Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

LONG RANGE PROGRAM PLAN

Florida Department of Health
4052 Bald Cypress Way, BIN A05
Tallahassee, Florida 32399-1706

September 30, 2009

Jerry L. McDaniel, Director
Office of Policy and budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

JoAnne Leznoff, Council Director
House Full Appropriations Council on General Government & Health Care
221 Capitol
Tallahassee, Florida 32399-1300

Skip Martin, Council Director
House Full Appropriations Council on Education & Economic Development
221 Capitol
Tallahassee, Florida 32399-1300

Cynthia Kelley, Staff Director
Senate Policy and Steering Committee on Ways and Means
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Health is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2010-2011 through Fiscal Year 2014-2015. This submission has been approved by Dr. Viamonte-Ros, Surgeon General.

Sincerely,

C. Meade Grigg, Director,
Office of Health Statistics and Assessment

STATE OF FLORIDA

DEPARTMENT OF HEALTH

Long-Range Program Plan

Fiscal Years 2010-11 through 2014-15

SEPTEMBER 30, 2009

FLORIDA DEPARTMENT OF HEALTH

Agency Mission

PROMOTE AND PROTECT HEALTH

Agency Goals

1. Prevent and Treat Infectious Diseases of Public Health Significance
2. Provide Access to Care for Children with Special Health Care Needs
3. Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities
4. Improve Access to Basic Family Health Care Services
5. Prevent Diseases of Environmental Origin
6. Prevent and Reduce Tobacco Use
7. Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care
8. Enhance and Improve Emergency Medical Systems
9. Process Medical Disability Determinations

FLORIDA DEPARTMENT OF HEALTH

Agency Objectives

1A: Reduce the AIDS case rate

1B: Increase the immunization rate among young children

1C: Identify and reduce the incidence of bacterial sexually transmitted diseases among females aged 15 – 34

1D: Reduce the tuberculosis rate

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

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

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

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

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

3A: By June 30, 2010, achieve and maintain Department of Homeland Security health and medical-related target capabilities.

4A: Improve maternal and infant health

FLORIDA DEPARTMENT OF HEALTH

Agency Objectives

4B: Improve health care disparities in maternal and infant health

4C: Reduce births to teenagers

4D: Improve access tobasic primary care screening and treatment services

4E: Improve availability of dental health care services

4F: Reduce overweight/obesity of adults in Florida Department of Health

4G: Improve diabetes health care disparities outcomes

5A: Monitor individual sewage systems to ensure adequate design and proper function

5B: Ensure regulated facilities are operated in a safe and sanitary manner

5C: Protect the public from food and waterborne diseases

6A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco

7A: Effectively address threats to public health from specific practitioners

8A: Ensure emergency medical service providers and personnel meet standards of care

FLORIDA DEPARTMENT OF HEALTH

Agency Objectives

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

8C: Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14

8D: Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury

9A: Complete medical disability determinations in an accurate manner

Florida 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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
40.7 / 1997	**25**	**24**	**23**	**22**	**21**

OBJECTIVE 1B: Increase the immunization rate among young children

OUTCOME: Percent of two year olds fully immunized

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
82.6 / 1997	**90**	**90**	**90**	**90**	**90**

OBJECTIVE 1C: Identify and reduce the incidence of bacterial STDs among females aged 15 - 34

OUTCOME: Bacterial STD case rate among females 15 - 34 per 100,000

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
2377.7 / 2007	**2,600.0**	**2,580.0**	**2,560.0**	**2,540.0**	**2,520.0**

OBJECTIVE 1D: Reduce the tuberculosis rate

OUTCOME: Tuberculosis case rate per 100,000

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
9.5 / 1997	**4.8**	**4.5**	**4.2**	**3.28**	**3.0**

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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
90.0% / 1997-98	**94.0**	**94.0**	**94.0**	**94.0**	**94.0**

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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
85.0% / 1998-99	**92.0**	**92.5**	**92.5**	**93.0**	**93.0**

Florida Department of Health
Goals and Objectives

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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
65.0% / 1997-98	**96**	**96**	**96**	**96**	**96**

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 within established timeframes.

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
75.0% / 1996-97	**98**	**98**	**98**	**98**	**98**

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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
13.2	**13.0**	**13.0**	**13.0**	**13.0**	**13.0**

Goal #3: **Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities**

OBJECTIVE 3A: By June 30, 2010, achieve and maintain Department of Homeland Security health and medical-related target capabilities

OUTCOME: Percent meeting health and medical-related targets statewide

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
38 / 2006	**100**	**100**	**100**	**100**	**100**

GOAL #4: **Improve Access to Basic Family Health Care Services**

OBJECTIVE 4A: Improve maternal and infant health

OUTCOME: Infant mortality rate per 1,000 live births

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
7.1 / 1997	**6.9**	**6.8**	**6.8**	**6.7**	**6.7**

Florida Department of Health
Goals and Objectives

OBJECTIVE 4B: Improve health care disparities in maternal and infant health

OUTCOME: Nonwhite infant mortality rate per 1,000 nonwhite births

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
12.4 / 1999	**11.4**	**11.3**	**11.2**	**11.1**	**11.0**

OBJECTIVE 4C: Reduce births to teenagers

OUTCOME: Live births to mothers age 15-19 per 1,000 females age 15-19

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
58.2 / 1997	**39.8**	**39.7**	**39.6**	**39.5**	**39.4**

OBJECTIVE 4D: Improve access to basic primary care screening and treatment services

OUTCOME: Percent of individuals with diabetes who had their A1C checked at least two times in the past year

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
69.4/2000	**73.0**	**73.6**	**74.2**	**75.0**	**75.6**

OBJECTIVE 4E: Improve availability of dental health care services

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

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
9.6% / 1997-98	**17.81**	**18.0**	**18.18**	**18.43**	**18.64**

OBJECTIVE 4F: Reduce overweight/obesity of adults in Florida

OUTCOME: Percent of adults who are overweight/obese

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
69.4/2000	**60.9**	**60.3**	**59.7**	**59.1**	**58.5**

OBJECTIVE 4G: Improve diabetes health care disparities outcomes

OUTCOME: Reduce diabetes mortality rate per 100,000

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
48.8/1999	**45.3**	**44.1**	**42.3**	**41.0**	**40.0**

Florida Department of Health
Goals and Objectives

GOAL #5: **Prevent Diseases of Environmental Origin**

OBJECTIVE 5A: Monitor individual sewage systems to ensure adequate design and proper function

OUTCOME: Septic tank failure rate per 1,000 within two years of system installation

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
3.0 / 1997	**3.30**	**3.25**	**3.20**	**3.15**	**3.10**

OBJECTIVE 5B: Ensure regulated facilities are operated in a safe and sanitary manner

OUTCOME: Sanitation/safety score in department regulated facilities

*Have applied a more rigorous review process since baseline year

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
96.7 / 1997	**93.75**	**93.80**	**93.85**	**93.90**	**93.91**

OBJECTIVE 5C: 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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
11.8 / 1998	**2.3**	**2.25**	**2.2**	**2.15**	**2.12**

GOAL #6: **Prevent and Reduce Tobacco Use**

OBJECTIVE 6A: 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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
30.4% / 1997-98	**12.0**	**11.0**	**11.0**	**11.0**	**11.0**

GOAL #7: **Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care**

OBJECTIVE 7A: Effectively address threats to public health from specific practitioners.

OUTCOME: Percent of Priority I investigations resulting in emergency action

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
25% / 1996-97	**40**	**42**	**44**	**46**	**46**

Florida Department of Health
Goals and Objectives

GOAL #8: **Enhance and Improve Emergency Medical Systems**

OBJECTIVE 8A: Ensure Emergency Medical Service (EMS) providers and personnel meet standards of care

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

*Have implemented a more rigorous inspection process since baseline year

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
91.0% / 1997-98	**92**	**93**	**94**	**94**	**100**

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 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
79.2% / 1995-96	**90.7**	**91.2**	**91.6**	**92.0**	**92.4**

OBJECTIVE 8C: 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 6.2 per 100,000 children ages 0-14, in those Florida counties with existing state-local injury prevention partnerships.

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
14.7% / 1993	**8.6**	**8.4**	**8.2**	**8.0**	**7.7**

OBJECTIVE 8D: Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury.

OUTCOME: By 2012-2013, reduce the statewide trauma mortality rate to meet the average U.S. trauma mortality rate of 4.4% or less.

Baseline/ Year	CY 2009	CY 2010	CY 2011	CY 2012	FY 2013
6.5% / 2002	**4.7**	**4.5**	**4.2**	**4.0**	**3.8**

GOAL #9: **Process Medical Disability Determinations**

OBJECTIVE 9A: Complete medical disability determinations in an accurate manner

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

Baseline/ Year	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
90.6% / 1996-97	**>97%**	**>97%**	**>97%**	**>97%**	**>97%**

Florida Department of Health
Linkage to Governor's Priorities

#1 – Protecting Our Communities.

- Ensure Florida's health and medical system achieves and maintains national preparedness capabilities
- Ensure health care practitioners meet relevant standards of knowledge and care.
- Enhance and Improve Emergency Medical Systems

#2 – Strengthening Florida's 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;

#3 – Keeping Florida's Economy Vibrant.

- Process medical disability determinations.

#4 – Success for Every Student.

- Prevent and reduce tobacco use.

#5 – Keeping Floridians Healthy

- Prevent and treat Infectious diseases of public health significance
- Prevent diseases of environmental origin
- Prevent and reduce tobacco use.

Florida Department of Health
Trends and Conditions Narrative

Introduction

Governor Crist created the Office of the Surgeon General to promote wellness, prevent and control infectious diseases and protect the public. The department's goals are to implement the Governor's priorities and protect the well being of residents, and visitors to Florida. The Surgeon General will continue to stress wellness, access, prevention, and protection of public health through a "3P's" initiative – Prevent, Promote, and Protect.

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 when people have difficulty accessing services from other providers. 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 19 million residents and more than 80 million visitors each year, many from other countries. The median age of Florida's residents is 39 and 29% of the population is older than 55. Florida has the highest proportion of persons age 65 and older in the nation. Florida's subtropical climate, inviting to tourists and residents alike, provides an environment hospitable to many organisms that could not prosper in colder climates. As such, Florida faces continued threats from introductions of infectious diseases.

The growth in Florida's foreign-born population has led to an increase in cultural and language diversity, and the need for appropriate services. According to the 2000 U.S. Census, 16.7% of people living in Florida are foreign born and 23.1% speak a language other than English at home. This places additional demands on the state's public health system.

Florida's public health system has achieved notable successes. 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. The Department of Health is committed to assuring that health care practitioners are qualified to provide good care, and that public health programs are accessible and effective.

Despite the successes, the scope and complexity of current public health problems and the lack of access to individual medical services 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. Also of critical importance is the unequal burden of disease based on socio-economic status and race. We are facing huge disparities in health status with minority populations bearing a disproportionate burden of disease.

Florida is also faced with a new and serious epidemic of obesity. This epidemic is not limited to overweight adults but is affecting our children – 1/3 are overweight by the time they enroll in kindergarten. Accompanying this unprecedented increase in obesity is a parallel epidemic of the chronic diseases associated with obesity such as diabetes, heart attacks, congestive heart failure, kidney failure, blindness, neuropathy, and limb amputation. The costs of treating the chronic diseases associated with

obesity are enormous and will become even a greater problem as Florida's population ages and the proportion of the population with diabetes and obesity grows. Prevention of obesity requires both individually-focused and community-focused activities. Environmental health professionals play an important role in helping communities plan and design in ways that encourage walking and other physical activity.

The events of September 11, 2001 and subsequent bioterrorism attacks with anthrax 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 as part of its all-hazards approach to emergency planning and response.

Florida's public health is threatened by newly identified infectious diseases, increasing drug resistance of bacteria, and diseases spread as a result of the huge increase in international travel. Florida must also prepare for the likelihood of an influenza pandemic. The World Health Organization noted that there are now 40 infectious diseases of global importance that were not known only one generation ago. These new threats underscore the need for the Department of Health to maintain scientific expertise and capacity needed to respond to these new dangers and to apply new technology to implement surveillance systems and effective response plans. Maintaining expertise and capacity in the public health laboratory system is essential to surveillance and response capability. Highly technical disciplines needed in the Department of Health include epidemiology, toxicology, laboratory science and health promotion, as well as the clinical disciplines of medicine, nursing, dentistry, and veterinary medicine.

