trends and Conditions Narrative

HIV/AIDS is a life-threatening disease that attacks the body's immune system and leaves the patient vulnerable to opportunistic infections. Because there is no cure, stopping the spread of HIV and minimizing its effect in those infected is critical. Florida has the third highest number of cumulative AIDS cases and the second highest number of pediatric cases -- children under 13 -- in the nation. The black, non-Hispanic population is underserved and over-represented in the current AIDS epidemic. HIV/AIDS is the leading cause of death for both black males and black females aged 25-44 years.

The annual number of newly diagnosed AIDS cases in Florida leveled off from 2001-2003 following declines from 1993-2000. In 2004 there was an increase in reported cases due to improved surveillance capability rather than an actual increase in morbidity. The number of persons living with HIV/AIDS continues to rise because persons with this infection are living longer due to more effective treatment. New treatment options for HIV/AIDS have reduced the progression of HIV to AIDS and the number of persons suffering from AIDS-related conditions. In particular, combination drug therapy including protease inhibitors has proven very effective in reducing viral load in many HIV-infected persons, increasing lifespan and quality of life.

A number of factors have hindered the battle against HIV/AIDS. One is the tremendous cost associated with treatment, particularly for pharmaceuticals. Difficulty adhering to rigid dosage schedules is also a problem. Many areas lack sufficient providers and facilities skilled in treating HIV/AIDS. These same areas often also tend to have limited access to substance abuse treatment facilities. Stigma associated with the risk factors is a barrier to testing and early treatment. After years of practicing "safer sex", some groups, particularly men who have sex with men, are experiencing "prevention burnout", leading to recent increases in sexually transmitted disease and HIV transmission. Difficulties in documenting patient risk factors have driven up the "no identified risk" case rates for HIV and AIDS cases. This complicates targeting of prevention and treatment initiatives. On a positive note, diagnosed HIV cases from 1999-2004 have decreased by 24% and 36% respectively among black males and black females.

Viral hepatitis is a growing public health problem. Hepatitis A and B are two of the 10 most commonly reported diseases. Hepatitis C reports are increasing dramatically as new testing technology gains acceptance. The hepatitis C situation is often referred to as "the silent epidemic" because so few of those who carry the virus are aware of their infection. It is believed that as many as four million Americans are infected with hepatitis C, four times the number of HIV infections nationally. This translates to more than 300,000 hepatitis C infections in Florida. In addition, there are estimated to be 50,000 to 63,000 Floridians with chronic hepatitis B infection.

Immunization is an extremely cost effective defense against many infectious diseases. Measles, mumps, rubella, pertussis, diphtheria, tetanus, polio, varicella, pneumococcal disease, hepatitis A, hepatitis B, influenza, and Haemophilus influenzae type b (Hib) are all preventable by vaccine. These common childhood and adult diseases are highly contagious and are particularly dangerous to very young children who have relatively low resistance to infection and more prone to develop serious complications – deafness, retardation, brain and spinal cord damage and occasionally death. Immunizations have greatly reduced the prevalence vaccine-preventable illnesses in Florida. During FY 2004 85.3% of two year-olds received four diphtheria, tetanus, pertussis immunizations; three polio immunizations; a measles, mumps, rubella immunization; and three Haemophilus B immunizations.

Recommended childhood vaccines are provided to children in Florida with vaccines distributed and provided to physicians and county health departments through the Vaccine for Children Program (VFC). In 2004, the Bureau of Immunization shipped 3,233,554 doses of vaccine to over 2,000 public and private healthcare providers. This vaccine was valued at over $61 million.

Florida's immunization program is nationally recognized for its success. Florida has virtually eradicated a number of diseases. Of the three diseases targeted by the department, one case of measles in children under age 19 and zero cases of Haemophilus influenzae type b (Hib) in children under age five were reported in 2004. Hepatitis B in children under 19 has been reduced to only one case in 2004. Legislative mandates to immunize kindergarten and seventh-graders should make this number zero in the near future.

Another major initiative in the Bureau of Immunization is development and implementation of a statewide immunization registry (Florida SHOTS). Florida SHOTS is a centralized data base which currently includes approximately 3 million records for children throughout the state. Florida SHOTS has been fully operational in the public sector for two years and is now being offered to private health care practitioners. Currently over 1,000 private practices in Florida utilize the system and growth of usage in this area is expected to continue with major promotional efforts in 2006. A major enhancement to the system in 2005 provided reminder/recall capabilities for private providers. The use of reminder/recall functions has proven to be a valuable tool for increasing immunization rates.

The 2010 goal for immunization registries is to have 95% of children age birth up to age six enrolled in a fully functional registry with at least two immunization events recorded in the system. The central registry provides significant benefits to health care providers, children, and parents by making consolidated immunization records available to authorized users. The system will eventually be available to schools and childcare centers for the electronic transfer of immunization data required for entry and attendance. The system currently houses over three million immunization records for individual patients and contains over 22 million immunization events.

Florida has directed increased attention to immunization of adults. A grant-funded pilot program has been extended to 16 counties to further improve immunization coverage of adults 65 years of age and above with an emphasis on pneumococcal and influenza vaccine.

Sexually transmitted diseases (STDs) are infectious diseases spread almost exclusively from one person to another by sexual contact. Sexually transmitted diseases such as syphilis, gonorrhea and chlamydia can cause multiple health problems including pelvic inflammatory disease, sterility, cancer, birth defects, miscarriages and general systemic complications. In addition, the open lesions often associated with sexually transmitted diseases facilitate the spread of HIV.

Florida public health workers have been very successful in reducing the incidence of infectious syphilis, both primary and secondary syphilis. Between 1988 and 1998, the incidence of infectious syphilis declined from 66.8 per 100,000 to 1.9, a 97% reduction. However, major challenges remain. During the past six years Florida has experienced a dramatic increase in infectious syphilis from 292 cases to 728 in 2004, a 149% increase in morbidity. This increase has primarily been due to men who have sex with other men who continue to practice unsafe sex and other high-risk behaviors, as well as the unacceptable rate of turnover among STD field staff.

Gonorrhea and chlamydia, the most frequently reported infectious diseases in Florida and the United States, continue to adversely affect women, adolescents and children, especially those 15 to 34 years of age. Up to 85% of the women and 50% of the men with uncomplicated chlamydial infection experience no symptoms. If left untreated, these infections cause serious problems including pelvic inflammatory disease, infertility, swollen testicles and ectopic pregnancy. Persons infected with these diseases are three to five times more likely to acquire HIV when exposed.

Department of Health
Trends and Conditions Narrative

Tuberculosis is a contagious disease of bacterial origin usually transmitted via airborne droplets from the lungs of infected persons. In the 1920s, tuberculosis killed more people than cancer. Improved treatment regimens and treatment for latent tuberculosis infection for positive TB skin test reactors have reduced the death rate considerably; however, TB remains the number one infectious disease killer in the world. Approximately 10% of all persons with active tuberculosis die before completing treatment.

Florida has experienced a downward trend in tuberculosis rate in recent years among the U.S born. The decrease in the case rate indicates that current tuberculosis control strategies have been effective. These strategies include treatment of all cases until cure utilizing Direct Observed Therapy (DOT); timely and thorough contact investigations; stressing the completion of treatment for latent tuberculosis therapy; targeted skin testing of persons at high risk and appropriate treatment of persons with latent tuberculosis, particularly those known or suspected to have HIV co-infection. However, an area of concern is the continued rise in cases among persons from countries outside the U.S. Florida has large numbers of persons with HIV, many migrant workers and many immigrants from less developed countries where tuberculosis is endemic. These groups are at high risk for tuberculosis infection.

Although Florida's record of success in the battle against tuberculosis is impressive, several factors continue to impede tuberculosis control. Direct Observed Therapy (DOT), a treatment regimen based on intensive case management that ensures patients comply with treatment protocols via direct observation of medication ingestion, continues to be underutilized. Many health care providers do not understand how to effectively implement DOT. Therefore some private and other health care providers may not be aware of the latest treatment and case management strategies and are not aware of, or chose not to use, local health department personnel who are available to assist. Although the number of tuberculosis cases has declined, an increasing percentage of the cases that remain frequently suffer from psychosocial problems such as mental illness, homelessness, substance abuse, and unemployment.

Patients now afflicted with TB are becoming more complex and at times cannot be cured by traditional methods. It has been shown that one infectious non-compliant TB patient can spread the disease to as many as 30 other individuals. Due to associated psychological, social, or medical illnesses, about 8% of the approximate 1,200 patients with TB every year in Florida are unable to complete therapy using traditional methods. A.G. Holley Hospital, the nation's only inpatient TB hospital, works to cure these most difficult cases, acting as a safety net for the community and health departments who are unable to cure patients with more complex forms of TB.

A.G. Holley has been nationally recognized for its ability to cure difficult cases. A.G. Holley has a successful cure rate that exceeds 93% in a group of patients that traditionally are only successfully cured 50% of the time, and frequently at increased cost with increased morbidity due to the development of resistance and subsequent transmission. Patients are admitted to A.G. Holley through the county health departments. Nearly 80% of patients admitted are court ordered due to recurrent non-adherence with treatment. The other 20% are admitted voluntarily due to the complexity of their illness. Of these admissions, 63% are infected with HIV, 85% are substance abusers, 15% have drug resistant TB, and 49% have a major mental diagnosis. In addition, A.G. Holley acts as a major provider of TB education and training for its staff, community and public health care providers, universities, as well as the citizens of Florida. The staff is also active in research, developing enhanced treatment modalities for patients with TB.

Prevention and treatment of infectious diseases reduces the development of multiple health problems and premature disability and death. Controlling infectious diseases reduces health and social service costs and therefore benefits not only the persons afflicted with the disease but also protects others from exposure and illness and reduces the burden on taxpayer supported resources.

Intervention Strategies and Initiatives

- Expansion of the State Health Online Tracking System (SHOTS), the state immunization registry, to all health care providers, schools, and day care centers;
- Increased use of teleradiology and spoligotyping to improve TB surveillance and the regionalization of state TB programs;
- Ensure that appropriate treatment, until cure, for 90% of reported TB cases;
- Ensure appropriate contact investigation, identification, and follow-up of contacts for 100% of infectious and potentially infectious TB cases and ensure completion of treatment for latent TB infection;
- Ensure appropriate targeted testing efforts and treatment for identified individuals with latent TB infection;
- Increased emphasis on HIV/AIDS minority initiatives that emphasize reducing the HIV infection rate among minority populations;
- Increase the percentage of blacks enrolled in ADAP from 42% in 2002 to 55% by 2010;
- Continued emphasis on HIV perinatal efforts with a goal of reducing the mother to infant HIV transmission rate to zero;
- Ensure that 100% of CHD prenatal clients are offered HIV counseling/testing during their initial visit;
- Perform cultural sensitivity training to CHD staff on an annual basis;
- Increase HIV counseling and testing to the minority population;
- Reduce the percentage of cases with “No Identifiable Risk” to below the December 2002 18% figure.

Provide Access to Care for Children with Special Health Care Needs

The mission of Children’s Medical Services (CMS) is to provide a family-centered, coordinated managed system of care for children with special health care needs and to provide essential preventive, evaluative, and early intervention services for at-risk children. The children served by CMS typically have serious, chronic illnesses or injuries and require ongoing care. Families are deeply involved in the medical decision-making process. Families expect programs to be coordinated and uniformly available statewide and expect services to be effective and based on family concerns, priorities and resources. This will be a key goal over the next five years.

Children’s Medical Services provides early intervention services such as special instruction, physical therapy, speech therapy and family education through Early Steps for children with established medical conditions such as Down’s Syndrome, spina bifida, cerebral palsy, mental retardation, hearing or visual impairments and other conditions which affect or delay a child’s development. Infants or toddlers with a developmental delay or a disability who receive interventions at a young age lead more independent lives and need fewer services later in life. Early intervention services are family-centered, based on the child and family’s natural environment, and developed by a multi-

disciplinary Individualized Family Support Plan Team to address the unique concerns and priorities of each family.

Due to growing concerns about quality of care and the rising costs, the 1996 Legislature created a new option for Medicaid recipients which extends the CMS Program to children with special health care needs as a Medicaid managed care option. Children were enrolled in the CMS Network and are managed by a CMS approved primary care physician who has met specific pediatric standards and enrolled as a Medicaid MediPass and CMS Network provider. Each child has a nurse or social worker care coordinator who performs clinical and psychosocial assessments and coordinates needed services. In 1998 the CMS Network was extended to the non-Medicaid population through the Florida KidCare Act that implements Florida's Child Health Insurance Program (Title XXI).

Children's Medical Services assists in the delivery of primary care to children with special health care needs. In addition to basic primary care services, children with complex medical problems often require multiple home and community-based services provided by a variety of agencies. Care coordination provided by CMS is essential to the effective delivery of these services. In Florida's rural areas, access to is limited, as well as dental and respite services. Direct services must be extended to the communities where children and families reside.

Children's Medical Services administers newborn screening activities for Florida. All newborns are screened for selected metabolic, endocrine, and genetic disorders. Hearing screening is performed before the baby is discharged from the birthing facility. Newborns with presumptive positive test results are recommended for a repeat screening or referred to specialty centers for confirmatory testing and follow-up care.

Children's Medical Services Division of Prevention and Interventions' Child Protection Teams are medically directed multidisciplinary teams developed to supplement the Department of Children and Families and designated sheriffs' offices' child protection programs. Child Protection Teams (CPTs) provide medical and social assessments of children who, based on a report to the Child Abuse Hotline, are alleged to be abused, neglected, or at risk of being abused or neglected.

The multidisciplinary team assessment may include medical diagnosis and evaluation, medical consultation, forensic interviewing, specialized interviewing, family psychosocial assessment, nursing assessment, psychological evaluation, other specialized assessments, and multidisciplinary staffing. The teams make recommendations for interventions to reduce the risk of re-abuse and enhance family capabilities to provide a safe, abuse-free home. The teams are also statutorily mandated to provide expert testimony in court cases.

Children's Medical Services Division of Prevention and Interventions' Sexual Abuse Treatment Programs provide evaluation of and treatment to children alleged to have been sexually abused by a caregiver. There are currently 11 programs statewide.

The Division's Telemedicine Unit uses telecommunications and information technology to provide health care to persons who are at some distance from the provider. Telehealth is defined as "the off-site provision of a wide array of health-related activities, such as professional continuing education, professional mentoring, community health education, public health activities, research and health services administration, as well as consultative and diagnostic health care." Telemedicine is also used in the CMS Network to increase access to specialty physician services and by the Child Protection Team Telemedicine Network that provides expert levels of medical child abuse assessments to specific remote sites.

Department of Health
Trends and Conditions Narrative

Children with special health care needs and their families are a part of every community, and their numbers are increasing. Advances in medical technology during the past twenty years now enable children with complex medical conditions to be cared for at home and to survive into adulthood. Timely identification and treatment of children with or at risk of chronic illness or developmental delay presents an increasing challenge to health, social services, education and community organizations. Children's Medical Services must continue to develop and refine comprehensive, community-based, culturally competent, quality health care delivery systems to ensure the health and welfare of our future citizens.

Children's Medical Services' interventions lead to improved health status and productivity. When these interventions are provided at a young age, individuals with disabilities and chronic conditions lead more independent lives. In addition, significant savings are generated related to special education, grade retention, academic and life-skill achievements and future productivity.

Intervention Strategies and Initiatives

- Implement the American Academy of Pediatrics' Medical Home Initiative. In a medical home, a pediatric clinician works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met;
- Florida recently expanded the number of disorders tested from five to thirty four beginning with a few select hospitals. It is anticipated that Florida will begin statewide screening for all babies starting January 1, 2006 and will screen for cystic fibrosis after July 1, 2006;
- Determine the feasibility of migrating CMSN Telemedicine Programs from ISDN-to-IP Based Network Services. This migration should lead to lower operational costs and serve as a model that may be applied to other CMS telemedicine programs that are based on two-way interactive videoconference services;
- Enhance the peer review Quality Assurance Process to include concurrent administrative monitoring;
- Investigate the formation of a new Child Protection Team Office in response to community's needs;
- Establish joint agency meetings between Child Protection Unit, Department of Children and Families, and sheriffs' offices designated to conduct child protective investigations;
- Develop a web-based data system for abuse reports;
- Expand Sexual Abuse Treatment to underserved areas through Victims of Crime Act (VOCA);
- Establish a peer review monitoring system;
- Deploy CPT Telemedicine Services in the Keys;
- Enhance and expand the capabilities for providing CPT services in the Gainesville region;
- Enhance the Florida Poison Information Centers Network all-hazard response capability;
- Develop a coordinated interaction between the Florida Poison Information Centers (FPIC), the Department of Health, and CDC to enhance the FPIC database to provide for a more coordinated and rapid response to potential environment threats to human (or animal) health;

- Develop a long-range, interagency, coordinated initiative for the promotion of child abuse prevention awareness;

- Develop a mechanism(s) to assist local Child Protection Teams and Sexual Abuse Treatment Programs in pursuing grant funds to enhance local program efforts;

- Increase the number and variety of grants developed and applied for which relate to the prevention of child maltreatment, enhancement of services which support families, and services for children who have been abused or exposed to violence;

- Develop resources to support training and awareness activities related to child abuse prevention for targeted professionals and the general public.

Improve Access to Basic Family Health Care Services

A critical public health function is to assure access to basic family health care services for families and individuals who have difficulty obtaining this care from the private sector. The provision of routine screenings and check-ups, maternal and child health care, and the treatment of minor conditions before they progress to major problems is very cost effective. As such, the department will continue to serve as a primary care safety net provider over the next five years.

The Institute of Medicine defines access to health care as "the timely use of personal health services to achieve the best possible health outcomes". The Florida Department of Health has recognized improving access to primary care as one of its key priorities. People who receive adequate primary care tend to be healthier and require less expensive medical treatment. People lacking access to primary care are more likely to contract vaccine-preventable diseases, suffer early morbidity due to chronic conditions, be diagnosed at a later stage of illness, be admitted to a hospital, and die at a younger age. Improving access to care is also a key strategy in reducing racial and ethnic disparities in health status.

A number of variables affect an individual's ability and willingness to access basic health care services. Many of these variables are interrelated. These variables include health insurance coverage, income, geography and transportation.

The lack of health insurance is the most frequently cited barrier to accessing care. The cost associated with health care is a deterrent for many low and middle income Floridians. Health insurance compensates for the high cost of these services. Persons are more willing to access the health care system if they know the costs of these services will be offset by health insurance. In Florida, 18.7% of persons interviewed during the 2002 Behavioral Risk Factor Survey (BRFS) reported they had no health insurance. On a county-by-county basis those reporting they had no health insurance ranged from 10.8% to 42.0%. These statistics illustrate the geographical aspect of access to care.

Income is a major determinant of a person's ability to access primary care. Persons with relatively little income and no health insurance often believe they cannot afford to seek care. As a result, they often delay seeking care -- conditions that could be addressed at an early treatable stage are neglected until they reach an advanced and serious stage. Many persons in service sector jobs are not paid for time away from work; therefore the time associated with accessing health care has an economic cost. Statewide 23.9% of Floridians reported they had no regular provider of health care (2002 BRFS). Within this survey group 32.1% of persons with income below $25,000 reported they had no regular provider of care whereas only 15.0% of persons with income above $50,000 reported no regular provider. Income is also greatly interrelated with health insurance coverage – 31.6% of Floridians with incomes below $25,000 reported they had no health insurance while only 5.8% of Floridians with incomes above $50,000 reported no health insurance.

Health insurance status and income are not the only factors influencing access care. Many people come from a background where primary care services were not routinely used and are simply not in the "habit" of accessing preventive care; many persons do not understand the benefits of periodic screening and immunization services; and many people are not comfortable accessing providers due to language and cultural differences.

Geography and a lack of transportation can be barriers to accessing care. People are less willing to access care if they must travel long distances. Although Florida is thought of as an urban state, many rural areas still exist, particularly in the interior and panhandle. Similarly, the availability of transportation is a factor. Rural areas typically do not have public transportation. In addition, even where public transportation exists it is often not a very timely or convenient way to travel, particularly with young children.

Florida's Department of Health works to improve access to care through multiple strategies. The department funds county health departments in all 67 counties. County health departments provide a core set of preventive and primary care services either directly or through contracts with local providers. Through this effort the department assures that basic primary care infrastructure exists in every county in the state. In addition, health departments emphasize "one-stop-shopping" by striving to ensure that all the services a family needs are provided at one visit. For example, health departments can arrange that a mother bringing her children in for immunizations can pick up her WIC benefits at the same time. By making primary care available in every county and coordinating the delivery of multiple services at a single visit, the county health departments offset barriers associated with living in rural areas and lacking reliable transportation.

County health departments charge clients for personal health care services based on a sliding fee scale. Clients without insurance and with family incomes below 100% of the federal poverty level are served free of charge. Clients without insurance and with family income between 100% and 200% of the poverty level pay on a sliding fee scale – the higher their income the higher the fee. Clients with income above 200% of the poverty level pay full fee. In this manner the department ensures that lack of income and an inability to pay are not barriers to obtaining care.

As a public health agency, the department puts much emphasis on outreach, education, and care coordination services that promote the benefits of regular care. Part of the mission of the county health departments is to serve as the medical home to families who have difficulty finding a medical home in the private sector. These efforts are designed to raise awareness of the value of preventive health care and encourage families who have historically not accessed health care on a regular basis to make periodic visits to the physician a normal part of their lives. To support this, the department has processes in place to identify and contact persons in need. For example, the department's Vital Statistics Office uses birth certificate data to identify children at risk of under-immunization and notifies the local county health department. The county health department will attempt to contact the family and arrange for immunization services. The health department will then educate the family on the health care needs of not only the infant but the family as a whole and make any appropriate appointments and referrals. This can include linking the family to WIC services, to family planning services, and to Medicaid and social services. Similarly, high-risk pregnant women and infants are identified through universal screening and offered case management and care coordination services to ensure they get appropriate care. The department has also worked hard to expand public health dental programs. This is significant as there is very great need for affordable dental care on the part of the low-income population.

Department of Health
Trends and Conditions Narrative

Reducing health status disparities among racial and ethnic groups is a key public health goal in Florida. The department serves a disproportionately high number of minority patients. Related to this, the department emphasizes culturally sensitive delivery systems and supports a number of "Closing the Gap" projects around the state. These "Closing the Gap" projects target minority populations that are disproportionately represented among the high-risk and underserved. These projects address maternal and child health, chronic disease, and infectious diseases. Each project is locally designed and tailored to meet the specific needs of the target population. In addition, the department invests in interpretive and translator services including telephone accessible translators who are able to interpret virtually any language. Through these efforts the department reduces the cultural and language issues that have long served as a barrier to care.