The following 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. Each goal significantly impacts the health, safety or welfare of the public and is based on the department's statutory responsibilities.

Prevent and Treat Infectious Diseases

The Department of Health has always set the prevention and control of infectious diseases as its highest priority. 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 infectious diseases such as yellow fever, tuberculosis, measles, diphtheria, sexually transmitted diseases and HIV/AIDS, recent events related to bioterrorism and preparing for the threat of a pandemic of influenza or of another new disease like SARS have placed increased demands upon Florida's public health system.

Core Infectious Disease Control

Infectious diseases were the major killers of Floridians in the early 1900s. Influenza, pneumonia, tuberculosis, syphilis and enteric infections were among the top 10 causes of death in the first third of this century. Thanks to implementation of core public health activities such as effective sanitation and immunization programs, 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 incidence of infectious diseases rises. Contemporary areas of concern include HIV/AIDS, hepatitis, sexually transmitted diseases, vaccine-preventable diseases and tuberculosis. Also, the wide availability of inexpensive antibiotics (leading to inappropriate use) and the ability of certain organisms to evolve antibiotic resistance 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 2003, 47% of infections due to this organism were resistant to penicillin. Similar trends may be found in shigellosis gonorrhea and other diseases. A statewide antibiotic resistance surveillance and prevention program to address this threat needs more support.

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

H1N1 Flu is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of H1N1 Swine Flu was underway. (definition from Centers for Disease Control and Prevention).

H1N1 Flu is currently circulating in Florida. In late June and early July over 90% of the specimens tested for influenza at the Bureau of Laboratories have been positive for H1N1 Influenza. At this point in time it can be assumed that a person with influenza-like illness has the H1N1 strain.

Department of Health efforts for responding to the H1N1 Flu situation are focused on ensuring:

- Systems and plans are in place to effectively monitor and manage the virus in our state.
- Healthcare providers and partners have current guidance and resources to adequately care for ill persons.
- Communication networks are in place to distribute information and address rumors, and develop accurate and timely information to educate and keep communities, schools, businesses, and visitors safe and informed.
- Public health resources are prepared and ready to mobilize when a mass vaccination campaign for H1N1 Swine Flu is implemented.

State level activities are focused on making sure effective support and coordination mechanisms are in place for Florida's healthcare system to respond effectively to H1N1 Flu, and serve as the health information resource for other agencies and entities so they are well prepared to address any H1N1 Flu impact. Local activities, led by the county health departments, are focused on enhancing partnerships with healthcare providers and other partners, the ongoing revision of H1N1 Flu response plans, working with community and school partners, and ensuring availability of needed resources.

In an effort to enhance the Department's capabilities, the Division of Disease Control has established a Disease Control Preparedness and Response Unit. The mission of the unit is to support Florida's ability to provide effective disease control response activities in public health emergencies in collaboration with the Division of Emergency Medical Operations. The goals of the unit are to:

- Develop statewide biological response plans for pandemic influenza, smallpox and other infectious disease threats.
- Enhance the Division's ability to provide accurate data, reports and records for the rapid detection, investigation and response to disease outbreaks in times of emergency or disaster.
- Educate and inform the health care workforce and public regarding emergency response to infectious disease public health emergencies.
- Support Florida's ability to provide effective disease control response activities in public health emergencies as part of Emergency Support Function 8 (Health and Medical).

General Communicable Disease Investigation and Control

The Department maintains surveillance for and responds to cases and outbreaks of a wide variety of acute infectious diseases. Over 70 reportable diseases are considered a threat to the public's health. Individual cases are reported by all practitioners and health care facilities and laboratory findings are reported by licensed laboratories. This includes bioterrorism agents as well as more common but potentially serious infectious diseases such as salmonellosis, shigellosis, meningococcal infection, Legionnaire's Disease, malaria, dengue, novel strains of influenza, and viral hepatitis. Electronic reporting of key laboratory findings from the state public health laboratory and from key clinical laboratory systems and networks is progressing rapidly.

Depending on the condition, the objectives of surveillance for these conditions include one or more of the following:

- Each individual case must be promptly interviewed so that a source of infection can be identified and controlled, and so that other persons exposed to the infection can be located and prophylactically treated;
- Each case must be promptly interviewed to allow detection of clusters and outbreaks that must be investigated and controlled;
- Case information must be gathered to better understand the modes of transmission of the infection so that control measures can be designed and implemented;
- Case information must be gathered so that the effectiveness of control measures, and possible failures of those measures, can be monitored.

The department maintains a surveillance information system to capture, store, manage, and visualize data on cases and laboratory reports of notifiable diseases and on contacts and persons under investigation. The department also maintains additional data systems to help monitor infectious diseases for which we have the responsibility such as West Nile Virus infection or food borne disease outbreaks.

Surveillance includes classical case reporting systems designed for early event detection (also called syndromic surveillance) and systems based on sentinel providers (influenza, Respiratory Syncytial Virus, antibiotic resistance). Syndromic surveillance systems, designed to use hospital emergency department visits to detect and characterize community outbreaks, have been implemented in all of the state's major metropolitan areas and will soon be linked together in a statewide network. Sentinel provider networks are essential for characterizing the influenza viruses circulating in the state and to allow estimates of the intensity of seasonal influenza activity. Additional surveillance systems are being developed to be ready for the threat of an influenza pandemic, including near-real-time surveillance for hospital admissions and mortality attributable to influenza.

Public Health Preparedness funds have been used since 2002 to expand headquarters epidemiology capability; develop information systems; train county health department, community partner and headquarters staff; and support over 75 epidemiologists in county health departments to extend their epidemiologic capacity.

HIV/AIDS

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 black females aged 25-44 years, and declined from first to third leading cause among black males aged 25-44 years, the first such decline in more than 15 years.

The annual number of newly reported 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. During 2005-2007, as expected, AIDS cases decreased, supporting the fact that the 2004 increase was artificial. In 2008 all cases increased again, also 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. HIV, the virus that causes AIDS, also mutates readily to resistant strains that require newer and costlier treatments. This is especially true when drug levels vary making difficulty in adhering to rigid dosage schedules a major 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 to 2008 have decreased by 6% among blacks.

Hepatitis

Viral hepatitis is a growing public health problem. Although they are vaccine preventable, hepatitis A and B continue to be reported in the United States. There is no vaccine for hepatitis C, but reports of chronic hepatitis C virus have increased dramatically during the past several years. The hepatitis C situation is often referred to as “the silent epidemic” because more than half of those who are infected with the virus are unaware 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 over 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.

Hepatitis A and B are both vaccine preventable. Currently, all 67 county health departments conduct risk assessments on adults 18 years of age and older and those at risk are offered testing and vaccine. From 2005 through 2008, there were 45,265 doses of hepatitis A vaccine and 78,036 doses of hepatitis B vaccine given to adults through the Florida Hepatitis Prevention Program. Additionally, during that same four-year period 19,978 doses of combination hepatitis A/B vaccine were provided to clients.

Immunization

Immunizations are extremely cost effective, saving over $16.50 for $1 invested. Florida’s immunization program is nationally recognized for its success. Florida has virtually eradicated a number of 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. Of our three primary disease indicators, in 2008 there was one case of measles in children under age 19, one case of Haemophilus influenzae type b (Hib) in children under age five and one case of Hepatitis B in

children under 19. Legislative mandates to immunize children in kindergarten through grade 12 for hepatitis B have contributed to the decline in hepatitis B cases.

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 2008, the Bureau of Immunization shipped 4.6 million doses of vaccine to over 2,000 public and private healthcare providers. This vaccine was valued at over $163 million.

Another major initiative is development and on-going implementation of a statewide immunization registry (Florida SHOTS). Florida SHOTS is a centralized data base which currently includes approximately nine million patient records and 90 million vaccinations for children and adults throughout the state and SHOTS is now available in both the public and private health care sectors. Florida SHOTS is rapidly becoming a cornerstone as an automated tool for vaccinating children and improving vaccination levels.

The Healthy People 2010 goal 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. Currently, Florida SHOTS has met 93% of this goal. The central registry provides significant benefits to health care providers, children, and parents by making consolidated immunization records available to authorized users. The system is available to schools and childcare facilities who enroll in Florida SHOTS. Recognizing the importance of early childhood immunizations, the department sponsors an initiative to increase the immunization coverage of two-year-old children. This initiative integrates the efforts of public health departments and private sector physicians to raise immunization rates of all children. During 2008, 83.4% of two year olds in Florida were fully immunized. The next step toward meeting and surpassing the Healthy People 2010 immunization goal is to assure our children are protected against vaccine preventable diseases. Florida's goal is to increase the proportion of two-year old children that are fully immunized with the 4:3:1:3:3:1 series to 90 percent by 2010.
Florida has also directed increased attention to immunization of adults. A grant-funded program provides a nurse to 16 counties with the highest percentage of adults over 65 to further improve immunization coverage of at-risk individuals with an emphasis on prevention of pneumococcal and influenza disease.

Effective school year 2009/2010, children entering kindergarten and first grade are required to have a second dose of varicella vaccine or documentation of having had the disease. Surveillance data continues to indicate that the number of cases have leveled off with many cases reported in children who had one dose of vaccine. Additionally, varicella disease (chickenpox) became a reportable disease in Florida for 2007. Effective school year 2009/2010, in addition to all other compulsory school immunizations, children entering the seventh grade are required to have one dose of tetanus-diphtheria-pertussis (Tdap) vaccine.

Effective school year 2008/2009, children entering kindergarten are required to have a second dose of varicella vaccine or documentation of having had the disease. Surveillance data continues to indicate that the number of cases have leveled off with many cases reported in children who had one dose of vaccine. Additionally, varicella disease (chickenpox) became a reportable disease in Florida for 2007.

Sexually Transmitted Disease Control

Sexually transmitted diseases (STDs) are infectious diseases spread almost exclusively from one person to another by sexual contact. Sexually transmitted diseases such as chlamydia, gonorrhea, herpes simplex, human papillomavirus (HPV), i.e. warts, and syphilis can cause many health problems including pelvic inflammatory disease, sterility, cancer, birth defects, miscarriages, and general systemic complications. Persons infected with an STD are three to five times more likely to acquire HIV when exposed. In addition, HPV is the most frequent cause of cervical cancer.

In the past five years we saw an increase in the total number of bacterial STDs. The past year showed a marked increase. In 2004, there were 64,082 reported cases of bacterial STDs. By 2007, this number increased 32% to 85,001. From 2007 to 2008, this number increased again to a total of 98,529 reported cases of bacterial STDs. This was a 16% increase in one year. Several important factors have contributed to this increase: 1) altered economic times that have resulted in fewer people with insurance coverage and reduced access to care; 2) new test technology has resulted in improved identification of infections; 3) electronic laboratory reporting has ensured more complete reporting; and 4) persistent lack of knowledge among Florida's youth and young adults about how STDs are acquired and their personal risk.

Since 2004, primary and secondary syphilis morbidity has increased 43%, with the report of 1,041 cases in 2008, compared to 728 in 2004. This most recent increase has seen the infection move into heterosexual populations. Historically, such trend direction will later contribute to neonatal and infant adverse outcomes.

It is critical to decrease the case rate of bacterial sexually transmitted diseases in the 15-34 age groups. Chlamydia and gonorrhea are often asymptomatic and are a frequent cause of pelvic inflammatory disease among females, which can lead to infertility and life-threatening ectopic pregnancy. Syphilis, if allowed to progress to the late stage, may damage the internal organs including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Acquisition of any STD increases the probability of later costly adult infection with HIV.

Refugee Health

The Florida Refugee Health Program (RHP) serves two functions: (1) to improve the health status and self-sufficiency of persons eligible for federal refugee benefits and (2) to protect public health by providing communicable disease testing and treatment (or referrals) for eligible new arrivals. Persons eligible for refugee health benefits include: refugees, asylees, Cuban/Haitian entrants, victims of human trafficking, Special Afghan and Iraqi immigrants, and unaccompanied alien and refugee minors.