The prenatal period and early years of life are critical to the health, growth and development of children. Mitigation of risk factors that adversely affect pregnancy outcomes prior to a woman becoming pregnant, early and quality prenatal care, routine preventive and accessible sick child health care, and accessible dental services can improve birth outcomes. Provision of these critical services can also reduce the proportion of children who die prematurely or suffer from conditions such as developmental delay, cerebral palsy, chronic respiratory dysfunction and other problems. Infants and children who suffer health and psychosocial difficulties in these early stages may never develop to full potential. Improvement in maternal and child health will reduce Florida's medical and social service costs, increase quality of life and lead to higher productivity on the part of our citizens.

Florida's public health system, in partnership with local communities, has worked successfully over the past decade to improve birth outcomes. Florida's infant mortality rate has dropped from 14.5 per 1,000 live births in 1980 to 7.5 in 2003. Florida's Healthy Start initiative, signed into law in June 1991, requires all women and newborns be offered screening for risk factors and directed to appropriate services if needed. Healthy Start also involves local communities in maternal and child health needs assessment and service prioritization decisions, increases access to prenatal and infant health care services and provides specialized services to women and infants identified as at-risk for poor birth outcomes.

Access to Healthy Start and the provision of services was enhanced by the approval of a Medicaid waiver in June 2001. The Medicaid waiver allows Healthy Start coalitions to assist women in selecting a Medicaid primary care provider by providing choice counseling, and assistance in scheduling and keeping medical appointments, following medical guidance, and resolving problems with access to services. Medicaid eligibility for pregnant women is facilitated through a simplified eligibility form. The waiver also allows us to increase the level of care and services provided to at-risk pregnant women, infants, and children to match their risk and need. Through this waiver, the state receives an additional $15 million annually in federal Medicaid match funds. In order to further reduce poor birth outcomes, Healthy Start is also focusing on interconceptional counseling and education, to increase the health status of women between pregnancies so that subsequent births have a better chance at a healthy start. Additionally, the Department of Health is working in collaboration with the March of Dimes to distribute multivitamins containing folic acid as well as interconceptional health awareness materials that will promote greater awareness of health issues between pregnancies that impact maternal and infant outcomes.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves eligible women who are pregnant, breastfeeding, or postpartum; infants; and children up to five years of age. WIC provides supplemental foods, nutrition education, breastfeeding promotion and support, and referrals to health and social service agencies. WIC services are provided during critical times of growth and development and have been proven to be effective in preventing and improving nutrition-related health problems within its target population. Research has also shown that WIC encourages earlier prenatal care for women and regular medical care for children. In addition, WIC participation lowers the rate of anemia among participating children age six months to five years of age.

Access to dental health care is limited for low-income families. The mouth is integrally and intimately linked to the body; without good oral health, a substantial portion of a person's total health need is ignored. Good oral health is achieved through community and school-based preventive and educational programs in conjunction with routine, periodic professional care visits. The integration of oral health services as an essential component of a unified and coordinated health service system needs to be aggressively promoted.

Dental caries and periodontal diseases are chronic, progressive bacterial infections that affect almost everyone. Fifty percent of children have cavities in their primary or permanent teeth by age seven and 84% have experienced decay in their permanent teeth by age 17. Twenty-five percent of children, mostly low-income, have 80% of the cavities. In addition, 80% of tooth decay remains untreated in low-income children. Poor children suffer nearly 12 times more restricted activity days due to dental illness. Only eight percent of adults are caries free. Fifty percent of adults experience periodontal infections at any point in time. Eighty percent of people over the age of 65 have moderate periodontal destruction.

The state's dental health programs must compete with more politically visible programs and programs that target more life threatening conditions for resources. For example, without additional funding to conduct a statewide school-linked sealant referral program the potential to substantially increase the percentage of children receiving sealants will be greatly reduced. Also, without resources to conduct a statewide outcome-based surveillance system it will remain difficult to adequately demonstrate existing needs and improvements in oral health status resulting from increased resources. In 2004, only an estimated 12% of the population below 200% of the federal poverty level received an annual visit through publicly funded, dental schools and volunteer programs, their main sources of care. Comprehensive dental benefits are available for most children through the Medicaid and Title XXI programs, but only an estimated 24% received an annual visit in 2002. Only limited dental benefits are available for adults through the Medicaid Program, which covers approximately 33% of the adults below 200% of the federal poverty level; but only an estimated 5% received an annual visit in 2004. Additional resources are critically needed to reduce existing barriers to care through publicly funded programs and to expand safety net programs.

A new initiative, facilitated by a HRSA/MCHB State Oral Health Collaborative Systems grant, is currently under way to increase awareness of oral health disparities, collaboration and support of common goals to reduce these disparities through an integrated, coordinated oral health system between the public and private sectors. This initiative will be accomplished through the broad-based development of a state oral health improvement plan with an appropriate action plan to address the recommended objectives.

Chronic diseases and disabling conditions such as heart disease, cancer, diabetes, and arthritis are among the most prevalent, costly, and preventable of all health problems. Chronic diseases develop over an extended period of time, often after prolonged exposure to one or more risk factors that are related to lifestyles and behaviors. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases. In 2003, five of the top ten causes of death in Florida were chronic diseases. In addition, the leading cause of disability among adults in the U.S. is arthritis, limiting the activities of nearly seven million persons.

The department provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. In 2003, 62,272 Florida deaths were due to cardiovascular disease. The department develops legislative issues, provides materials and assistance to county health departments, provides professional education to the physicians of Florida and conducts public awareness campaigns. Statewide public/private partnerships have been formed around the issues of cardiovascular health, physical activity and nutrition, and obesity prevention in an effort to maximize resources and to communicate consistent and persistent messages on the prevention of cardiovascular disease.

Among adults in Florida, in 2004, approximately 60% are overweight, including 22.9% who are obese. Since 1986, the prevalence of overweight has increased nearly 70% while the prevalence of obesity has doubled. In 2003, data among Florida high school youth show that 14.2% of high school students are at-risk for overweight while 12.4% are already overweight. Further, approximately 60% of overweight adolescents have at least one risk factor for cardiovascular disease while 25% have two or more risk factors. Chronic conditions such as heart disease, type 2 diabetes, stroke, osteoarthritis, gallbladder disease, and some cancers are a result of declines in physical activity and poor nutrition. The goal of the Obesity Prevention Program is to reduce the prevalence of overweight and obesity among Florida's children and adults. The program initiatives are to promote physical activity, healthy nutrition, breastfeeding, and decreased television viewing time.

Cancer is the second leading cause of death in Florida. In 2003, 39,238 people died from cancer. Nearly one out of every four deaths (23.3%) in Florida was due to cancer. The Comprehensive Cancer Control (CCC) Program was created to develop a comprehensive cancer strategic action plan for the state. The plan will address many types of cancer including prostate, colorectal, skin, ovarian, lung, breast, and cervical. The overarching goal for the CCC Program is to implement a comprehensive cancer control program to reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to state-of-the-art treatment. This is achieved through collaborative efforts with statewide partners.

Breast cancer is the number one cancer incidence for women in Florida. Incidence of breast cancer is higher among white women than non-white women. Breast cancer is the most common cause of cancer death among African American women and the second most common cause of cancer death among white women. Florida ranks third in the nation for total number of new cases and death from breast cancer. Only 52% of breast cancers were found at the early stage in non-white women in 2000, while 77% of white women in that year had their breast cancer diagnosed at an early stage. Almost one million women over the age of 40 living in Florida have never had a mammogram. Unadjusted crude rates for breast cancer in Florida are among the highest in the country, in part due to the larger number of older women in this state. The age-adjusted breast cancer death rate for nonwhite females is higher than the rate for white females even though their incidence rates are lower.

Cervical cancer deaths are preventable through early detection and treatment. Cervical cancer is the 8th leading cause for cancer incidence for women in Florida. Incidence and mortality rates for Florida due to invasive cervical cancer are both higher among non-white women. Florida's invasive cervical cancer incidence and mortality rates for non-white women are, also, higher than the US rates. The higher rates of mortality in nonwhite females may be due to more cancers among nonwhite females being diagnosed at later stages and differences in access to care and/or insurance coverage.

In May 2001, the Governor signed the Treatment Act here in Florida. The Treatment Act stipulates that Medicaid funds for treatment are available only to women screened through the CDC funded Florida Breast and Cervical Cancer Early Detection Program. There are 16 CHDs that have lead responsibility for the program and they each have partnered with other counties throughout the state to ensure statewide access.

Diabetes is the sixth leading cause of death in Florida. Overall, the age-adjusted death rate due to diabetes has increased 54.7% between 1979 and 2003, from 13.7 to 21.2 deaths per 100,000. It is estimated that over 1,000,000 adult Floridians have diagnosed diabetes and another 400,000 have diabetes but have yet to be diagnosed. Racial and ethnic populations are hardest hit by diabetes. Persons with diabetes are at an increased risk for heart disease, stroke, end-stage renal disease, blindness, and amputations. The department's statewide efforts include partnerships for effecting changes; coordinating professional education; implementing awareness campaigns; developing consumer and provider materials; assessing changes in diabetes trends; improving health policies; and reducing health outcome disparities.

Arthritis has a sizeable economic impact costing an estimated $7.6 billion in 1997 in Florida. In 2003, it was estimated that 3,623,000 adult Floridians had doctor-diagnosed arthritis (27.8%). Two modifiable risk factors, overweight/obesity and physical activity, are associated with an increased prevalence of doctor-diagnosed arthritis. Overall, in Florida, people with doctor-diagnosed arthritis report an average of 12 unhealthy days (of the past 30 days) compared with 5.8 unhealthy days among those without doctor-diagnosed arthritis. Activity limitation occurs frequently among people with arthritis and reduces quality of life, limits independence, and compromises health. The department implements evidence-based self-management interventions, provides materials and assistance to county health departments, conducts health communications campaigns, collects prevalence data on arthritis, coordinates a statewide partnership and provides information and education to the general public. The programs goals are to improve mobility through physical activity, and increase self-help behaviors.