Each state determines the content and structure of its refugee health services program. In Florida, county health departments are the refugee health service providers. Eligible clients may receive an initial health assessment (communicable and chronic diseases), immunizations, and health education services. Other services may be added as federal and state program partners collaborate on a new health screening protocol to improve program consistency across all states.

In comparison to other states, the most recent data show Florida continues to receive the largest number of persons eligible for refugee benefits. In 2008, 25,719 persons eligible for federal refugee benefits arrived in Florida and approximately 92% of the arrivals received a health assessment from a county health department. These arrivals were from 58 countries and resettled in 41 counties throughout the state. The arrival and screening rate remained fairly consistent with the 2007 numbers, 24,838 arrivals, with 90% receiving a health assessment. In 1998, Florida received 13,345 arrivals, and provided health assessments to 90% of the arrivals.

In 2008, Florida's new arrivals originated primarily from Cuba, although Haiti, Burma, and Colombia were strongly represented. The remainder of the refugee population typically originates from countries in Africa, Asia, or Eastern Europe. This diverse client mix often poses county health departments with significant challenges to providing culturally and linguistically appropriate care.

A.G. Holley State Hospital

A.G. Holley State Hospital serves all 67 counties in the state and protects the health of the public by treating and assuring the cure of patients with the most dangerous, resistant and complex strains of

tuberculosis. All of A.G. Holley's patients are diagnosed as medically complex; many with co-infections, highly resistant strains of TB, and/or disease of the liver, lungs, kidney and pancreas**.** These patients cannot be treated and cured in the community. It has been shown that one infectious patient with TB can spread the disease to as many as 30 others. A. G. Holley hospital works closely with the county health departments and the state's hospitals treating and curing those patients that cannot be treated by any other facility due to the complexity of their illness(s). Aside from their acknowledged lack of specialized expertise and staff needed to successfully treat and cure these patients, Florida's hospitals are unable to handle the burden of prolonged length of stays as the average patient stay is 180 days, while patients with resistant strains can be up to 18 months.

A.G. Holley is nationally recognized for its ability to cure these difficult cases with a cure rate of over 93 percent in a group of patients that traditionally are only successfully cured 50% of the time. Patients are admitted to A.G. Holley through the county health departments. Over 60% are court-ordered due to recurrent non-adherence with treatment. Of these admissions, 50% are co-infected with HIV, 40% have major psychological diagnoses, and 40% have medically complex conditions such as cancer, liver and/or kidney failure, diabetes, show drug resistance, and other conditions.

A.G. Holley is a valuable provider of TB education and training for the community, public and private health care providers, and universities, as well as the citizens of Florida. Within the past four years vital education and training in the treatment of this infectious disease has been provided to healthcare professionals from countries in which TB is prevalent. The staff is also active in research and developing enhanced treatment modalities for patients with TB. The citizens and the state save $219,500,000 in screenings and treatment costs for every 100 patients "treated to cure" at the hospital.

State lawmakers approved a bill in 2008 directing the Department of Health to enter into an agreement, not to exceed 20 years, with a private contractor to finance, design, construct, and operate a hospital of no more than 50 beds for the treatment of patients with active tuberculosis. Implementation of this initiative is currently underway.

Intervention Strategies and Initiatives

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, therefore benefiting not only the persons afflicted with the disease, but protecting others from exposure and illness, reducing the burden on taxpayer supported resources.

- Expansion of the State Health Online Tracking System (SHOTS), the state immunization registry, to all health care providers, schools, and day care centers;
- Increase screening and treatment for bacterial STDs among 15-34 year old females.
- Increase use of TB teleradiology;
- Ensure 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;
- Increase 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 competency training to CHD staff on an annual basis.

Enhance and Improve the Emergency Medical Services (EMS) System

The department has primary responsibility for the administration and the implementation of all matters involving emergency medical services within the state of Florida. The department regulates emergency medical technicians (EMTs), paramedics, EMS training programs, air/ground ambulance services and their vehicles, EMS grant distribution, EMS data collection, EMS communications, EMS investigations/ complaint management, and the Florida EMS State Plan that provides new strategies to improve the state's EMS system. Emergency medical services enables every Florida resident and visitor to receive the highest quality emergency medical care in a prompt and effective manner.

EMS systems across the nation are as varied and diverse as the populations they serve. All 67 counties in Florida are covered by advanced life support (ALS) ground services. There are approximately 267 licensed EMS providers, 168 training programs, 420 continuing education courses, 55,000 certified EMTs and Paramedics, 3,677 permitted vehicles, 50 permitted helicopters, and 3.2 million annual requests for EMS.

In the state of Florida, and throughout the nation, the largest gap in public safety information has been the availability of EMS data. The National Emergency Medical Services Information System (NEMSIS) is the national repository used to aggregate and analyze pre-hospital data from all participating states. The Emergency Medical Services Tracking and Reporting System (EMSTARS) Program is Florida's contribution to this national effort and data submission to NEMSIS will be conducted on a quarterly basis.

In addition to working with EMS providers, the department is working with the Florida Department of Transportation and other agencies to build Florida's Integrated Highway Safety Information System to develop linkages to measure/improve patient outcomes, improve injury prevention programs, support evidenced-based medicine, facilitate legislation/funding, foster quality improvement through benchmarking, enhance research efforts, resource allocation, enhance disaster response/planning, and other areas that will benefit from quality reporting. The department continues to work with the EMS Advisory Council, the 27 constituency groups, and other stakeholders to improve and expand pre-hospital care through the 7 goals in the *2008-2010 Florida EMS Strategic Plan*. The goals focus on leadership, data, benchmarking, customer satisfaction (includes injury prevention), financial sustainability, key EMS processes, disaster preparedness/response, air medical safety, and access to care. More information may be found at the bureau's website at http://www.fl-ems.com on the strategic visions page.

Brain and Spinal Cord Injury Program (BSCIP)

The department provides rehabilitation and community re-entry services to individuals who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries to assist them in remaining/returning to their community. The program uses a statewide network of specialized case managers, technicians and community partners to coordinate the federal, state, and community resources necessary to assist the injured individual to return back to their community. As a payor of last resort, the program provides and coordinates a wide range of services that includes acute care, in-patient, outpatient rehabilitation, transitional living services, home and vehicle modifications and access to other adaptive devices and equipment. Through contracts with community partners, the BSCIP provides community-based resources that help individuals maintain their independence in the community after they are closed from the BSCIP. The BSCIP meets the long-term care needs of up to 350 individuals per year through the BSCIP Medicaid Home and Community-Based Waiver. This program provides fifteen specific services that allow nursing home eligible individuals to remain safely in their

community with supportive services. The BSCIP will continue its efforts to work with the Paralyzed Veterans of America and the Veterans Administration to ensure that newly injured soldiers and veterans with brain and/or spinal cord injuries are aware of and have access to the entire continuum of care services available to civilians.

Enhance and Improve Florida's Trauma System

The department plans, monitors, implements and evaluates trauma center standards, trauma center verification site surveys, trauma center application processes, trauma agencies development and operation, state trauma system plan, state trauma registry, the end-of-life program (Do Not Resuscitate Orders), and to regulate trauma transport protocols for the 265 licensed air and ground EMS providers and trauma agencies. Florida's trauma system ensures a continuum-of-care for injury victims to include injury prevention programs; integrated rescue; pre-hospital care; delivering patients to the closest trauma center; in-hospital trauma care of the highest quality; rehabilitation; returning patients to their home communities, research, and data collection and reporting of trauma center patient data to Florida's Trauma Registry. Most importantly, this valuable system returns Florida's injured residents and visitors to society as productive members rather than long-term wards of the state, and is the backbone of the state's response for mass casualty incidents.

The Office of Trauma works diligently to ensure all areas of the state are covered by a verified trauma center. Annually, the Office of Trauma contacts all licensed acute care hospitals within the state to encourage the submission of letters of intent from hospitals interested in submitting a trauma center application to operate as a verified trauma center in Florida. Currently, there are 21 verified trauma centers (some of these trauma centers hold both Level II and Pediatric verifications) and one provisional status Level II trauma center.

Four trauma service areas do not have a trauma center. Annually through the Letter of Intent process, the Office of Trauma encourages acute care hospitals to apply to operate as a verified trauma center to expand these life-saving trauma services into the underserved areas of the state. In the 2008 trauma center application process, Tallahassee Memorial Healthcare became a provisional Level II trauma center, and we are proud to report that TMH became a verified Level II trauma center on July 1, 2009 to cover trauma service area three (Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla counties). During the 2009 application process, Lawnwood Regional Medical Center and Heart Institute was approved to operate as a provisional Level II trauma center on Mary 1, 2009 to cover trauma service area 14 (Martin, Okeechobee, and St. Lucie counties). The Office of Trauma provides continuous technical assistance to applicant hospitals during the review process, culminating in a hands-on evaluation of their operations prior to determining their ability to meet all of the requirements to operate as verified trauma centers in Florida. If successful, Lawnwood will not only assure immediate and expert care for traumatic injuries in its trauma service area, but will also join our 21 current verified trauma centers in providing education, research, and injury prevention services to their local communities.

Injury prevention and control is the primary focus of Florida's trauma system. There are currently 220 injury prevention programs being conducted throughout the state, including evidence-based programs, such as: "Prom-Night," Prom Promise," "Shattered Dreams," and "Walksafe™." These evidence-based programs are examples of programs that have contributed to the reduction in the trauma mortality rate in the areas of the state where these programs have been implemented. In 1998, Florida had 50 deaths due to motor-vehicle accidents, of teens on prom night. With the implementation of "Prom Night" and similar injury prevention programs, there were no deaths associated with motor vehicle accidents in 2006 through 2008.

The Florida Trauma Registry captures mortality rate and data on each trauma patient treated in Florida's trauma centers to identify trends and best practices. Florida's trauma centers' nationally known

researchers utilize the registry's valuable data to implement evidenced-based injury prevention programs, to support the 240 research projects to improve the quality of Florida's trauma care for all residents, to assist the Office of Trauma to evaluation the trauma centers and EMS providers, and to demonstrate that Florida's integrated and effective continuum-of-care trauma system saves lives.

Additional trauma centers in the underserved areas, continual quality improvement and research efforts of our trauma centers to ensure access to prompt critical care for traumatic injuries, and the collaborative injury prevention and outreach programs of the trauma centers and local and state injury prevention partners will continue to reduce morbidity and mortality due to injuries in Florida. In addition, early trauma care services can reduce healthcare costs by providing early, effective intervention for life-threatening injury, thus reducing complications and decreasing the length of hospital stay.

Offices of Public Health Preparedness and Emergency Operations: Preparing Florida's Health and Medical System:

Following the September 2001 terrorist attacks and the anthrax incident in south Florida, the department enhanced its preparedness capabilities to coordinate resources, planning, and activities within Florida's healthcare and emergency response system. A diverse cross section of stakeholders developed Florida's first strategic plan to better prepare Florida's healthcare system to respond to disease outbreaks and natural and man-made disasters. A midpoint review was conducted in 2005 to check progress against the strategic objectives, ensure continued alignment to federal direction, and incorporate lessons learned from the 2004 hurricane season. Lessons learned during the initial strategic planning process included the need for improved alignment with state and national requirements; the need for improved communication with health and medical partners; and the need for improved accountability, with a focus on achieving priorities, maximizing resources, and measuring capabilities, performance and outcomes. This led to the development of a new enterprise strategic planning model with four components: Strategy Development, Strategy Implementation, Performance Measurement, and Project Management. The 2007-2010 Public Health and Medical Preparedness Strategic Plan adopted the National Mission Areas as its Strategic Goals, and the health and medical-related national Target Capabilities as its Strategic Objectives. In 2008, the Florida Domestic Security Strategy adopted this approach, assigning each of the 37 national target capabilities to a lead agency within Florida. The health and medical-related target capabilities are assigned to Department of Health. This ensures complete alignment and integration of Public Health and Medical Preparedness objectives with state and national objectives.

In March 2007, strategic plan implementation design teams convened to develop a structured implementation process. The Strategic Plan Oversight TeamStrategic Plan Oversight Team is a statewide, interdisciplinary team which serves as the Public Health and Medical Preparedness governing body. The Lead Team is comprised of the Division of Emergency Operations Director, and the Directors of the Offices of Public Health Preparedness and Emergency Operations. The Lead Team is responsible for ensuring that all activities are consistent with federal and state strategies, ensuring forward movement toward achieving objectives, and celebrating successes. The Capability and Support Teams are comprised of preparedness-funded staff, internal partners, and multidisciplinary and geographically diverse subject matters experts. These strategic planning teams are responsible for identifying and prioritizing preparedness gaps, developing and managing projects to close gaps, and measuring and reporting progress. Leaders and co-leaders were identified for each team, and a process to recruit and appoint team members was developed. During 2008, the capability and support teams underwent a rigorous five-step Critical Task Analysis process. Teams were provided with training prior to each step, and a debriefing was held following each step to document lessons learned. The first step was to review the national Target Capability critical tasks and all grant requirements, and define Florida-specific essential tasks for achieving capabilities. The second step was to define, in measurable terms, a successful capability "end state" (what success would look like). The third step was to identify potential performance measures for each capability, document capabilities achieved (strengths), identify how to

sustain these capabilities, and identify gaps in capabilities. The fourth step was to prioritize sustainment issues and gaps. The final step was to develop proposed solutions to close the high priority gaps. This process will be repeated annually, and used to inform the strategy development process.

In January 2009, the strategic planning teams presented their proposed solutions to the Strategic Plan Oversight Team for review and approval. During February and March of 2009 the teams worked to develop projects to implement the Strategic Plan Oversight Team approved solutions. The team's were instructed to use the Strategic Plan Oversight Team approved solutions to develop the 2009-2010 Public Health and Medical Preparedness projects needed to sustain our current level of preparedness and close the priority gaps. In April 2009, the teams presented the proposed projects to the Strategic Plan Oversight Team and the success of this process was evident. The majority of the projects presented to the Strategic Plan Oversight Team received approval, aligned to grant guidance, and for the first time the total funding request was less than 5% from the anticipated grant award amount.

Florida's public health and medical preparedness (PHMP) initiatives are organized and implemented at a project level. Projects are proposed and approved based on identified gaps in preparedness, and closing those gaps depends on successful project implementation. Successful implementation requires that project managers understand the scope, risks and linkages of their individual project to the overall system. In 2007, Public Health and Medical Preparedness developed and implemented a systematic project management model for the 50+ staff designated to manage health and medical preparedness projects. Preparedness project managers were provided a series of instructor-led and on-line project management training sessions, tools and other supporting resources. In 2008, a common platform for the documentation of projects and management reporting was established through the acquisition of a Project Portfolio Management tool. The primary use of the tool has been to develop, manage, monitor and review project and program activities to ensure the achievement of strategic objectives. In 2008-09, the tool supported 171 "active" public health and medical preparedness projects (159 federally-funded, 12 unfunded). In addition, the tool has been used to document project requests for the 2009-10 federal funding cycle. Through implementation of accepted project and portfolio management principles and practices, the Offices of Public Health Preparedness and Emergency Operations have developed a capability maturity model; designed and delivered a basic learning curriculum to support project manager development; launched a Project Portfolio Management tool to streamline project development and provide a centralized location for project documentation / artifacts; established requirements and provided tools / resources for project development and documentation; and established processes for routinely monitoring and reporting project progress and the achievement of project and strategic objectives.

The Office of Public Health Preparedness uses multiple methods to measure Public Health and Medical Preparedness capabilities, performance, and outcomes. Public Health and Medical Preparedness is in compliance with all grant performance measures. In addition, Public Health and Medical Preparedness has created two additional methods to measure preparedness. In 2006, the first Public Health and Medical Preparedness capabilities assessment was conducted. The process included an in-depth assessment by each county's health and medical stakeholders against national health and medical capability critical tasks. The assessment helped to educate all partners on national requirements, identified local best practices, and helped to inform the strategic planning process. In 2008, an annual assessment process was implemented, incorporating lessons learned from the initial assessment. The annual capabilities assessment is an electronic survey distributed to all health and medical stakeholders, focused on capabilities achieved and identifying priority gaps. The data from the 2008 assessment were used by the capability teams to validate strengths and gaps identified in the critical task analysis process. The annual Public Health and Medical Preparedness capabilities assessment performance measure is included in the Department of Health legislative performance measures and the Department of Health Central Office Performance Snapshot. In 2008, the Florida Department of Health established preparedness expectations for county health departments. Each county health department assessed its

performance in these expectations in December 2008, and the data were combined with other data for an annual score, which is included as an element on the Department of Health County Health Department Performance Snapshot. The Public Health and Medical Preparedness measurement system also includes measuring customer and stakeholder satisfaction. Feedback on transactional activities is conducted, including the grants application process, trainings, meetings, and exercises. The 2008 County Capabilities Assessment included customer satisfaction questions related to Public Health and Medical Preparedness processes and employees. A complaint tracking process was implemented in March 2009. This customer data and feedback are being used to improve processes and relationships. In 2008, each Public Health and Medical Preparedness capability and support team identified capability measures, including outcome indicators, process or performance indicators, and capability/capacity indicators. During 2009-2010, these indicators will be refined and incorporated into an integrated Public Health and Medical Preparedness performance measurement system.

Office of Injury Prevention:

Injuries are the leading killer of Floridians ages 1-44 and the 3rd leading killer overall after heart disease and cancer (Florida Vital Statistics). In 2007, injuries claimed 13,062 lives and accounted for 7.8% of all resident deaths.

> "According to the CDC, injuries cost an estimated $406 billion per year in medical expenses and lost productivity. Nearly 50 million injuries occur each year, placing a staggering burden on the US health care system. *State budgets share this burden* through Medicaid, state employee health benefits, health care for the uninsured, child welfare services, and lost tax revenue for the injured and their caregivers". (Excerpt from the National Conference of State Legislature's LEGISBRIEF, Vol. 17, No. 3).

In 2006 (most current national injury data), Florida's age-adjusted injury death rates were higher than the national average by 15% for all unintentional injuries, 28% for unintentional motor vehicle injuries, 4% for unintentional senior falls, 35% for unintentional poisonings, 16% for suicides, and a staggering 171% for unintentional drownings among children ages 1-4. In addition, Florida's age-adjusted death rates in each of the above categories were the highest among the nation's five most populous states: CA, TX, NY, FL, and IL (see table below).

	US	**Florida**	California	Texas	New York	Illinois	FL vs. US
All Unintentional Injuries	39.8	**45.9**	31.6	41.0	25.8	34.3	+15%
- Motor Vehicle Traffic	14.4	**18.4**	11.7	16.4	7.8	10.5	+28%
- Poisonings	9.1	**12.3**	7.8	8.3	7.0	9.8	+35%
- Falls (Ages 65+)	44.7	**46.4**	32.8	43.9	32.5	33.3	+4%
- Drownings (Ages 1-4)	2.8	**7.6**	2.9	3.6	1.2	1.9	+171%
Suicides	10.9	**12.7**	9.2	10.3	6.6	7.8	+16%

(Source: CDC WISQARS; Age-Adjusted Rates per 100,000 population)

In 2004, the Florida Legislature recognized the need to create and maintain a comprehensive statewide injury prevention program to support state and community health systems. Section 401.243, Florida Statutes, was created and states the Department of Health shall establish an injury prevention program with responsibility for the statewide coordination and expansion of injury prevention activities. Section 381.0011, Florida Statutes, was amended to include maintenance of the statewide injury prevention program.

The Office of Injury Prevention, with Florida's injury prevention community, created the 2004-2008 Florida Injury Prevention Strategic Plan, a statewide injury prevention plan, to serve as a road map in carrying out its duties and responsibilities. In addition, a statewide Injury Prevention Advisory Council

was established to serve in an advisory capacity to the Office of Injury Prevention and the Department of Health.

In 2005, the Office of Injury Prevention was awarded a five year Public Health Injury Surveillance and Prevention Program grant from the Centers for Disease Control and Prevention. The 2004-2008 Florida Injury Prevention Strategic Plan was concluded in late 2008 and 74% of the plan was implemented. This state injury prevention plan was referred to as a model plan by the Centers for Disease Control and Prevention and other injury prevention organizations.

The Office of Injury Prevention is the first state injury program to complete the implementation of a five-year strategic plan and to immediately create a successor plan, the 2009-2013 Florida Injury Prevention Strategic Plan. Florida's injury prevention program is known nationally as a progressive leader.

> "In only five years, Florida has moved from being known within the national injury prevention community as an unfunded state to a progressive leader." – Dr. Ileana Arias, Director - National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, October 2008.

Provide Access to Care for Children with Special Health Care Needs

The mission of Children's Medical Services Children's Medical Services 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 Children's Medical Services 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 Children's Medical Services Program to children with special health care needs as a Medicaid managed care option. Children were enrolled in the Children's Medical Services Network and are managed by a Children's Medical Services approved primary care physician who has met specific pediatric standards and enrolled as a Medicaid MediPass and Children's Medical Services 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 Children's Medical Services Network was extended to the non-Medicaid population through the Florida KidCare Act that implements Florida's Child Health Insurance Program (Title XXI). In 2005, the Children's Medical Services Network was approved as a specialty plan under Medicaid reform.

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 Children's Medical Services 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, hemoglobinopathy, and genetic disorders, including cystic fibrosis. Hearing screening is performed before the baby is discharged from the birthing facility. Newborns with presumptive positive test results are referred to specialty centers for confirmatory testing and follow-up care. Parents may also be requested to repeat the screening test if the results are unsatisfactory or borderline. Children's Medical Services provides training and education to hospitals and other entities that submit specimens for testing. Children's Medical Services also administers a Medicaid waiver that offers palliative care to children with life-limiting conditions.

Children's Medical Services Child Protection Teams are medically led multidisciplinary teams developed to supplement the Department of Children and Families, designated sheriffs' offices', and Community Based Care child protection programs. Child Protection Teams (Child Protection Teams) provide medical and social assessments of children reported to the Child Abuse Hotline as alleged to be abused, neglected, or at risk of being abused or neglected.

The multidisciplinary Child Protection 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 Sexual Abuse Treatment Programs provide evaluation of and treatment to children alleged to have been sexually abused and their families. There are currently 17 programs statewide. This program, through a grant administered by the State Attorney General's Office, has expanded its services to serve children alleged to be sexually abused by non-caretakers.
The Florida Poison Information Center Network was created by the Florida Legislature in 1998; and consists of centers in Tampa, Jacksonville, and Miami. A data center is located in Jacksonville, and, through state-of-the-art technology, provides detailed information from each of the three centers. These three nationally accredited poison centers provide emergency services to the entire state and are operational 24 hours a day, 7 days a week. The Poison Information Centers provide information regarding poison exposures to consumers and health practitioners throughout Florida. For the last three years these Florida Poison Information Centers have received additional Health Resources and Services Administration and Center for Disease Control funds to increase bioterrorism, disaster, and pandemic response activities.

Children's Medical Services Special Technologies Unit supports the development and use of two-way interactive videoconference and telecommunications technologies to provide Telehealth and Tele-medicine-based health care services to persons who are 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 used in the Children's Medical Services 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.

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.

Children's Medical Services Network Division Initiatives

- Children's Medical Services Network plans a statewide implementation of 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. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community.
- Florida Newborn Screening has developed a web-based access system for primary care physicians to access newborn screening results. A process to ensure that all infants who fail the hearing screening test receive follow-up services has been developed with the participation of the Family Resource Specialists provider.
- Children's Medical Services Network has been designated by the Florida Legislature as a managed care plan for participation in Medicaid Reform. Children's Medical Services has developed partnerships with the University of Florida (PED-I-CARE) for the Duval area and with the North Broward Hospital District and Memorial Healthcare Systems (South Florida Community Care Network) for the Broward application.
- Children's Medical Services Network is in the process of finalizing new care coordination practice guidelines.
- Children's Medical Services Network has completed the fourth year of implementation of the Partners in Care: Together for Kids Program, the first publicly funded pediatric palliative care program for children with potentially life-limiting conditions in the nation. The program has provided services to over 800 children and their families in 18 counties in Florida. Pending waiver approval, the program will expand statewide in 2009-2011.
- Children's Medical Services Network has implemented a statewide automated provider management system, which allows healthcare providers to submit electronic applications for Children's Medical Services participation.