Intervention Strategies and Initiatives

- Continue to provide support and technical assistance resources to county health departments, children's medical service, and department health program staff to include health literacy interventions into program service delivery;
- Increase the number of department sites who are using the "Ask Me Three" health literacy program. Patient and provider education materials will promote three simple but essential questions that patients should ask their providers in every health care interaction. Providers will encourage their patients to understand the answers to: What is my main problem? What do I need to do? Why is it important for me to do this?
- Continue to refine the delivery of risk appropriate care to Healthy Start clients;
- Increase the percentage of pregnant women who report entering prenatal care in the first trimester;
- Decrease the number of women who report smoking during pregnancy;
- Increase the number of people receiving Sexual Violence Prevention Education within the state;
- Continue to participate in the WIC/Farmers' Market Nutrition Programs and promote statewide nutrition education campaigns targeted to healthy eating and obesity prevention;
- Reduce the incidence of Fetal Alcohol Syndrome in Florida;
- Implement the Safe Sleep Initiative to reduce the number of children who die each year from suffocation and Sudden Infant Death Syndrome;
- Reduce the incidence of Shaken Baby Syndrome;
- Implement the "Nursing Guidelines for the Delegation of Care of Children with Asthma in Florida Schools";
- Expand the Healthy School Initiative to combat obesity in Florida's schoolchildren;
- Increase the number of teens participating in abstinence education;
- Pursue restoration of funding for the highly successful DOH Tobacco Prevention program;

- Continue the Chronic Disease Health Promotion and Education Program to focus on policy and environmental changes in the areas of heart disease and stroke, diabetes, physical activity, nutrition and overweight, and tobacco;

- Implement system-wide changes and public and professional education to increase secondary prevention of heart disease and stroke;

- Improve access to physical activity and healthful nutrition to disparate populations;

- Continue the Step Up Florida campaign to promote awareness and increase opportunities for physical activity throughout Florida;

- Increase the proportion of persons with arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition (baseline – 13% in 2002/03; BRFSS);

- Implement a Comprehensive Cancer Control Program that addresses prevention and education regarding the associated risk factors with colorectal, ovarian, lung, prostate and skin cancer;

- Maintain the number of women screened for breast and cervical Cancer through the Florida Breast and Cervical Cancer Program to approximately 10,000;

- Ensure that final diagnoses are obtained within 60 days for at least 95% of women with abnormal results screened for breast and cervical cancer through the Florida Breast and Cervical Cancer Program;

- Ensure treatment is started within 60 days for at least 95% of women diagnosed with precancerous or cancerous conditions for breast and cervical cancer through the Florida Breast and Cervical Cancer Program;

- Continue to promote the expansion of self-sustaining county health department dental safety net programs with a 10% yearly increase in capacity by using limited categorical funding to support infrastructure development and initial cost for new programs and expansion of existing programs;

- Continue to promote community water fluoridation as the most cost effective measure to reduce dental cavities and implementation of 2-3 new fluoridating water systems per year.

Prevent Diseases of Environmental Origin

The Florida Department of Health works to protect the relationship between the environment and the public and to prevent disease of environmental origin through a comprehensive set of surveillance, investigative, and science-based environmental health standards and programs. The department works collaboratively with its local county health departments to deliver essential environmental health services.

Department of Health
Trends and Conditions Narrative

Environmental health activities focus on prevention, preparedness, and education and are implemented through routine monitoring, education, surveillance and sampling of facilities and conditions that may contribute to the occurrence or transmission of disease. Environmental health programs include addressing risks from facilities like onsite sewage disposal systems, biomedical waste generators, food service facilities, group care facilities, schools, body piercing establishments, migrant labor camps, mobile home and recreational vehicle parks, public swimming pools and bathing places, and drinking water systems. Environmental health programs also include beach water sampling, radiation control, and environmental surveillance and investigation activities such as assessing the public health threat from hazardous waste sites. A major environmental health activity is to uncover possible associations between environmental contaminants and human health problems. The department receives inquiries to investigate sites where people may have been exposed to toxins. Examples include facilities or sites containing radioactive materials, old dry cleaning sites, or gasoline stations.

Enteric diseases such as salmonellosis, pathogenic species of *E. coli* and hepatitis A can be particularly dangerous to Florida's most at-risk populations--the elderly, the very young, and the immune compromised. By the year 2025, Florida is projected to be the 3rd most populous state with 20.7 million people. As Florida's population continues to grow, residents will populate more undeveloped areas, placing them at risk from substandard sewage and contaminated drinking water systems and other threats to their health.

Enhanced worldwide travel, human interaction with animal populations, medical unfamiliarity with emergent infectious diseases and other causes has generated the emergence and epidemic potential for diseases such as West Nile virus, monkeypox, hantavirus, dengue, and others. Additionally, infectious roots are being discovered for chronic diseases, such as certain cancers. Special surveillance programs and epidemiologic studies will be required to ensure that emerging diseases are prevented from becoming a public health threat to the state.

Changing patterns of individual and global economic behavior have complicated the control of enteric food and waterborne diseases and accentuated the need for an improved infrastructure to detect illness. Major food and waterborne diseases include Norovirus, salmonellosis, shigellosis, staphylococcal food intoxication, giardiasis and hepatitis A. Newly recognized and emerging pathogens such as cryptosporidium, cyclospora, and *E. coli* 0157:H7 have also caused recent outbreaks of illness. Primary causes of food and waterborne diseases are poor personal hygiene on the part of food workers, cross contamination between raw and cooked foods and time/temperature abuse of food. Department personnel are responsible for surveillance and investigation of these illnesses as well as providing public education for their prevention.

Ensuring safe drinking water is a crucial function of environmental health services. The department has regulatory authority over private and small public water systems and shares responsibilities with the Department of Environmental Protection (DEP) for larger public water systems under the Safe Drinking Water Act (SDWA). Over three million people or roughly 20% percent of Florida’s population is served by private or small public water systems. In addition, approximately 70% of Florida's population is served by larger SDWA public water systems regulated by 10 delegated county health departments under an Interagency Agreement with DEP.

Nearly one-third of Florida's population is served by individual onsite sewage treatment and disposal systems, primarily septic tanks. Approximately 1.8 million systems are in use within the state. Over 40,000 new systems are permitted each year. These systems provide a safe and economical means of wastewater disposal when properly constructed and maintained. However, improper siting, design, construction, use and maintenance of these systems can result in unsanitary conditions and contaminated drinking water and recreational waters. There is growing concern over the impact of onsite systems in areas of high-density development with poor site conditions on Florida's ground and surface waters. Environmental Health actively supports research into the proper use of onsite wastewater systems and monitors both installations and repairs.

The Division of Environmental Health has seen positive results on many fronts. Recognizing the public health and economic importance of maintaining clean beaches, the department piloted a Healthy Beaches water-monitoring project with funding from the U.S. Environmental Protection Agency (EPA). The success of this program ultimately led to the state's first statewide beach water monitoring program supported by the Florida Legislature, and expanded funding from the EPA. The department's childhood lead poisoning surveillance program has been recognized by the Centers for Disease Control and Prevention (CDC) for its prevention activities. A new cooperative agreement has been awarded which will expand prevention and outreach activities statewide, with a transition from surveillance to early intervention and prevention. The Agency for Toxic Substances and Disease Registry (ATSDR) recently renewed its contract with Environmental Health's Superfund Health Assessment and Education Program, calling it a model state program. In addition, the 1999 Legislature gave Environmental Health the responsibility of regulating body-piercing establishments. Program personnel worked with body piercers and nursing staff to meet the requirements of the legislation in developing a program for training and inspections. The program has become one of the first in the nation and has been actively embraced by the body piercing community. CDC also recognized the importance of the Arbovirus program with continued funding for surveillance and response to mosquito borne disease.

Intervention Strategies and Initiatives

- The department is working to increase the collaboration between county health departments and their community partners. One objective is to identify a community's environmental health concerns and take an active role in addressing these concerns;

- This community-based process follow guidelines of the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), a model endorsed by the National Association of County and City Health Officials (NACCHO) and aligned with Healthy People 2010 initiatives;

- As part of this systematic process, local health officials will tackle environmental health challenges collaboratively with community members. Together they will create a community-based health assessment team, analyze environmental health needs, collect and analyze data, and develop action-oriented plans to improve their county's environmental health status. The Florida Department of Health is the only state agency in the nation that has actively supported the process across a state. Our activities have garnered national recognition by receiving a 2005 Vision Award from the Association of State and Territorial Health Officials, and the 2005 Jim Parker Award from NACCHO for public health leadership.

Prevent and Reduce Tobacco Use

Tobacco use is the leading cause of premature mortality and disability. Tobacco prevention programs are designed to reduce premature mortality, reduce morbidity, and increase the life expectancy of people in Florida through public health interventions at the state and local levels. Prevention programs use "Best Practices" identified by the Centers for Disease Control and Prevention and interventions found to be effective in the peer reviewed scientific literature on tobacco prevention. Prevention programs include advocacy organizations of middle, high school and college students; cessation programs for youth and adults that includes a toll-free telephone quit line; partnerships with local communities and schools to prevent and reduce tobacco use; interventions designed to reduce disparities in tobacco use among different population groups; and local and statewide media campaigns to inform the public of the provisions of the Florida Clean Indoor Air Act under Part II of Chapter 386 that are applicable to the department.

Intervention Strategies and Initiatives

- Pursue the restoration of funding for the highly successful Tobacco Prevention program.

Ensure Health Care Practitioners Meet Relevant Standards

The department works to ensure the competence of health care practitioners through its Medical Quality Assurance Division. The core business processes are licensing and enforcement. The department and the individual boards are responsible for licensing and regulating over 850,000 health care practitioners.

Licensing activities include preparing and administering licensure examinations, issuing and renewing licenses, tracking licensure conditions, monitoring compliance with continuing education requirements, and conducting disciplinary proceedings. In addition, the department must evaluate and approve training programs and continuing education for providers, combat unlicensed activity, and respond to an array of public records requests. Enforcement activities include intake, analysis, and investigation of complaints and reports, tracking licensee compliance with disciplinary sanctions, health care facilities inspections, and issuance of citations and emergency suspension and restriction orders.

Regulation of health care practitioners ensures continued competence of active practitioners, expands education for particular professions, builds public confidence, and facilitates efforts to quickly discipline or remove incompetent practitioners. This process helps the public make wise and cost effective health care choices.

The major stakeholders in this program are consumers who access the health care system, licensure applicants, and licensees. Health care consumers expect to be cared for by skilled professionals who provide competent services, and, if harmed, have an avenue for recourse. Applicants and licensees expect courteous, competent, and timely service, as well as reasonable access to information that affects their licensure status.

In order to achieve superior performance results in customer satisfaction, services, fiscal soundness, and human resource development, the department's long-range goals emphasize leadership, strategic planning, customer and market focus, measurement and analysis, human resource development, and process management. The level of expertise inherent in department personnel is a major strength. Immediate challenges include continuing to find ways to streamline the administrative component of this effort while eliminating unnecessary barriers to licensure. Increased reliance on technological advances is critical to realization of the long-term goals.

Intervention Strategies and Initiatives

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- Develop and employ a performance measurement system that evaluates meaningful data for monitoring daily operations and supporting organizational decision-making related to core functions;

- Develop a system to determine, understand, anticipate, and respond to key customer requirements and expectations.

Enhance and Improve the Emergency Medical Services System

The department regulates Florida's emergency medical services (EMS) providers and personnel. Florida's EMS providers are considered among the best in the world. Florida's residents and its visitors are well served by over 35,000 skilled paramedics and emergency medical technicians (EMTs) dedicated to providing quick and expert care in times of medical emergencies.

The Department of Health, responding to direction from the Florida Legislature in 1998, conducted a study of Florida's trauma system. The study focused on how best to ensure that patients requiring trauma care have timely access to a trauma center. The department's recommendations resulting trauma legislation from the 1999 session guide the department's actions in trauma system development. As a result of the 1999 Legislative session, the department was authorized to issue a five-year state trauma plan. This report was published in December 2000 and systematically reviewed strategies required to accomplish the state's goal of meeting the needs of all trauma victims in an inclusive trauma system. To meet this goal, the State Trauma System Plan Implementation Committee was formed to develop and implement the strategic plan. The committee continues to discuss the overall strategies to meet this goal, which include the transfer and consultation criteria for trauma patients, hospital partnership development, trauma service area review, trauma region development, injury severity scoring review, and strategies to promote trauma agencies. All of these issues, along with the other goals of the strategic plan, have either been completed or continue to be addressed on an ongoing basis. The committee will continue to meet quarterly and significant progress has been made in evaluating trauma care and meeting the needs of trauma patients.