Children's Medical Services Network Major Telemedicine Goals

- Determine Feasibility of Migrating Children's Medical Services Network Telemedicine Programs from ISDN-to-IP Based Network Services: ISDN-based services are secure, but are usage sensitive and are becoming increasingly unreliable; IP-based services are not usage sensitive and have improved recently to become more reliable and secure. Beginning with the Florida Initiative in Telehealth and Education (FITE) telemedicine program, work through the various technical issues to determine whether it is feasible to migrate their ISDN-based telemedicine services to an IP environment. This migration should lead to lower operational costs and serve as a model that may be applied to other Children's Medical Services telemedicine programs that are based on two-way interactive videoconference services.
- Expand the use of Telemedicine technology to provide specialty health care services to Children's Medical Services clients where those services are currently limited or don't exist.

Children's Medical Services Prevention and Intervention Major Child Protection Initiatives

- Enhanced peer review Quality Assurance Process to include concurrent administrative monitoring;
- Integration of Sterling Criteria and principles in all aspects of Child Protection Teams and Central Office;
- Automated security training updates;

- Joint Agency Meetings between Child Protection Unit, Department of Children and Families, and sheriffs' offices designated to conduct child protective investigations;
- Resurgence of joint agency monitoring of "no indicator" reports;
- Participation in state and national Drug Endangered Children workgroups and development of Child Protection Team protocols for drug endangered children reports;
- Expansion of Child Protection Team assessments to assist Community Based Care providers in case planning;
- Expansion of Child Protection Team assessments to assist in child on child sexual abuse referrals.
- Enhance the Child Protection Team service delivery process, by incorporating in the QA peer review an evaluation of *key decision-making points* of teams, and how these interface with decision-making points of the Child Protective Investigations and Community Based Care programs.
- Increase multidisciplinary staffings that result in *treatment plans* utilized by dependency courts and Community Based Care programs to reduce recidivism of child maltreatment and overall enhance child well-being in Florida.
- Enhance quality improvement of Child Protection Team program by developing *casework guidelines for decision-making,* which reflect acceptable practice in the child protection field.
- Enhance the effectiveness of Child Protection Team services through implementing *one-on-one interviews* with program stakeholders during the QA/QI review process, to ensure their needs are met.
- Expand *interactive* training during QA/QI site visits, to increase casework skills in assessment.
- Enhance expertise of teams by expanding the concept of peer review to include networks among teams in close proximity of one another, congregating regularly to practice peer review of a specific number of Child Protection Team cases.

Children's Medical Services Prevention and Intervention Major Sexual Abuse Treatment Initiatives

- Expansion of Sexual Abuse Treatment to underserved areas through Victims of Crime Act (VOCA);
- Automated security training updates;
- Integration of Sterling Criteria and principles in all aspects of Sexual Abuse Treatment Programs and Central Office;
- Establishment of a peer review monitoring system;
- Maximize use of VOCA funding for Sexual Abuse Treatment services.
- Expand therapeutic treatment services to children who have been physical or emotionally abused and neglected (not just sexually abused children).

Children's Medical Services Prevention and Intervention Major Telemedicine Initiatives

- Support efforts to enhance Child Protection Team Telemedicine services in the Keys and Panhandle to provide additional medical and other assessments for children in designated remote sites.
- Support efforts to use telemedicine technologies to enhance 'Peer Review' and other direct services capabilities between the Child Protection Team Statewide Medical Director, Child Protection Team Central Office management, and each Child Protection Team region.
- Develop Statewide Standard for Child Protection Team Telemedicine Store and Forward Applications: compare and evaluate existing store and forward capabilities (as provided by the Image Quest application) with newer technology services (such as those provided by Second Opinion). This evaluation should lead to the development of a statewide standard for Child Protection Team telemedicine store and forward applications.

Children's Medical Services Prevention and Intervention Major Prevention Initiatives

- Enhancement of Florida Poison Information Centers Network all-hazard response capability;
- Development of 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;
- Support continued involvement the new Office of Adoption and Child Protection in the Governor's Office;
- Develop and implement a long-range, interagency, coordinated initiative for the promotion of child abuse prevention awareness. This will be done in conjunction with the new Office of Adoption and Child Protection in the Governor's Office;
- Develop strategies and resources to advance the concept of child abuse prevention as a crucial issue for the public health system in Florida to incorporate into all aspects of services and supports;
- Develop a mechanism(s) to assist local Child Protection Teams and Sexual Abuse Treatment Programs in developing and applying for grant funds to enhance local program efforts;
- Increase the number and variety of grants developed and applied for which relate to the overall issue of 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;
- Identify mechanism to increase ready access to recorded Distance Learning training programs for varied targeted audiences including: Child Protection Teams, Sexual Abuse Treatment Programs, other Children's Medical Services programs, other Department of Health programs, and other pertinent agency and community providers.
- Identify topics, develop training and broadcast/record at least 3 new Distance Learning training programs.
- Expand resource dissemination capabilities for child abuse prevention/child and family enhancement information through increased collaboration with Department of Health and other agencies and through increase use of electronic media options.

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 are 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, 17.5% of persons interviewed during the 2008 Behavior Risk Factor Survey reported they had no health insurance.

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 22% of Floridians reported they had no regular provider of health care. Within this survey group, 32.1% of people in households with income below $25,000 reported they had no regular provider of care whereas only 14.4% of persons with income $50,000 and above reported no regular provider. Income is also greatly interrelated with health insurance coverage – 34% of Floridians with household incomes below $25,000 reported they had no health insurance while only 5.3% of Floridians with incomes $50,000 and above reported no health insurance.

Health insurance status and income are not the only factors influencing access to 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.

The Department of Health works to improve access to care through multiple strategies. The Department of Health 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 of Health assures that basic primary care infrastructure exists in every county in the state. In addition, county health departments emphasize "one-stop-shopping" by striving to ensure that all the services a family needs are provided at one visit. For example, county health departments can arrange that a mother bringing her children in for immunizations can pick up her WIC benefits at the same time. By assuring primary care is available in every county and coordinating the delivery of multiple services at a single visit, the county health departments help offset barriers especially those 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 of Health 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 of Health has processes in place to identify and contact persons in need. For example, the 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 county 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 of Health has also worked hard to expand public health dental programs. This is significant because there is very great need for affordable dental care on the part of the low-income population.

Reducing health outcome disparities among racial and ethnic groups is a key public health goal in Florida. The Department of Health serves a disproportionately high number of minority patients. Related to this, the Department of Health 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, dental, 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 of Health invests in interpretive and translator services including telephone accessible translators who are able to interpret virtually any language. Through these efforts, the Department of Health reduces the cultural and language issues that have long served as a barrier to care.

Maternal and Child Health

The prenatal period and early years of life are critical to the health, growth, and development of children. Infants and children who encounter health and psychosocial hurdles in these early stages may never develop to their full potential. We can improve birth outcomes in a number of ways. Identifying risk factors that can adversely affect pregnancy outcomes prior to pregnancy affords women the opportunity to address behaviors and mitigate health risks that may cause poor pregnancy outcomes or impair the health and development of their children. Preconception and prenatal health education and care, routine preventive care, mental health services, and accessible dental services are all important components needed to improve birth outcomes. Routine well child care and easily accessible sick child health services are critical for the continuing health and development of children. Providing quality services to women of reproductive age, infants, and children helps reduce the number of children who die prematurely or suffer from conditions such as developmental delay, cerebral palsy, chronic respiratory dysfunction, and other problems that carry lifelong impact and limit children from achieving their full potential. Maternal and child health efforts, especially those focused on prevention and early recognition, help reduce medical and social service costs throughout the lifespan and increase the quality of life for all residents.

The Department of Health works closely with local communities to improve birth outcomes. Florida’s infant mortality rate dropped from 14.6 per 1,000 live births in 1980 to 7.1 in 2007. The Florida legislature enacted legislation creating the Healthy Start initiative in June 1991. Healthy Start requires providers to offer all women and newborns screening for risk factors and to direct them 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.

Approval of a Medicaid waiver in June 2001 enhanced access to Healthy Start and the provision of services. The Medicaid waiver allows Healthy Start coalitions to help women select a Medicaid primary care provider, assist in scheduling and keeping medical appointments, follow medical guidance, and resolve problems with access to services. A simplified Medicaid eligibility form eases the eligibility process for pregnant women. 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 about $17 million annually in federal Medicaid match funds.

In order to further reduce poor birth outcomes, Healthy Start is also focusing on interconception counseling and education. Interconception care improves the health status of women before they become pregnant again in order to mitigate potential risk factors. Using existing funding, the Department of Health and local Healthy Start coalitions implemented a program that offers counseling and education services to Healthy Start women or mothers who are at risk for poor infant and maternal outcomes in subsequent pregnancies. Interconception topics include: access to care, baby spacing, nutrition and physical activity, maternal infections, chronic health conditions, substance abuse and smoking, mental health issues, and environmental risks. In FY 2006-07, the Department of Health funded 32 special preconception projects based on the Centers for Disease Control and Prevention recommendations for preconception health. In 2007-2008, the Department of Health partnered with the March of Dimes to promote the use of folic acid in women of reproductive age throughout Florida. These pilots and partnerships enable creative avenues to address access to care, education, public awareness and provider education.

Addressing the issue of unfunded prenatal care continues to be a priority within the Department of Health. The number of uninsured pregnant women continues to grow, as does the number of undocumented citizens in need of care. Failure to obtain early and continuous prenatal care may limit a woman's ability to choose positive health behaviors and obtain treatment for certain medical conditions that may result in poor birth outcomes and increase the number of children with chronic health problems or developmental delays. Citizenship status, cultural differences, and lack of insurance or financial resources may preclude many women in Florida from seeking prenatal care. These women are often difficult to reach and to serve. Members of this population often reside in rural agricultural areas. Many rural areas in Florida lack sufficient transportation, health care providers, and delivering facilities. In these areas, it is also difficult to recruit and maintain staff that has the expertise to deal with multi-lingual and multi-cultural populations. The number of emergency deliveries paid by Medicaid to undocumented immigrants has grown dramatically, from 4,556 reported births in 1996 at a cost of over $10.5 million compared to 18,879 reported births in 2008 at a cost of over $88.1 million.

Women, Infants, and Children Nutrition (WIC)

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.

Child Care Food Program

The Bureau of Child Nutrition Programs administers the Child Care Food Program and its component programs, the After-school Snack Program and the Homeless Children's Nutrition Program. These federally funded programs reimburse child care providers for nutritious meals and snacks provided to children in their care. Participating facilities include child care centers and family child care homes, after-school educational or enrichment programs and temporary residential settings for homeless families and children. Research shows that well-nourished children are healthier, more attentive, and have better

cognitive performance than children who are under-nourished. Program meal pattern requirements ensure that meals and snacks provided to children include the kinds and amounts of food required to help meet children's daily energy and nutrient needs. Program meals are delivered to more than 170,000 children each day through more than 1,400 contractors providing services at some 5,800 facilities located throughout the state. In addition to being reimbursed for meals served to the children in their care, participating child care providers receive significant continuing education on child nutrition topics. The bureau develops and disseminates nutrition education materials to child care providers and conducts workshops on topics including healthy menu planning, food safety and infant feeding practices.

School Health Services Program

Florida school health services are provided by county health departments, school districts and public-private partners. Registered professional school nurses (RN), licensed practical nurses and health aides provide the services that help protect the health and safety of Florida's pre-kindergarten – 12th grade students. School health programs work to ensure that the day-to-day health issues and chronic and acute health conditions like diabetes, asthma, allergies and epilepsy do not prevent students from being in school and able to learn. Due to increasing numbers of students with health conditions requiring health services during the school day, the school health program continuously evaluates health trends and care issues to formulate ways of maximizing services. In the past ten years (FY 1998-99 – 2007-08), reported student health conditions increased by 64.84% (294,378 to 485,254), which included a 110.81% (3,062 to 6,455) increase in diabetes and a 78.42% (84,611 to 150,963) increase in asthma. During this same time period, the number of RNs providing school health services increased by only 23.76% (832 to 1,030).