Improving the EMS system will reduce morbidity and mortality through effective and prompt emergency response. In addition, effective EMS services can reduce health care costs by reducing the incidence and severity of injuries or conditions thus shorting the length of hospital stay.

Increase the Availability of Health Care in Underserved Areas and Assist Persons with Brain and Spinal Cord Injuries to Reintegrate into Their Communities

The department works to increase access to health care in the medically underserved areas of Florida. Goals are to support partners by addressing health care practitioner shortages, supporting providers who are located in underserved areas, achieving economies of scale, promoting the use of shared resources, encouraging coordinated planning, and through program monitoring. In addition to providing health services through county health departments, DOH works with the private sector to increase access to care. This includes encouraging the expansion of Federally Qualified Health Centers; providing support to rural health networks and Area Health Education Center programs; strengthening rural hospitals through the Rural Hospital Capital Improvement Program, the Small Hospital Improvement Program, and the Medicare Rural Hospital Flexibility Program; by supporting the recruitment and placement of providers through the National Health Services Corps and J-1 visa programs; by administering the Volunteer Health Services Program; and by increasing the capability of local communities to identify and address local health problems by supporting Local Health Councils.

The department is active with regard to recruiting and supporting providers in rural and underserved areas. The department identifies medically underserved areas and recruits National Health Service Corps and J-1 Visa providers to these areas. The department provides support to local Area Health Education Centers who provide continuing education and access to computer library services and information resources to health care practitioners in underserved areas. The department also supports local health planning councils and rural health networks. These entities act as catalysts for change and actively foster the provision of health care services in rural and underserved areas. Accomplishments include improved economic benefits for rural hospitals, the establishment of mobile primary care and dental health services, and the creation of diabetes and hypertension education and outreach programs in multiple counties.

Department of Health
Trends and Conditions Narrative

The department addresses many of the problems and issues associated with access to health care. The department is committed to improving access to health care for persons who live in medically underserved communities. Medically underserved communities are found largely in rural areas and in inner-cities. Migrant workers are found largely in rural areas, and minorities are highly represented in inner cities. Migrant and minority populations have increased rates of preventable chronic and communicable diseases, higher birth rates, and higher mortality rates than non-minority and non-migrant populations. Their need for health care is high, yet their access to health care is low. In addition, in many of these communities managed care is not available.

The reasons that persons in rural and inner city communities often do not have adequate access to health care include an insufficient population base for financial support of professional medical providers and a lack of public transportation to get to medical services. Health care providers who do locate in underserved areas can find themselves professionally isolated and leave. In addition, managed care providers cannot achieve economies of scale and many people in rural and inner-city areas do not have health insurance coverage. In short, rural and inner-city communities have more than their share of health related needs and problems, but substantially fewer health resources.

Areas of the state with insufficient numbers of primary care providers, including dental and mental health service providers, are identified and recommended for federal designation as Health Professional Shortage Areas (HPSAs). Health care providers who are willing to work in HPSAs are recommended for employment under the federally managed National Health Service Corps and the state managed J-1 Visa Waiver Foreign Medical Graduate programs. A Health Professionals Clearinghouse is maintained to provide continuity between interested primary care practitioners and relevant employment vacancies as they occur throughout the state. Technical assistance in community development is provided to support local, regional and state partners in recognizing and addressing underserved needs and opportunities largely through federally qualified health center development and support.

Area Health Education Centers (AHECs) provide a wide array of recruitment, training, and retention programs through the ten local AHEC Centers affiliated with Florida's five medical schools, including providing clinical rotations for medical and other students in the health professions in underserved areas and providing continuing education programs for health professionals. The AHEC Network administers programs and services that increase access to primary care and preventive medical services for medically underserved and indigent populations living in rural and inner city communities and addresses several critical public health promotion and disease prevention initiatives, including those relating to obesity, cardiovascular disease, osteoporosis, tobacco use, breast feeding, and health literacy.

Thirty-three of Florida's 67 counties are considered rural, by having less than 100 people per square mile. Obtaining appropriate health care services is particularly challenging in these counties. Nine certified Rural Health Networks serve all or part of 44 counties (mostly rural, and the rural portions of several urban counties) to ensure that rural areas of Florida have quality health care available and that health care is efficiently and effectively delivered. This is accomplished through planning, identifying problems and developing solutions.

Local Health Planning Councils gather and analyze demographic, economic and health statistics and conduct needs assessments and evaluations of local programs to identify community health care needs, and assess the impact of various health initiatives on the health care system. Planning councils develop local policies for health system change, provide technical assistance to health providers, assist in locating funds for health care support, partner with communities for understanding complicated health issues, and support the delivery of HIV/AIDS services.

The Volunteer Health Services Program is responsible for administering the Department of Health's two volunteer programs. These are the "Volunteer Health Care Provider Program", a program where licensed health care providers render uncompensated care to eligible clients, and the Chapter 110 Volunteer program, which facilitates the use of volunteers within the department. The objective of the program is to increase access to health care for the residents of the State of Florida through the use of volunteers. The program's emphasis is to recruit and retain providers willing to serve the uninsured and low-income residents. Volunteer providers are afforded state sovereign immunity if they will provide uncompensated health care to eligible clients referred by the department. Volunteer health care providers and support staff provide care throughout Florida with significant numbers of these volunteers rendering their services through faith-based organizations, private practices and non-profit agencies. More than 19,000 volunteers actively participated in over 55 counties in the state during fiscal year 2003-04 and provided more than $129 million of donated services and goods.

Intervention Strategies and Initiatives

- Continue to develop community partnerships through AHEC activities including the sponsoring of over 5,500 medical residents and other health care related students and the provision of continuing education services to over 10,000 providers in rural and underserved areas;

- Recruit health care professionals to work in underserved areas through the National Health Service Corps and the J-1 Visa Waiver;

- Continue to expand the Volunteer Health Services Program, including the recruitment of over 20,000 providers. Increase the value of donated services and goods by five percent each year;

- Provide support and assistance to nine Rural Health Networks and 11 Local Health Planning Councils in Florida;

- Provide continued funding for the Rural Hospital Capital Improvement Program.

Process Disability Determinations

The department works diligently to provide fair, consistent and timely entitlement decisions to Florida citizens applying for benefits under the Social Security Act (Title II and Title XVI) and the state's Medically Needy Program. In the face of resource constraints, exponential growth in receipts (e.g., 10% a year), high attrition (e.g., 100 examiners separated this year alone), major technological changes (e.g., People First, eDIB) and four destructive hurricanes in a month and a half, the department cleared 25% of the region's caseload and six percent of the national workload. Florida is ranked third in the nation for production just having surpassed New York.

The number of individuals applying for benefits in Florida has grown dramatically over the last five years - approximately 31,000 additional claims. This year, total claims are approximately 250,000 and this number will continue to grow over the remainder of the decade. There are two primary reasons for this - the growth in Florida's population and the baby boomers reaching the disability prone years.

Florida has the fourth largest population in the United States. An estimated 2,435,000 people in Florida have a disability, or 15.6% of the population age five and over. An estimated 461,000 people, or 3.0% of the population age five and over have difficulty performing self-care activities such as dressing, bathing, or getting around inside the home. Benefits to Florida citizens with disabilities are a vital part of Florida's economy. In calendar year 2001 SSA paid out over five billion dollars to over 700,000 Title II beneficiaries and Title XVI recipients. Every disability claim represents an individual and directly affects their ability to keep a home, maintain a vehicle, purchase food, clothing, and access health care.

Intervention Strategies and Initiatives

- Implement the Adjudicator Readiness Assessment. This survey instrument has been designed to collect developmental and informational needs of new adjudicators in the Division of Disability Determinations. It will provide feedback on a consistent basis to our dedicated trainers and Program Services staff in order to "fine-tune" training, information and resources. This specific tool will provide leading indicators of progress and assess adjudicator readiness;
- Evaluate and improve upon all components of the agency's performance with the organizational assessment and implement a balanced scorecard that will lead to the recognition of our top area office;
- Develop a vocational specialist program with the University of Florida and body system modules for on-going refresher training for existing staff.

Proposed Revisions to Priorities, Services, and Activities

The department does not anticipate any significant changes to its priorities, services, or activities during fiscal year 2006-07.

List of Policy Changes Affecting Agency Budget/Governor's Recommended Budget

The department does not anticipate implementing any major changes in public health policy, regulatory policy, or policy pertaining to children with special health care needs that would significantly impact the agency's Budget Request or the Governor's Budget Recommendations.

List of Changes Requiring Legislative Action

There are currently no major changes to activities which would require legislative action.

The following is a list of all task forces, studies, etc., in progress.

DEPARTMENT OF HEALTH
2005 SESSION – LEGISLATIVE ACTION ITEMS

Reports and Studies

BILL & CHAPTER LAW	REPORTS/STUDIES	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
HB 1283 ER (Section 20) s. 382.357, F.S.	Requires the DOH, along with the Department of Revenue, Florida Association of Court Clerks, Florida Hospital Association and one or more local registrars to conduct a study on the feasibility of electronically filing original and new or amended birth certificates, documentation of paternity, etc., with a report to the Governor, President and Speaker.	Office of Planning, Evaluation and Data Analysis, Bureau of Vital Statistics	Ken Jones	7/1/2006	
HB 869 ER (Section 2) No statute shown	Requires the DOH, in conjunction with the University of Florida, conduct an Inflammatory Bowel Disease epidemiological study with a report due February 1, 2006 to the Governor, President of the Senate, and Speaker of the House of Representatives.	Disease Control	Dian Sharma	2/1/2006	yes

Department of Health
Trends and Conditions Narrative

Taskforces/Boards/Councils

BILL/ CHAPTER LAW	TASKFORCES/BOARDS/COUNCILS	DOH MEMBER(S)	DEPT. RESPONSIBLE	WHO APPOINTS	LEAD STAFF	DUE DATE	IMPLEMENTATION PLAN RECEIVED?
HB 869	Epidemiology Study of Inflammatory Bowel Disease	1 Member	Department of Health	Statute Appointed	HSD - Dian Sharma	2/1/2006	yes
SB 720 ER	Section 2. 413.402, F.S. Oversight Workgroup for the Personal Care Attendant Program to oversee the implementation and administration of the program.	1 Member	Department of Health	Statute Appointed	Thom Delilla - DHAT	Not Specified	yes
HB 69 ER	Section 2. 633.115 (2)(c), F.S., Creates the Fire and Emergency Incident Information System Technical Advisory Panel within the Division of State Fire Marshall.	1 Member from the Bureau of Emergency Medical Services	Florida Department of Financial Services, Divison of State Fire Marshall	DOH, Chief of Bureau of EMS	Don Bennett	Not Specified	yes
SB 1450 ER	Section 1 . 385.210 - Creates the Statewide Partnership on Arthritis within the Department of Health	None stated	Department of Health	The Department of Health	Heather Murphy	Not Specified	yes