The Basic School Health Services Program provides health appraisals; nursing assessments; nutrition assessments; preventative dental services; vision, hearing, scoliosis and growth and development screenings; health counseling; referral and follow-up of suspected or confirmed health problems; medication assistance; medical procedures such as catheterization, tracheotomy care and tube feeding; and emergency health services. Full Service Schools in all 67 counties provide coordination of medical and specialized social services to students and their families. These include nutritional services, economic and job placement services, parenting classes, counseling for abused children, mental health and substance abuse counseling, and adult education for parents. In addition to direct services provided by school health staff, community-based agencies donated approximately 310,408 hours of in-kind health and social services valued at $13.8 million. The Comprehensive School Health Services Program provides basic and expanded services in 46 counties. These include student health management, interventions and health education classes to promote healthy behaviors and prevent behaviors that can result in illness, injury or death, substance abuse dependency, pregnancy, and other negative short and long-term consequences. Comprehensive programs also provide services that enable an average of 87% of students to return to the classroom after health room visits, and 82% of parenting students to return to school after giving birth. Pregnant and parenting teens are provided with case management and support services so they may continue in school through graduation and beyond.

Family Planning

Unintended pregnancies and teenage pregnancies intended or not, are significant public health concerns. Approximately 50 percent of all pregnancies among adult women and 95 percent of pregnancies among teens are unplanned or unwanted. Florida’s infant mortality, premature births, and low birth weight rates have risen in recent years. High rates of unplanned and unwanted pregnancies are associated with poor birth outcomes. The family planning program lessens the impact of unplanned and unintended pregnancies by providing individuals who request their services with comprehensive medical knowledge and assistance to help them manage the number and spacing of their children. Services we provide to women of childbearing age include: annual physical exams; screenings for cervical cancer, breast cancer, and sexually transmitted diseases (STDs); counseling and education on

all contraceptive methods; counseling and education on STDs, HIV, and other associated risks; and health promotion. We also offer preconception and interconception health information through printed materials and face-to-face counseling with the health care provider.

The average cost of a family planning client was $256 for county contract year 2008-09. For every $1.00 spent for family planning services, up to $4.14 (Frost, J. J., et al, 2006) is saved as a result of preventing expenditures for public programs that support women with unplanned and unwanted pregnancies and their infants. Of the $4.14 saved, $3.84 or 92.8 percent of the cost would be paid by Medicaid according to the Frost report. Family planning services strengthen families and communities by promoting personal responsibility and economic self-sufficiency.

Teen pregnancy is associated with high health care and social service costs. Teen mothers are twice as likely as other mothers not to access prenatal care until the third trimester, if at all. The proportion of low birth weight babies to teen mothers is higher than the proportion among all births. Consequently, babies of teen mothers have a higher probability of incurring costly and long-term health and developmental problems. The Department of Health addresses the prevention of teen pregnancy utilizing a comprehensive approach including abstinence education and health and social interventions. There has been a substantial decline in births to teens over the last decade. The birth rate for teens 15-19 years of age has declined from a rate of 56.1 births per 1,000 in 1997 to 43.2 births per 1,000 in 2007.

Teenagers having repeat births are particularly problematic. Teenagers who have subsequent births are less likely to obtain a high school diploma and are more likely to live in poverty or receive welfare than those who have only one child during adolescence. The risks of low birth weight and poor health outcomes also increase for babies born to teenagers who already have a child. Children of teen parents are more likely to suffer child abuse or be placed in foster care.

While communities consistently rate reducing teen pregnancy as one of their highest priorities, there is no consensus on the best ways to address the needs of sexually active teens. Access to information on contraception and services for teenagers remains a controversial issue for many communities. Comprehensive family planning for teens begins with counseling on choosing abstinence as a healthy choice for preventing pregnancy and avoiding sexually transmitted diseases. Services also include comprehensive physical examinations; education and counseling on all contraceptive options and health promotion; and provision of a contraception method if requested.

In collaboration with the Department of Health, the Agency for Health Care Administration implemented the Family Planning Medicaid Waiver Program in 1998 to provide up to 24 months of Medicaid coverage for family planning services to eligible women who have lost full Medicaid coverage. Without the waiver, women who were enrolled in Medicaid due to their pregnancy only were no longer eligible for Medicaid coverage 60 days after the birth of a child or after a miscarriage. The Family Planning Medicaid Waiver Program provides the following services: annual physical exams, including screenings for cervical and breast cancer and interconception counseling and education; contraceptive supplies; pregnancy testing and counseling, if indicated; limited treatment for sexually transmitted diseases; and related medicines and lab tests. Family Planning Medicaid Waiver services reduce financial barriers to health care services for women, prevent unintended pregnancies, and reduce infant deaths. The program will be in effect until November 30, 2009.

Sexual Violence Prevention Program

Sexual violence is a serious public health problem in Florida, the nation, and the world. According to the National Violence Against Women Survey (NVAWS), approximately 300,000 women and 90,000 men are forcibly raped each year in the United States. The National Institute of Justice estimates that rape and sexual assault of adults cause an annual minimum loss of $127 billion, or about $508 per U.S. resident. This makes sexual assault one of the highest costing crimes, even more than murder (U.S. Department of Justice, Victim Costs and Consequences: A New Look, 1996).

The Sexual Violence Prevention Program (SVPP) is responsible for coordinating the implementation of the goals contained in the Department's first-ever, five-year statewide strategic plan to end sexual violence. The strategic plan was developed in collaboration with a diverse group of state and community-based partners. The goals include modifying or eliminating the individual, relationship, community, and societal influences associated with perpetration, victimization, and bystander attitudes and behaviors that allow sexual violence to occur. Through the year 2012 and beyond, these state and community partners will work together to prevent sexual violence through strategies related to education, social norms and policy change, capacity building, funding opportunities, and data collection and analysis.

Through a competitive process, the SVPP provides funding and technical assistance to community stakeholders to implement comprehensive prevention activities based on each community's unique needs. These activities include multi-session primary prevention education classes on sexual violence topics; building capacity for program planning and evaluation, special projects to identify and address risk and protective factors that influence social norms surrounding rape, operation of 24/7 hotlines, and service provision to primary rape victims.

The program also is responsible for the oversight of county health department guidelines and internal policies on sexual and domestic violence; and legislative analysis pertaining to sexual and domestic violence issues. Program team members participate in several national, state and local task forces and committees including human trafficking, Sexual Assault Response Team, rape/prevention, domestic violence/prevention, suicide/depression, school health education, and women's health.

Screening for victims of domestic violence/intimate partner violence occurs at local county health departments through guidelines established in March 2003 and revised in 2008. The guidelines are implemented throughout several Department of Health programs (such as family planning, and HIV) and are focused on females 14 years of age and older who may or may not be pregnant and males exhibiting characteristics of domestic violence.

Dental Health

Availability 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. According to analyses of monthly reports 50% 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 8% 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. In addition, 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 2007, only an estimated 12.1% 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 22% received an annual visit in 2007. 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 4% received an annual visit in 2007. Additional resources are critically needed to reduce existing barriers to care through publicly funded programs and to expand safety net programs.

The Department of Health's lead organization for improving access to dental health care services and reducing oral health disparities is the Public Health Dental Program. The focus of the Public Health Dental Program is to improve and maintain the oral health of all persons in Florida by eliminating oral health disparities. The Public Health Dental Program conducts statewide promotional activities to increase access to primary-care services and community and school-based preventive programs; it performs statewide and county oral health needs assessments; it collects county health department dental health service data for the statewide information management system; and it researches and develops innovative dental delivery systems.

The Public Health Dental Program provides technical assistance, administrative oversight, and quality assurance guidance to the 49 county health department dental programs and emergency dental treatment referral projects. It supports school-based fluoride mouthrinse and dental sealant programs and it promotes and implements community water fluoridation for eligible communities. The program provides funding assistance for the installation and upgrading of fluoridation systems; develops and monitors fluoridation contracts; provides technical assistance; and prepares quarterly fluoridation reports.

The Public Health Dental Program, facilitated by a Health Resources and Services Administration and Maternal and Child Health State Oral Health Collaborative Systems grant and more recently a Targeted Oral Health Services Systems grant, coordinates a broad-based, statewide oral health coalition, Oral Health Florida. The Coalition developed a state oral health improvement plan with an appropriate action plan to address recommended strategies. The initiative has increased awareness of oral health disparities, encouraged collaborative partnerships and support of common goals, and enhanced the continued development of an integrated, coordinated oral health system between the public and private sectors. In August of 2009, the Coalition held the first annual Florida Oral Health Conference, which attracted national presenters and highlighted oral health efforts in Florida.

The Public Health Dental Program has many projects focused upon improving the dental delivery system in Florida. Through the Health Resources and Services Administration grant, Grants to Support Oral Health Workforce Activities, it coordinates a state Oral Health Care Workforce Workgroup that is initiating a statewide oral health needs assessment and developing a strategic plan to identify specific workforce issues that affect access to oral health care in Florida. The Workgroup is building upon the work of the State Surgeon General's Oral Health Care

Workforce Ad Hoc Committee and the Oral Health Florida Coalition's state oral health improvement plan. The Workgroup, in coordination with Department, has begun to develop state dentist and dental hygienist workforce surveys and has proposed changing supervision levels for dental hygienists and dental assistants in health access settings in order to increase access to preventive oral health care services.

The Public Health Dental Program also is assessing the use of teledentistry in Nassau County to increase access to preventive dental care services in rural areas and to improve the efficiency of county health department dental programs. It promotes an early childhood caries prevention program using medical personnel in county health departments and private physician offices. And it promotes the integration of oral health education and services into medical programs such as WIC and chronic disease programs.

Chronic Disease

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 2007, six 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 19 million persons.

The Department of Health provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. In 2007, 54,542 deaths in Florida were due to cardiovascular disease. Deaths due to cardiovascular disease continue to decrease annually. The Department of Health develops legislative issues and provides materials and technical assistance to county health departments. The Department of Health also provides professional education to the health care providers of Florida and promotes public awareness campaigns on the issues related to preventing death and disease due to heart disease and strokes. Statewide public/private partnerships have been formed around the issues of cardiovascular health, employee wellness, 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 2008, over 60.1% are overweight, including 25.1% who are obese. Since 1986, the prevalence of overweight has increased nearly 76% while the prevalence of obesity has doubled. In 2007, data among Florida high school youth show that 15.2% of high school students are at-risk for overweight while 11.2% 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. Cancer is the second leading cause of death in Florida. Nationally, the American Cancer Society estimates about 1,479,350 Americans will receive a new diagnosis of invasive cancer in 2009. In 2007, 39,790 people died from cancer. Nearly one out of every four deaths (23.7%) in Florida was due to cancer. The Comprehensive Cancer Control Program was created to convene statewide partners, develop a comprehensive cancer strategic action plan for the state and assist with the implementing of prioritized goals and strategies. The Plan will address many types of cancer including breast, cervical, colorectal, lung, ovarian, prostate, and skin. The overarching goal for the Comprehensive Cancer Control Program is to implement a comprehensive cancer control program to reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to optimal treatment and survivorship initiatives after the course of treatment.

Breast cancer has the highest cancer incidence for women in Florida. Incidence and mortality rates of invasive cervical cancer are higher in Florida than the U.S. rates. The goal of the Florida Breast and Cervical Cancer Early Detection Program is to reduce the number of deaths from breast or cervical cancer by diagnosing it at the earliest, most treatable stages. The program's focus is screening women ages 50-64 who are at or below 200% of the federal poverty level with no insurance coverage for breast or cervical cancer screening exams. In partnership with county health departments, the statewide program seeks difficult to reach ethnic, minority, or rural women through zip code level community based outreach activities. Public and professional education and continued outreach are essential components in the prevention and early detection of breast and cervical cancer. Women screened through the Florida Breast and Cervical Cancer Early Detection Program may be eligible for cancer treatment using Treatment Act funds, as determined appropriate by Medicaid.