Department of Health
Trends and Conditions Narrative

Rules

BILL & CHAPTER LAW	RULES	DIVISION/BUREAU RESPONSIBLE	LEAD STAFF	IMPLEMENTATION PLAN RECEIVED?
SB 186 ER (Section 2) s. 384.25, F.S.	The department shall adopt rules regarding the reporting of sexually transmissible diseases.	Office of HIV/AIDS Division of Disease Control	Tom Liberti	yes
HB 279 ER (Section 3) s. 1002.20, F.S.	The State Board of Education in cooperation with the Department of Health shall adopt rules the use of epinephrine auto-injuectors at school	Office of School Heatlh Division of Fa mily Health	Sylvia Byrd	yes
SB 366 ER (Section 1) s. 456.072, F.S. and various Practice Acts	Each profession will be required to revise rules regarding guidelines for discipline within their practice act	Division of Medical Quality Assurance	Amy Jones	yes
SB 410 ER (Section 3) s. 456.036, F.S.	The boards shall adopt rules regarding the retired license status	Division of Medical Quality Assurance	Amy Jones	yes
SB 410 ER (Section 5 & 6) s. 464.202 and 464.203, F.S.	The Boards shall adopt rules regarding licensure and renew of licensure for Certified Nursing Assistants	Division of Medical Quality Assurance	Amy Jones	yes
SB 940 ER (Sections 1, 3, & 4) ss. 456.041, 458.331 and 459.015, F.S.	The Boards shall adopt rules regarding repeat medical malpractice	Division of Medical Quality Assurance	Amy Jones	yes
SB 2574 ER (Sections 1 & 2) ss.466.002 and 466.004, F.S.	The Board shall revise and promulgate rules regarding teaching permits for dental programs and the dental hygienist council	Division of Medical Quality Assurance	Amy Jones	yes

Department of Health
Trends and Conditions Narrative

Miscellaneous Implementation Activities

BILL & CHAPTER LAW	IMPLEMENTATION ACTIVITY	DIVISION/BUREAU RESPONSIBLE	DOH LEAD STAFF	DATE DUE	IMPLEMENTATION PLAN RECEIVED?
HB 497 ER (Section 7) s. 395.4036, F.S.	Provide form and format for annual attestation by trauma centers not subject to audit under s. 215.97, F.S., that proceeds were used in compliance with the law.	Division of Emergency Operations	Susan McDevitt		**yes**
HB 1283 ER (Section 16) 382.015, F.S.	Requires the DOH to track paternity determinations reported monthly by the clerk of the court in each county, montior compliance with the 30 day timeframe, and report the data to the clerks of the court quarterly.	Office of Planning, Evaluation and Data Analysis, Bureau of Vital Statistics	Ken Jones	Quarterly	
HB 1283 ER (Section 19) 382.016, F.S.	Requires the DOH to make materials developed by the Department of Revenue that describe how paternity is established and the benefits of establishing paternity available where DOH services are provided.	Office of Planning, Evaluation and Data Analysis, Bureau of Vital Statistics	Ken Jones	N/A	
HB 1589 ER (Section 24) s. 98.093, F.S.	Requires the DOH to add data elements to the list of deceased persons that is reported to the Department of State monthly.	Office of Planning, Evaluation and Data Analysis, Bureau of Vital Statistics	Ken Jones	Monthly	
SB 2550 ER (Section 1) s. 1003.575, F.S.	Requires DOH to enter into interagency agreements with the Department of Education and Agency for Workforce Innovation to provide a framework for ensuring young persons with disabilities and others are informed about the utilization and coordination of assistive technology devices and services.	Division of Children's Medical Services	Phyllis Sloyer	N/A	yes

LRPP Exhibit I: Agency Workforce Plan

Fiscal Years	Total FTE Reductions	Description of Reduction Issue	Positions per Issue	Impact of Reduction
FY 2006-2007	0	No planned reductions. DOH had been informed that it had met the authorized position reduction target through the divestiture of Disability Determination positions and suspended further reduction exercises.		NA
FY2007-2008	TBD	DOH will investigate the feasibility of reducing additional authorized positions.		Currently unknown
Total	**0**			

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: EXECUTIVE DIRECTION AND SUPPORT	Code: 64100000
Service/Budget Entity: ADMINISTRATIVE SUPPORT	Code: 64100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions	0.80%	0.8%*	0.80%	0.8%*
Percent of middle and high school students who report using tobacco products in the last 30 days	18.0%	16.9%	18.0%	16.8%
		*provisional		

Service/Budget Entity: INFORMATION TECHNOLOGY	Code: 64100400

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Technology costs as a percent of total agency costs	1%	1%	1%	1%
		*provisional		

Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: FAMILY HEALTH	Code: 64200300

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Infant mortality rate per 1,000 live births	7.3	7.0*	7.3	6.9
Nonwhite infant mortality rate per 1,000 nonwhite births	12.0	10.8*	12.0	10.7
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.20%	8.61	8.20%	8.5
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.4	41.9*	41.4	41.5
Number of monthly participants-Women, Infants and Children (WIC) program	370,000	371,743	372,784	375,000
Number of daily child care food participants	147,000	152,745	167,118	167,118
		*provisional data -- final rates may change marginally		

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: INFECTIOUS DISEASE	Code: 64200400

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
AIDS case rate per 100,000 population	28.18	33.0	28.18	28.0
HIV/AIDS resident total deaths per 100,000 population	10.19	9.6	10.19	9.0
Chlamydia case rate per 100,000 population	245	242	245	239
Tuberculosis case rate per 100,000 population	6.25	6.1	6.25	6.0
Immunization rate among 2 year olds	90.25%	85.3%	90.25%	90.25%
Vaccine preventable disease rate per 100,000 population	3.02	0.45	3.02	0.42
Number of patient days (A.G. Holley tuberculosis hospital)	13,000	14,799	13,000	13,500

Service/Budget Entity: ENVIRONMENTAL HEALTH	Code: 64200600

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	3.73	1.78*	3.73	3.55
Overall sanitation and safety score in department regulated facilities	96.18%	93.9%	96.18%	94.0%
Septic tank failure rate per 1,000 within 2 years of system installation	2.7	3.6	2.7	3.5
Number of radiation facilities, devices and users regulated	72,448	75,148	72,448	75,148
		*atypically low		

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: COMMUNITY PUBLIC HEALTH	Code: 64200000
Service/Budget Entity: COUNTY HEALTH DEPT. LOCAL HEALTH NEEDS	Code: 64200700

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Number of school health services provided	18,957,068	18,630,483	18,957,068	18,816,788
Number of Healthy Start clients	210,425	234,421	233,437	236,765
Number of Family Planning clients	211,386	217,238	215,914	219,410
Immunization services	1,560,479	1,443,532	1,560,479	1,457,967
Number of sexually transmitted disease clients	94,185	98,755	96,632	99,743
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	4,445	10,836	5,537	12,821
Number of tuberculosis medical, screening, tests, test read services	324,775	289,052	324,775	289,052
Number of onsite sewage disposal systems inspected	335,000	403,789	380,037	407,827
Number of community hygiene services	95,149	124,778	95,149	126,026
Water system/storage tank inspections/plans reviewed.	260,000	256,410	275,416	258,974
Number of vital events recorded.	392,339	390,315	393,570	406,083

Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES	64200800

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Percent saved on prescription drugs compared to market price	25.1%	35.0%	25.1%	27.7%
Percent of laboratory test samples passing routine proficiency testing	100%	99.1	100%	100%
Number of birth, death, fetal death, marriage and divorce records processed	653,796	628,074	653,796	653,447

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: CHILDRENS MEDICAL SERVICES	Code: 64300000
Service/Budget Entity: CHILDRENS MEDICAL SERVICES	Code: 64300100

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Percent of families served with a positive evaluation of care	96.6%	93.5%	96.6%	94.0%
Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	90.6%	90.0%	90.6%	91.0%
Percent of eligible infants/toddlers provided CMS early intervention services	100%	100%	100%	100%
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	85.0%	90.0%	85%	92%
Percent of hospitalizations for conditions preventable by good ambulatory care	13.0%	13.0%	13%	13%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	61,733	62,370	63,030	64,740
Number of children provided early intervention services	45,032	39,380	45,032	47,502
Number of children receiving Child Protection Team (CPT) assessments	29,767	24,967	29,767	25,123

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: HEALTH CARE PRACTITIONER AND ACCESS	Code: 64400000
Service/Budget Entity: MEDICAL QUALITY ASSURANCE	Code: 64400100

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Percent of health care practitioner applications approved or denied withiin 180 days	100%	100%	100%	100%
Average number of days to issue nursing licenses	30	12.2	15	15
Number of licensees who are found to be practicing on a delinquent license	20	23	20	23
Amount of revenue collected from delinquent license fines	$10,000	$14,128	$10,000	$10,000
Number of cease and desist orders issued	0	134	0	130
Number of licenses that turn null and void	10,050	7,673	22,518	245,000
Percent of unlicensed cases referred for criminal prosecution	0%	1.5%	0%	1.5%
Number of unlicensed activities investigated	450	572	450	572
Number of licenses and renewals issued	485,267	589,839	552,088	1,041,000
Number of inquiries to practitioner profile website	2,000,000	2,000,000*	2,000,000	2,000,000*
Percent of Priority I practitioner investigations resulting in emergency action	44.5%	35.9%	44.5%	30.0%
Average number of days to take emergency action on Priority I practitioner investigations	77	182	77	150
Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt	90%	82.5%	90%	90%
Number of practitioner complaints determined legally sufficient	7,345	7,841	7,345	7,500
Number of legally sufficient practitioner complaints resolved by findings of no probable cause	670	2,942	3,000	3,150
Number of legally sufficient practitioner complaints resolved by findings of no probable cause (letters of guidance)	1,150	1,270	1,150	1,300
Number of legally sufficient practitioner complaints resolved by findings of no probable cause (notice of noncompliance)	40	41	40	40
Number of legally sufficient practitioner complaints resolved by the issuance of citation for minor violations	355	739	650	775
Number of legally sufficient practitioner complaints resolved by findings of stipulations or informal hearings	1,521	1,654	1,521	1,700
Number of legally sufficient practitioner complaints resolved by findings of formal hearings	49	23	49	30
Average number of practitioner complaint investigations per FTE	385	352	385	352

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

*provisional

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Percent of emergency medical service providers found to be in compliance during licensure inspection	92%	83%	92%	86.00%
Number of medical students who do a rotation in a medically underserved area	6,070	5,498	6,070	5,598
Percent of individuals with brain and spinal cord injuries reintegrated to the community	94%	87.2%	94%	91.7%
Number of providers who receive continuing education	11,180	16,461	16,000	16,750
Number of emergency medical services providers licensed annually	256	262	260	262
Number of brain and spinal cord injured individuals served	3,424	2,926	3,424	2,985
Number of emergency medical technicians and paramedics certified	44,000	48,951	52,000	50,000

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	**Department No.: 64**

Program: DISABILITY DETERMINATIONS	Code: 64500000
Service/Budget Entity: DISABILITY BENEFITS DETERMINATIONS	Code: 64500100

Approved Performance Measures for FY 2004-05 (Words)	Approved **Prior** Year Standard **FY 2004-05** (Numbers)	**Prior** Year Actual **FY 2004-05** (please report)	**Approved** Standards for **FY 2005-06** (Numbers)	**Requested FY 2006-07** Standard (please set goal)
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.31%	94.2%	95.31%	94.3%
Number of disability determinations completed	268,630	249,608	268,630	249,608

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department/64200700
Measure: Number of school health services provided

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
18,957,068	18,630,483	(326,383)	(1.7%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: School health staff are providing more services for asthmatics, diabetics, and epileptic students and providing more case management services. These services typically require more time than basic screening services and have contributed to the actual output being slightly less than the standard. The magnitude of the discrepancy is relatively small.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/64200300
Measure: Percent of low birth weight births among WIC clients
Action:

- ☒ Performance Assessment of Outcome Measure
- ☐ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8.2	8.61	0.41	5%

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☐ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation:

External Factors (check all that apply):

- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☒ Other (Identify)

Explanation:
The increase in low birth weight births among the WIC population appears to be due to an increase in the incidence of multiple births. Multiple births are invariably low birth weight. If multiple births are excluded from the total number of infant births among WIC prenatal clients the percentage for 2003-04 decreases to 7.38%. The increase in the number of multiple births is a national phenomenon and not unique to WIC clients. The trend towards delaying childbirth to a later age is a contributing factor as the probability of multiple births increases with age.

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:
There is relatively little the department can do with regards to the frequency of multiple births among our WIC clients. We will continue to stress early entry to prenatal care and an increased level of breastfeeding to improve birth outcomes and the health status of young children but are limited to tracking and analyzing the frequency and impact of multiple births.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control/64200400
Measure: Immunization rate among two-year olds

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90.25	85.3	(4.95)	(5.5%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☒ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify)
Explanation: Although rates are up almost six percentage points from last year further increases were constrained due to (1) the Immunization Registry not being implemented statewide yet, and (2) the flu vaccine shortage required that immunization resources be diverted to ensuring that elderly and the chronically ill received vaccine.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☒ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: County health departments spent much more time ensuring that the elderly and the chronically ill were able to obtain flu vaccinations.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☒ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: Continued expansion of the Immunization Registry should improve vaccination rates.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control/64200400
Measure: AIDS case rate per 100,000

Action:
☒ Performance Assessment of Outcome Measure
☐ Performance Assessment of Output Measure
☐ Adjustment of GAA Performance Standards
☐ Revision of Measure
☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
28.18	33.0	4.82	17.1%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors
☐ Competing Priorities
☐ Previous Estimate Incorrect
☒ Other (Identify)
☐ Staff Capacity
☐ Level of Training
Explanation:

External Factors (check all that apply):
☐ Resources Unavailable
☐ Legal/Legislative Change
☒ Target Population Change
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
☐ Technological Problems
☐ Natural Disaster
☒ Other (Identify)
Explanation: AIDS surveillance in 2004 resulted in an increased number of reported AIDS cases across-the-board, i.e., by age, race, sex and county of residence. The surveillance system was made more efficient by an increase in physicians more routinely ordering CD4 counts and improved laboratory reporting of CD4 counts, resulting in more immunologically defined cases being detected (those diagnosed with AIDS based on CD4 < 200 in the presence of HIV infection). The cross-the-board increases would not be expected if there were an actual increase in AIDS morbidity rather than a reporting artifact. Rather, certain subgroups would be expected to be affected first. Further evidence in support of this is provided by the number of HIV/AIDS resident deaths in 2004 (N=1,695), which decreased slightly from those in 2003 (N=1,742). Had we seen an increase in AIDS morbidity in 2004, we would expect to observe an increase in deaths, as well. AIDS cases, moreover, have decreased by 10% in the first 6 months of 2005 compared with the same period in 2004, reflecting the likelihood that the 2004 increase in cases is in fact due to more comprehensive surveillance.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training
☐ Personnel
☒ Technology
☐ Other (Identify)
Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health
Measure: Overall sanitation and safety score in department-regulated facilities

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96.18	93.99	2.19	2.3

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☐ Other (Identify)
Explanation:

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☒ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: Immediately after last year's hurricanes, department staff performed assessment inspections at all our regulated facilities. Many of those facilities sustained significant damage, which was recorded on inspection forms, lowering the overall score significantly.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: As recovery and repairs continue, we expect to see sanitation and safety scores rebound, although it may be some time until facilities are able to return to their pre-storm levels.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health/64200600
Measure: Septic tank failure rate per 1000 within two years of system installation

Action:
☒ Performance Assessment of Outcome Measure
☐ Performance Assessment of Output Measure
☐ Adjustment of GAA Performance Standards
☐ Revision of Measure
☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.7	3.6	0.9	33.3%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors
☐ Competing Priorities
☐ Previous Estimate Incorrect
☐ Other (Identify)
☐ Staff Capacity
☐ Level of Training
Explanation:

External Factors (check all that apply):
☐ Resources Unavailable
☐ Legal/Legislative Change
☒ Target Population Change
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
☐ Technological Problems
☒ Natural Disaster
☐ Other (Identify)
Explanation: Substantially increased rainfall related to hurricanes overstressed some systems. In addition, development is occurring more and more in areas that have a marginal capability to support septic tank systems. Still, 3.6 systems per 1,000 still represent a very small failure rate.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)
Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department/64200700
Measure: Number of tuberculosis-related medical management services, tests, test reads, nursing assessments and follow-up services.

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
324,775	289,052	(35,723)	(11.0%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: The number of TB-related services provided has decreased as the number of TB cases decrease. The state has also moved to a better targeted screening policy that focuses on true high risk groups rather than the general population.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department/64200700
Measure: Number of vital events recorded in county health departments.

Action:

- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
392,339	390,315	(2,024)	(0.5%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: The department's projection for 2004-05 was slightly too high. The department does not control the number of records that must be processed in a given year.

External Factors (check all that apply):

- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department/64200700
Measure: Number of water system/storage tank inspections plans reviewed

Action:

- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
260,000	256,410	(3,590)	(1.4%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☐ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation:

External Factors (check all that apply):

- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☒ Natural Disaster
- ☐ Other (Identify)

Explanation: Many environmental health staff were diverted from routine inspection and plan review services to do damage assessments and other work related to the multiple hurricanes. Much of this work was water-related, but not the routine water system services that are captured in this particular data set.

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services/64200800
Measure: Percent of laboratory test samples passing routine proficiency testing

Action:
- ☒ Performance Assessment of Outcome Measure
- ☐ Revision of Measure
- ☐ Performance Assessment of Output Measure
- ☐ Deletion of Measure
- ☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.1%	(0.9)	(0.9%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Staff Capacity
- ☐ Competing Priorities
- ☐ Level of Training
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)

Explanation: The department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The department did achieve a 99.1% accuracy rate in 2004-05 which represents excellent performance and exceeds all federal and professional standards. However, the laboratory will continue to set its target at 100%.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Technological Problems
- ☐ Legal/Legislative Change
- ☐ Natural Disaster
- ☐ Target Population Change
- ☐ Other (Identify)
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Technology
- ☐ Personnel
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services/64200800
Measure: Number of births, deaths, fetal deaths, marriage and divorce records processed.

Action:

- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
653,796	628,074	(25,722)	(3.9%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: The department's projection for 2004-05 was too high. The department does not control the number of records that must be processed in a given year.

External Factors (check all that apply):

- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/64300100
Measure: Number of children receiving Child Protection Team (CPT Assessments

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
☒ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
29,767	24,967	4,800	(16.1%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☐ Other (Identify)
Explanation:

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: DCF and local Sheriff's Offices did not refer as many cases as anticipated. In fact, 15,590 cases that met the criteria for referral were not referred. CMS is working with DCF and Sheriff's Offices to improve the referral rate.

Management Efforts to Address Differences/Problems (check all that apply):
☒ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: CMS is working with DCF and Sheriff's Offices to improve the referral rate.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/64300100
Measure: Number of children provided early intervention services.
Action:

- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
45,032	39,380	(5,652)	(12.6%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: The 2004-05 target was set based on a one year growth rate which was not representative of average annual growth rate based on multiple years. This was an error in our projection methodology and resulted in the department setting the 04-05 target too high.

External Factors (check all that apply):

- ☒ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/64300100
Measure: Percent of Families Served with a Positive Evaluation of Care

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96.6	93.5	(3.1)	(3.2%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☒ Previous Estimate Incorrect
☐ Other (Identify)
Explanation: It is very difficult to achieve a satisfaction level in the upper 90th percentile for families that have children with special health care needs. Achieving a satisfaction rate of 93% is still regarded as very good for Title V agencies.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: CMS will continue to work to improve families' level of satisfaction with the care their children receive.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/64300100
Measure: Percent of CMS enrollees in compliance with the periodicity schedule for well child care

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90.6	90.0	(0.6)	(0.6%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☐ Other (Identify)
Explanation:

External Factors (check all that apply):
☒ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: The difference between actual performance and the target percentage is small and likely not statistically significant. However, in some areas of the state it has been difficult to gain access to appropriate physicians due to a relatively low Medicaid reimbursement levels.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: CMS will continue to work to recruit providers in areas with access problems.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/64400200
Measure: Number of EMTs and paramedics certified

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
44,000	43,951	49	0.01%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: Actual output deviated from the target output by only a fraction of a percent – not a meaningful difference. Secondly, the department does not control the number of EMTs and paramedics who seek certification, the department merely tests those who appear and certify those who meet standards.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☒ Other (Identify)

Recommendations: N/A

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/64400200
Measure: Percent of EMS providers found to be in compliance during licensure inspection

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
92%	83%	9%	9.78%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify)
Explanation: Over the past three years the department has increased the stringency of the inspection process, in part by using experienced paramedics as the evaluators. This has resulted in lower scores. However, we believe the quality and preparedness of the EMS providers statewide has improved despite the lower test scores and expect test scores will rise as providers become more familiar with the inspection requirements.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: N/A

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: We believe continuing with the current process with result in better prepared EMS providers and increasing test scores.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percentage of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt.

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	82.5%	(7.5%)	8.3%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify)
Explanation: Complaints are received from a variety of sources and differ in complexity. More complex complaints often take more time to obtain information needed to make a recommendation of probable cause.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☒ Natural Disaster
☐ Target Population Change ☒ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: Management routinely monitors this measure and is continuing to identify ways to increase the efficiency and quality of the enforcement processes.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of Priority 1 practitioner investigations resulting in emergency action.

Action:
☒ Performance Assessment of Outcome Measure
☐ Performance Assessment of Output Measure
☐ Adjustment of GAA Performance Standards
☐ Revision of Measure
☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
44.5%	35.9%	(8.6%)	19.3%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☒ Personnel Factors
☐ Competing Priorities
☐ Previous Estimate Incorrect
☐ Other (Identify)
☒ Staff Capacity
☒ Level of Training

Explanation:
More complaints received during this fiscal year met the criteria for a Priority I investigation, e.g., allegations of sexual misconduct, impairment, inappropriate prescribing. However, after investigation, the facts did not merit emergency action.