In 2008, about 1.4 million Florida adults (9.5% of the adult population) reported having been diagnosed with diabetes. Between 1995 and 2008, the prevalence of diabetes significantly increased by about 79% from 5.3% of the adult population in 1995 to the 2008 rate. In 2007, diabetes was the sixth leading cause of death in Florida, accounting for 5,092 deaths with diabetes as the underlying cause. Research indicates that diabetes was reported as the underlying or contributing cause of death is underreported. Between 1995 and 2007, Florida's diabetes age-adjusted death rate per year was stable. In 2006, the estimated cost of diabetes in Florida was 12.2 billion dollars. A significant proportion of mortality and morbidity related to diabetes could be prevented by addressing cardiovascular risk factors. Efforts to reduce complications among persons with diabetes should promote exercise, weight control, smoking prevention and cessation, hypertension prevention, glycemic control, and elimination of barriers to preventive care and treatment.

Certain populations have a disproportionate burden of diabetes. Compared with whites, African Americans have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates. Persons 65 years of age and older have a higher prevalence of diabetes, and have higher rates of mortality and disability resulting from diabetes compared to their younger counterparts. Research indicates that the elder and minority populations will experience the most rapid growth in the number of people with diabetes. The Department of Health's diabetes statewide efforts include building partnerships to improve the performance of the diabetes health system; enhancing professional education; empowering those with diabetes to engage in self-care practices; building community capacity to improve diabetes outcomes; assessing changes in diabetes trends; proposing diabetes-related health policies; and reducing health outcome disparities.

Arthritis has a sizeable economic impact in Florida costing an estimated $5.1 billion in medical expenditures and an additional $2.5 billion in lost wages in 2003. In 2007, it was estimated that 3,321,000 adult Floridians had doctor-diagnosed arthritis (24.3%). Two modifiable risk factors, overweight/obesity and physical activity, are associated with an increased prevalence of doctor-diagnosed arthritis. Activity limitation occurs frequently among people with arthritis and reduces quality of life, limits independence, and compromises health. The department provides materials and technical assistance to county health departments and community service providers to provide science-based self-management and physical activity programs, 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.

The Epilepsy Services Program has a broad statutory mandate to provide client services for the care and treatment of persons with epilepsy, maintain an educational program regarding epilepsy, and promote the prevention of epilepsy. The goal of the Epilepsy Program is to improve the quality of life and productivity of Floridians with epilepsy by providing services to maximize seizure control and education to prevent injuries that may lead to epilepsy. These services are implemented statewide by contracting with a lead agency that subcontracts with epilepsy service providers throughout the state.

<u>Family Health Intervention Strategies and Initiatives</u>

- 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;
- Decrease the number of women who receive late or no prenatal care;
- Decrease the number of women who report smoking, especially 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;
- Continue to promote infant Safe Sleep environment and the use of a pacifier for sleep times to reduce the number of infants who die each year from suffocation and Sudden Infant Death Syndrome;
- Reduce the incidence of Shaken Baby Syndrome;
- Increase the numbers of students in grades specified in Ch. 64F-6.00 that receive of vision (K, 1st, 3rd, 6th grades) and hearing (K, 1st, 6th) screening, referral and follow-up.
- Increase the number of nursing assessments performed by registered professional school nurses so that health-related barriers to learning are detected and followed-up with appropriate referrals and interventions.
- Expand the Healthy School Initiative to combat obesity in Florida's schoolchildren;
- Continue to provide a continuum of supportive services to teens that spans from abstinence to supportive services for teen parents;
- Continue the Healthy Communities, Healthy People Program to focus on policy and environmental changes in the areas of heart disease and stroke, employee wellness, diabetes, physical activity, nutrition and overweight, and tobacco;
- Implement system-wide changes and public and professional education to increase prevention of all chronic diseases through clinical and community evidence-based programs;
- Implement the Centers for Disease Control and Prevention approved evidence based self-management programs such as Living Healthy and Enhance Fitness;
- Focus on increasing diagnoses of pre-diabetes throughout the state in an effort to prevent diabetes and on increasing participation in quality diabetes self-management education; a cost effective method of improving self care and health outcomes;
- 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;
- Provide the health safety net providers the tools needed to compete and survive in the new environment, especially with more managed care penetration;
- Strengthen local safety nets (including county health departments and federally qualified health centers) by motivating safety net providers and government agencies at all levels to develop integrated safety net systems or consortia;
- Improve the quality and efficiency of clinical services at the local level through clinical technical assistance;
- Provide assistance with proper diagnostic and procedural coding to enhance third party reimbursement;
- Provide a central location to track and report the status of all clinical efficiency related projects including paperwork reduction and electronic medical records;
- Forge academic and community partnerships to assist in identifying data, models, and best practices necessary to advance efforts in clinical efficiency;
- Pursue grant opportunities related to clinical efficiency such as paperwork reduction, electronic health records, patient flow, cycle time;
- Improve alignment of health information systems and processes with other state agencies, community partners, and stakeholders in the delivery of public health services; and

- Continue investment and support for health literacy that enriches patients, families, providers, and healthcare systems.

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.

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, time/temperature abuse of food, and fecal contamination of recreational water venues. 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 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 50% of Florida's population is served by larger Safe Drinking Water Act public water systems regulated by nine delegated county health

departments under an Interagency Agreement with the Department of Environmental Protection. Cooperation with Department of Environmental Protection has also resulted in the remediation of hundreds of contaminated private wells that were discovered and sampled by the Division and the county health departments, with lab work conducted by the Department of Health laboratories. Electronic mapping of these locations has increased the effectiveness of Department of Environmental Protection's groundwater contamination clean-up programs and private sector investigations. Over one-third of Florida's population is served by individual onsite sewage treatment and disposal systems, primarily septic tanks. Onsite sewage treatment systems have been used as a method of wastewater disposal since at least 1970. Approximately 2.5 million systems are in use within the state. On average, 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 department is partnering with Department of Environmental Protection to support to daily maximum load program which develops new standards to restore polluted waterways. The department has also partnered with the Department of Community Affairs, Department of Environmental Protection, the Environmental Protection Agency, and the National Environmental Services Center to educate to educate community leaders on how to manage and maintain onsite sewage treatment systems. A unique model is the department's statewide water well toxics program that finds and corrects contamination of wells tapping into the underground aquifers. These risks were caused by leaks, spills, and the intentional application of toxic chemicals.

The Department of 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. 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 Environmental Protection Agency. Research conducted under contract to universities will continue to answer difficult questions about the sources and significance of pollution. 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 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 Lead Poisoning Prevention Program with the award of more than $1.0 million for the upcoming year.

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. For more, see the website http://www.doh.state.fl.us/environment/programs/PACE-EH/PACE-EH.htm The PACE EH process has uncovered environmental health issues related to building and the urban planning process. A memorandum of agreement on Smart Growth was initiated by Department of Health and signed by four state agencies involved with growth in Florida. The Florida Department of Health also became the first public health partner of the Smart Growth Network.

Prevent and Reduce Tobacco Use

Tobacco use is the leading cause of preventable death and disease in our society. Tobacco prevention programs are designed to reduce premature mortality, reduce morbidity, and reduce health care costs among Floridians through public health interventions at the state and local levels. The Tobacco Prevention and Control Program incorporates *Centers for Disease Control and Prevention's Best Practices, Healthy People 2010* objectives, and the *Guide to Community Preventive Services* to design effective interventions and strategies.

In 2006, Florida voters approved a constitutional amendment allocating 15% of the state's tobacco settlement dollars to be used to fund the Tobacco Prevention and Control Program. Approximately one-third of these dollars have been earmarked for educational and counter-marketing media campaigns. In addition, the amendment provides funding for: 1) prevention programs, including pursuing smoke-free policies through youth advocacy efforts, 2) expanding cessation efforts through the toll-free telephone quit line which provides cost reduced or free nicotine replacement therapies, 3) partnerships with local communities and organizations, 4) interventions designed to reduce disparities in tobacco use among different population groups; and 5) awareness campaigns to inform the public of the dangers of secondhand smoke. The mix of programs funded by the amendment creates a comprehensive tobacco prevention and control program in Florida based upon Centers for Disease and Control Best Practices.

Tobacco Intervention Strategies and Initiatives

- Implementing the Tobacco Prevention and Control Program consistent with CDC's Best Practices;
- Launching a statewide mass media campaign to address smoking initiation, smoking cessation and secondhand smoke exposure;
- Developing community-based tobacco prevention and control partnerships to promote tobacco-free norms;
- Developing a strategic plan to reduce tobacco related disparities;
- Supporting youth advocacy activities to promote smoke-free policies and local ordinances;
- Promoting the 1-888 Florida Quit-for-Life Line to assist smokers who want to quit;
- Expanding tobacco surveillance and evaluation activities that include the administration of the Florida Youth and Adult Tobacco Surveys.

Ensure Health Care Practitioners Meet Relevant Standards

The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines that health care practitioners meet minimum competency requirements. The division, in conjunction with 22 boards and 6 councils, is responsible for regulatory activities of 200-plus license types in more than

40 health care professions and 34 types of facilities. MQA's three core business processes are the **licensure** and **enforcement** of laws and rules governing Florida's 860,000 plus health care practitioners, as well as providing **information** and data.

- **Licensure** activities include preparing and administering licensure examinations; issuing and renewing licenses; tracking licensure conditions and restrictions; monitoring compliance with continuing education requirements; and evaluating and approving training programs and continuing education and financial responsibility for providers.
- **Enforcement** activities include intake, analyzing, and investigating of complaints and reports; tracking licensee compliance with disciplinary sanctions; inspecting health care facilities; issuing citations and emergency suspension and restriction orders; conducting disciplinary proceedings; and combating unlicensed activity.
- **Information** and data activities include providing easy access to licensure and disciplinary information and ensuring that data is accurate, timely, consistent and reliable; and collecting and reporting workforce data.

Regulating health care practitioners helps ensure the continued competence of active practitioners and assists consumers in making better-informed health care choices. It also builds public confidence, and allows the department to discipline fairly and effectively those practitioners who have violated Florida law.

MQA's major stakeholders include consumers who access the health care system, licensure applicants, and licensees. Health care consumers expect and deserve competent services and accurate information from expert professionals, and, if harmed by their practitioner, an avenue for recourse. Applicants and licensees expect and deserve courteous, competent, and timely service, as well as reasonable access to information that affects their licensure status.

Superior performance results in customer satisfaction, quality services, fiscal soundness, and human resource development. The department's long-range plan emphasizes five strategic goals:

- License expeditiously all healthcare professionals who meet statutorily mandated minimum standards of competency
- Enforce healthcare standards through timely discipline, education, and remediation of healthcare professionals found in violation of the law
- Inform stakeholders and consumers to enable them to make health care decisions and promote accessible health care
- Motivate the workforce to achieve excellence
- Minimize licensure fees through cost-effective operations

<u>Intervention Strategies and Initiatives</u>

- Continue development and employment of a performance measurement system that evaluates meaningful data for monitoring daily operations and supporting organizational decision-making related to core functions;
- Continue to analyze processes to determine ways to streamline and improve services and customer satisfaction; and
- Continue development of a system to determine, understand, anticipate, and respond to key customer requirements and expectations.

Increase the Availability of Health Care in Underserved Areas

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, Department of Health 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.

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. Health care providers who are willing to work in Health Professional Shortage Areas 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 provide a wide array of health professional recruitment, training, and retention programs through the ten local Area Health Education Centers affiliated with Florida's five medical schools. Area Health Education Centers provide clinical rotations for third and fourth year medical students in primary care clinics located in medically underserved communities; and they directly support clinics in some communities. These clinics serve persons without health insurance and who have low incomes. Area Health Education Centers also provide continuing education courses for medical professionals. In addition, Area Health Education Centers conduct recruitment programs targeted to underprivileged and minority youth for health professional education and training programs. Area Health Education Centers also conduct health promotion and disease prevention programs in local communities in such areas as obesity, tobacco use, cardiovascular diseases, osteoporosis, breast-feeding, and health literacy.