External Factors (check all that apply):
☒ Resources Unavailable
☐ Legal/Legislative Change
☐ Target Population Change
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
☐ Technological Problems
☐ Natural Disaster
☒ Other (Identify)

Explanation:
The number of emergency actions taken in FY 2004-05 increased from prior years. Therefore, the reduction in percentage of emergency actions taken on priority one cases was not due to reduction of effort or emphasis on emergency action. Often priority 1 investigations do not result in emergency action because the respondent practitioner voluntary withdraws, relinquishes or restricts his/her practice.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Amount of revenue collected from delinquent license fines

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
$10,000	$14,128	$4,128	41.28%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☒ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify)
Explanation: Increase in the quality and level of training coupled with aggressive approaches to identify licensees practicing on a delinquent license resulted in a higher number of licensees who were found to be practicing on a delinquent license.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: The amount that can be collected from fines for practicing on a delinquent license is set by rule, therefore impacting the amount of revenue collected and is beyond the control of this Division.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: We recommend deleting this measure, in part because the amount of money collected is largely beyond the control of the Division of Medical Quality Assurance but primarily because this reflects a very, very minor aspect of the Division's overall operations.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Average number of practitioner complaint investigations per FTE

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
385	352	(33)	8.6%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☐ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☒ Staff Capacity
- ☐ Level of Training

Explanation: Additional investigative FTE were allocated during the year, thus decreasing the number of investigations per FTE.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation: The number of complaints and reports received during fiscal year 04/05 decreased from the previous year added to the 8.6% difference.

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Average number of days to take emergency action on Priority 1 practitioner investigations.

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
77	182	(105)	136.4%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☐ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation:

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☒ Other (Identify)

Explanation: (1) Frequently, emergency action is taken based on a pattern of poor health care practice. In those instances, older cases are bundled with new cases to establish the pattern. When the Department received the older case, the older case was not, by itself, an emergency (2) Emergency Actions are usually taken under Section 120.60(6), Florida Statutes, which requires a showing of immediate serious danger to the public health, safety or welfare. The Uniform Rules that apply to emergency actions require the Department to initiate a formal proceeding in compliance with Sections 120.569 and 120.57 within 20 days. Proceedings under these statutes require a showing of clear and convincing evidence. Therefore, within very short time after the issuance of an emergency order, the Department must be able to prove the allegations by clear and convincing evidence. This level of proof frequently requires more than 77 days to acquire.

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of Cease and Desist orders issued to unlicensed practitioners in which another complaint of unlicensed activity is subsequently filed against the same practitioner

Action:
☒ Performance Assessment of Outcome Measure
☐ Performance Assessment of Output Measure
☐ Adjustment of GAA Performance Standards
☐ Revision of Measure
☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
0%	1.5%	1.5%	N/A

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☒ Personnel Factors
☐ Competing Priorities
☐ Previous Estimate Incorrect
☐ Other (Identify)
☐ Staff Capacity
☒ Level of Training

Explanation: As a result of additional staff and training during the past fiscal year, the efforts and methodologies for identifying repeat offenders have improved. For example, personnel increases have allowed for more current follow-throughs to ensure compliance or to discover the lack thereof.

External Factors (check all that apply):
☐ Resources Unavailable
☐ Legal/Legislative Change
☐ Target Population Change
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
☐ Technological Problems
☐ Natural Disaster
☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☒ Training
☒ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Number of Cease and Desist Orders Issued

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
0	134	134	N/A

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☒ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☒ Level of Training
☐ Previous Estimate Incorrect
☐ Other (Identify)
Explanation: Additional FTE designated personnel coupled with focused, formalized training this past fiscal year has increased the productivity in identifying and dealing with ULA complaints that can be handled in an alternative resolution system. Issuance of Cease and Desist orders are an alternative method to resolve unauthorized practice of a health care profession in an expedient and efficient manner. Through these increased resources, focused training, and public awareness efforts, the number of orders have increased as well as their effectiveness in resolving the unauthorized practice of health care.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☒ Training ☐ Technology
☒ Personnel ☐ Other (Identify)
Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Number of legally sufficient practitioner complaints resolved by findings of formal hearings.

Action:

- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
49	23	(26)	(53%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- ☐ Personnel Factors
- ☐ Competing Priorities
- ☐ Previous Estimate Incorrect
- ☒ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: An emphasis has been placed on settling cases prior to referral to DOAH as settlements are less costly and timely and are mutually beneficial to the department, respondent and the public.

External Factors (check all that apply):

- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Number of licenses that turn null and void

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
☒ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
10,050	7,673	(2,377)	(23.65%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☒ Previous Estimate Incorrect
☐ Other (Identify)
Explanation: It is difficult to project the output of the number of licenses that will revert to a null and void status since this action is controlled by the practitioner. The Department's projection was based on historical outputs and the Division's concentrated effort to correct licensing status in the database.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☒ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: Licenses reverting to a null and void status are controlled by practitioners, not the Department.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: We recommend the deletion of the output measure due to the fact the Department can not control licenses that revert to a null and void status.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/64400200
Measure: Brain/Spinal Cord Injured Clients Served

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☒ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3268	2985	(342)	10.5

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify) – Policy Change

Explanation: Prior to state fiscal year 2004-2005, all individuals with traumatic brain and spinal cord injuries, including those who were deceased prior to referral, were reported to the Central Registry, which is a source of data for the program's information management system. The Brain and Spinal Cord Injury Program (BSCIP) in accordance with Section 381.75(1), F.S., contacts all individuals reported within 15 days and notifies the individual, or the most immediate available family member, of their right to assistance from the state, the services available, and eligibility requirements. The Central Registry was not intended or designed as an epidemiological or surveillance instrument to collect incidence or prevalence data. For this reason, the BSCIP initiated a policy change not to enter deceased individuals reported to the Central Registry into the information management system as new referrals. This change has resulted in a decrease in the number of new referrals reported to the Central Registry for fiscal year 2004-2005 and the number reported in the future. This change more accurately reflects the number of individuals the program can contact and provide needed services.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☒ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission

Explanation: In addition to policy changes related to the issues described previously, the decrease in the number of new injuries entered into the information management system can also be attributed to prevention efforts.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify) –

Management will continue to monitor the number of referrals to the Central Registry to ensure that individuals who are deceased at time of referral are not entered into the database and will continue to inform hospital administrators, through our quarterly letters, that it is not necessary to refer these individuals to the Central Registry. Management will closely monitor this indication to determine if the numbers of injuries stabilize during the 2005-2006 fiscal year.

Recommendations: Rebase, target goal projection based on current year data.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/64400200
Measure: Percent of Individuals with Brain/Spinal Cord Injuries Reintegrated to the Community

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94%	87.2%	(6.8)	7.2%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☒ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☐ Other (Identify)

Explanation: During the past six months, there was a turnover of four staff members in Region 2. This change was largely responsible for the low percentage of community reintegrations reported this year. The Brain and Spinal Cord Injury Program is actively recruiting and training new staff for this region. It is anticipated that these positions will be filled and fully trained by December 31, 2005.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission

Explanation: N/A

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☒ Personnel ☒ Other (Identify)

Recommendations: Headquarters staff will monitor and discuss performance indicator at each of the monthly manager's teleconference meetings. Every effort will be made to identify and address issues related to successful community reintegrations.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/64400200
Measure: Number of medical students who do a rotation in a medically underserved area.

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
6070	5498	(572)	(9.4%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: The target estimate was incorrectly based on all medical students doing rotations including those doing rotations in areas that have not been designated as medically underserved. The target for 2006-07 has been set based on only those students doing rotations in medically underserved areas.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Disability Determinations
Service/Budget Entity: Disability Benefits Determinations
Measure:

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
95.3	94.2	(1.1)	1.2%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect
☒ Other (Identify)
Explanation: Disability Determination is implementing electronic disability processing and the transitional period has seen an increase in technical errors due to software changes and the frequency of instructional changes. Despite the system implementation issues, Florida is still exceeding federal standards for accuracy.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: N/A

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☒ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: Technical problems should abate with time.

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Disability Determinations
Service/Budget Entity: Disability Benefits Determinations
Measure: Number of disability determinations completed

Action:
- ☐ Performance Assessment of Outcome Measure
- ☒ Performance Assessment of Output Measure
- ☐ Adjustment of GAA Performance Standards
- ☐ Revision of Measure
- ☐ Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
268,630	249,608	(19,022)	(7.1%)

Factors Accounting for the Difference:
Internal Factors (check all that apply):
- ☐ Personnel Factors
- ☐ Competing Priorities
- ☒ Previous Estimate Incorrect
- ☐ Other (Identify)
- ☐ Staff Capacity
- ☐ Level of Training

Explanation: Disability Determination received fewer applications to process in 2004-05 than originally forecast by the Social Security Administration. The cause for this decrease is not currently known.

External Factors (check all that apply):
- ☐ Resources Unavailable
- ☐ Legal/Legislative Change
- ☐ Target Population Change
- ☐ This Program/Service Cannot Fix The Problem
- ☐ Current Laws Are Working Against The Agency Mission
- ☐ Technological Problems
- ☐ Natural Disaster
- ☐ Other (Identify)

Explanation: N/A

Management Efforts to Address Differences/Problems (check all that apply):
- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☐ Other (Identify)

Recommendations:

Office of Policy and Budget – July 2005

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/64200300
Measure: Births to teens age 15-19 per 1000 females age 15-19

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
41.4	41.9	0.5	1.2%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☒ Previous Estimate Incorrect
☐ Other (Identify)
Explanation: Although the department missed the 41.4 target, the actual 41.9 per 1000 rate still represented a decrease in teen births compared to the 2003 42.4 rate. The department believes Florida is still making positive progress.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations:

Office of Policy and Budget – July 2005

Performance Measure Validity and Reliability
(LRPP Exhibit IV)

There are no requested revisions to approved performance measures.

Department of Health

Glossary of Terms

Budget Entity: A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

EPI-INFO – Database application developed by the Centers for Disease Control and Prevention which tracks vaccine preventable diseases.

Indicator: A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word "measure."

Long-Range Program Plan: A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

Outcome: See Performance Measure.

Output: See Performance Measure.

Performance Measure: A quantitative or qualitative indicator used to assess state agency performance.

- Input means the quantities of resources used to produce goods or services and the demand for those goods and services.
- Outcome means an indicator of the actual impact or public benefit of a service.
- Output means the actual service or product delivered by a state agency.

Program: A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act for FY 2001-2002 by a title that begins with the word "Program." In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

Program Component: An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

Glossary of Terms

Reliability: The extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently error free for the intended use.

Service: See Budget Entity.

Standard: The level of performance of an outcome or output.

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

Department of Health

Glossary of Acronyms

AHEC – Area Health Education Center

BSCIP – Brain and Spinal Cord Injury Program

CDC – Centers for Disease Control and Prevention

CHD – County Health Department

CHSP – Coordinated School Health Program

CIC/HMC – Client Information System/Health Management Component

DOH – Department of Health

DOT – Direct Observed Therapy

EMS – Emergency Medical Service

FCASV – Florida Council Against Sexual Violence

F.S. - Florida Statutes

GAA - General Appropriations Act

GR - General Revenue Fund

HSPA – Health Professional Shortage Areas

IT - Information Technology

L.O.F. - Laws of Florida

LRPP - Long-Range Program Plan

PBPB/PB2 - Performance-Based Program Budgeting

SARS – Severe Acute Respiratory Syndrome

SHOTS – State Health Online Tracking System

SIS – SOBRA Information System

SOBRA – Sixth Omnibus Reconciliation Act

SPRANS – Special Projects of Regional and National Significance

SSA – Social Security Administration

Department of Health

Glossary of Acronyms

STD – Sexually Transmitted Disease

STO - State Technology Office

TBD – To Be Determined

TCS - Trends and Conditions Statement

TF - Trust Fund