Thirty-three of Florida's 67 counties are considered rural, 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 facilitate the recruitment and retention of 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, non-profit agencies and Department of Health facilities. More than 25,000 volunteers actively participated in over 48 counties during fiscal year 2007-08 and provided more than $178.8 million of donated goods and services.

Intervention Strategies and Initiatives

- Continue to develop community partnerships through Area Health Education Center 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 participation of over 25,000 volunteers. Increase the value of donated goods and services by five percent each year;
- Establish a Chapter 110, F.S. volunteer coordinator position in each Department of Health entity,

- 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 Division of Disability Determinations 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. Even in the face of continued growth in receipts (22 percent increase this past state fiscal year), high attrition (e.g., 62 examiners separated this SSA fiscal year alone), and major technological changes, the division cleared 25.5% of the region's caseload and 6.3% of the national workload. Florida is ranked first in the region in production.

The number of individuals applying for Social Security title II or Supplemental Security Income title XVI benefits in Florida continues to grow annually. This past state fiscal year, total claims were 272,149 and this number is predicted to 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 (although the weak economy and unemployment are also likely factors as well). 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 2008 SSA paid out over seven and one-half billion dollars in cash benefits to 820,351 Title II beneficiaries and Title XVI recipients. Beyond the substantial amount of cash benefits is the even more crucial health insurance benefit to many of these beneficiaries and all the recipients - health insurance which greatly aids the state of Florida in caring for citizens that would otherwise need to rely on indigent care options. 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 adjudicator training and supervision consistencies from area office to area office via core training instruments and on-going training of mentoring / supervisory skills to enhance learning and adjudicator success;
- 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 best practices that can be replicated in all our area offices;
- Maintain a policy and training team centrally to ensure understanding and dissemination of rapidly changing Social Security Administration policy and to provide current body system modules for on-going refresher training for existing staff;
- In 2006 Florida joined other states in becoming certified as a state eligible to process disability claims in an electronic or paperless environment. The advent of the electronic case folder has begun to eliminate the need for paper in approximately 95% of our workload and has reduced the time taken to make an eligibility decision from 110 in 2006 to 76.3 days at the end of the state fiscal year 2008/2009. The Florida Division of Disability Determinations continues to roll out frequent systems software releases and upgrades to move Florida to a totally electronic case processing environment with the last case loads being brought on board being our continued disability reviews for prior allowed claims and our hearings cases.
- Continue to partner with health care facilities for secured electronic transmission of health records, resulting in improved processing time and decrease in costs.

Florida Department of Health
Trends and Conditions Narrative

Proposed Revisions to Priorities, Services, and Activities

The department is assessing new Tobacco-related activities due to receiving substantial new funds through the state constitutional amendment.

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

The department does not anticipate implementing any major changes in public health policy that would significantly impact the agency's Budget Request or the Governor's Budget Recommendations.

List of Changes Requiring Legislative Action

The department is proposing to revise certain performance measures that we believe provide insight into the status of public health in Florida.

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

DOH
2009 SESSION - LEGISLATIVE ACTION ITEMS

Reports and Studies

REGULAR SESSION					
BILL NUMBER & SECTION	**REPORTS/STUDIES DESCRIPTION**	**DIVISION/BUREAU RESPONSIBLE**	**LEAD STAFF**	**DUE DATE**	**IMPLEMENTATION PLAN RECEIVED?**
CS/HB 1269 Section 1	Requires an annual report be submitted to substantive legislative committees on breast cancer morbidity, mortality, and the extent of participation by women in the breast cancer screening program.	Family Health Services	Annette Phelps	Annually	
CS/CS/CS/CS/SB 462 Section 1	Requires the department to report performance measures annually to the Governor, President of the Senate and Speaker of the House of Representatives each December 1 beginning in 2011.	Division of Medical Quality Assurance	Lucy Gee	Annually beginning December 1, 2011	Yes - June 30
CS/CS/CS/CS/SB 462 Section 1	To the extent funding is available, the department shall study the feasibility of enhancing the prescription drug monitoring program for the purposes of public health initiatives and statistical reporting.	Division of Medical Quality Assurance	Lucy Gee	Not specified	Yes - June 30
SB 2600 Line Item 425	Requires the department to submit a plan to the Southwood Shared Resource Center and a plan to the Northwood Shared Resource Center providing for the efficient transfer of all department data center service resources. Plans must also be provided to the Agency for Enterprise Information Technology, Executive Office of the Governor, Chair of the Senate Policy and Steering Committee on Ways and Means, and the Chair of the House Full Appropriations Council on General Government and Health Care.	Division of Information Technology	David Stokes	10/1/2009	
SB 2600 Line Item 471	Requires the department to continue and complete the study authorized in HB 5001, 2008-09, Line 1682, to develop recommendations on passive strategies for nitrogen reduction for onsite wastewater treatment systems. Interim and final study and report to the Governor, President of the Senate and Speaker of the House of Representatives.	Division of Environmental Health	Gerald Briggs	Interim study and report by February 1, 2010 Final study and report May 1, 2010	

DOH
2009 SESSION - LEGISLATIVE ACTION ITEMS

Reports and Studies

SB 2600 Line Item 475	The department, in coordination with designated agencies, universities, and hospitals is directed to expand prenatal, delivery and postpartum care through CHDs, thereby expanding the use of supervising attending physicians and residents. The department must submit a plan of action to the Governor, President of the Senate and Speaker of the House of Representatives.	Division of Family Health	Annette Phelps	2/1/2010	
SB 2602 Section 57, between lines 1067 and 1091	Each agency must review the use of cellular telephones, PDA's, and other wireless devices by employees and submit a report to the President of the Senate and the Speaker of the House of Representatives.	Administration	Gary Mahoney	9/1/2009	

DOH
2009 SESSION - LEGISLATIVE ACTION ITEMS

TASKFORCES/BOARDS/COUNCILS

REGULAR SESSION							
BILL NUMBER & SECTION	**TASKFORCES/BOARDS/COUNCILS DESCRIPTION**	**DOH MEMBER(S)**	**DEPARTMENT RESPONSIBLE**	**WHO APPOINTS**	**LEAD STAFF**	**DUE DATE**	**IMPLEMENTATION PLAN RECEIVED?**
CS/CS SB 168 Section 1	Creates within DCF the FL Statewide Task Force on Human Trafficking. Requires the Surgeon Gereral or designee to serve on the Task Force.	1	Department of Children and Families (DCF)	Surgeon General	HSF Annette Phelps	Upon becoming law	Yes - June 5
CS/CS/CS/CS/SB 462 Section 2	Provides that the State Surgeon General or a designee shall serve on the Program Implementation and Oversight Task Force created in the bill.	1	Executive Office of the Governor	Provided in the bill.	Lucy Gee	Not specified beyond the effective date of the bill July 1, 2009.	Yes - June 30

DOH
2009 SESSION - LEGISLATIVE ACTION ITEMS

Miscellaneous Implementation Activities

REGULAR SESSION					
BILL NUMBER & SECTION	**IMPLEMENTATION ACTIVITY DESCRIPTION**	**DIVISION/BUREAU RESPONSIBLE**	**DOH LEAD STAFF**	**DATE DUE**	**IMPLEMENTATION PLAN RECEIVED?**
CS/CS/HB 1209 Section 2	Board of Nursing must publish on its website by 12/31/09 data delineated in the bill. The website must provide for interactive searches and comparisons of nursing programs and the data must be updated quarterly.	Board of Nursing	Rick Garcia	12/31/2009	Yes- June 30
CS/HB 1269 Section 1	Requires the establishment of a data system to track, monitor, and refer for treatment all women screened for breast cancer between ages 19-64.	Family Health Services	Annette Phelps		Yes- June 17
CS/HB 1139 Section 1	Board of Nursing (BON) must provide a summary of the work of the Florida Center for Nursing (FCN) to each renewing nurse applicant and a link to the FCN's website. BON must provide a statement to renewing applicants about the work of the FCN and a request for a donation to the FCN.	Board of Nursing	Rick Garcia	Not specified	Yes- June 30

DOH
2009 SESSION - LEGISLATIVE ACTION ITEMS

Miscellaneous Implementation Activities

SB 2602 Section 14	Requires DOH to issue a request for proposals and contract for a replacement facility for A.G. Holley State Hospital no later than March 1, 2010.	Division of Disease Control Division of Administration	Dr. Russ Eggert Gary Mahoney	1-Mar-10	Yes - June 30
CS/CS/CS/CS/SB 462 Section 1	Requires DOH by December 1, 2010, to design and establish a comprehensive electronic database system that has controlled substance prescriptions provided to it and that provides prescription information as provided in the bill.	Division of Medical Quality Assurance	Lucy Gee	1-Dec-10	Yes - June 30
SB 2600 Line Item 190	From funds provided for county health initiatives emphasizing the expansion of primary care services, and rural health networks; DOH is required to develop the funding criteria processes that are replicable. These include assessing statewide benefits, sustainability, access to primary care improvements, etc.	Planning, Evaluation & Data Analysis	Meade Grigg	Not Specified	Yes- June 10
SB 2600 Line Item 258	DOH and APD shall determine the feasibility of consolidating drug repackaging services under the department's central pharmacy.	Statewide Pharmaceutical Services	Jay Watkins	Not Specified	Yes- June 11

FLORIDA DEPARTMENT OF HEALTH

PERFORMANCE MEASURES AND STANDARDS

LRPP Exhibit II

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures	Approved FY 2008-09 Standard	Actual 2008-09 Performance/ Output	FY 2009-10 Standard	Requested 2010-11 Standard
Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions	0.8%	1.0%	1.0%	1.0%

LRPP Exhibit II - Performance Measures and Standards

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

Program: EXECUTIVE DIRECTION AND SUPPORT	64100000
Service/Budget Entity: INFORMATION TECHNOLOGY	64100400

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Technology costs as a percent of total agency costs	1.0%	1.0%	1.0%	1.0%

LRPP Exhibit II - Performance Measures and Standards

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

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

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Infant mortality rate per 1,000 live births	6.9	7.2 *	6.9	6.9
Nonwhite infant mortality rate per 1,000 nonwhite births	10.7	11.8 *	11.5	12
Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients	8.5%	8.8%	8.6%	8.6%
Live births to mothers age 15 - 19 per 1,000 females 15 - 19	41.5	40.1 *	40.9	40.1
Number of monthly participants-Women, Infants and Children (WIC) program	375,000	496,765	473,000	515,000
NEW Number of child care food meals served monthly	9.03 million	8.88 million	9.28 million	9.28 million
NEW Age--adjusted death rate due to diabetes per 100,000 population	20	20.3*	19	18.4
NEW Prevalence of adults who report no leisure time physical activity	20.0%	25.9%	22.0%	21.0%
NEW Age-adjusted death rate due to heart disease per 100,000 population	104	108.7*	96	86.6

* provisional data

LRPP Exhibit II - Performance Measures and Standards

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

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

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
AIDS case rate per 100,000 population	28.0	26.2	25.4	24.9
HIV/AIDS resident total deaths per 100,000 population	9.0	7.5*	9.0	7.5
Tuberculosis case rate per 100,000 population	6.0	5.0	5.1	4.8
Immunization rate among 2 year olds	90.25%	83.4	90.0	90.0
Number of patient days (A.G. Holley tuberculosis hospital)	13,500	14, 000	14,700	14, 600
NEW Bacterial sexually transmitted disease case reate amoung females 15-34 per	2,540	2,629	2,620	2,600
NEW Enteric disease case rate per 100,000	47	57.0	41	52.0

* provisional

LRPP Exhibit II - Performance Measures and Standards

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

Program: COMMUNITY PUBLIC HEALTH	64200000
Service/Budget Entity: ENVIRONMENTAL HEALTH	64200600

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health	3.55	0.283	2.5	1.5
Septic tank failure rate per 1,000 within 2 years of system installation	3.50	2.5	3.5	3.3
Number of radiation facilities, devices and users regulated	75,148	87,741	87,313	89,495
NEW Percent of required food service inspections completed	100.0%	78.4%	87.0%	85.0%

LRPP Exhibit II - Performance Measures and Standards

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

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

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Number of Healthy Start clients	236,765	307,179	265,000	307,179
Number of School Health services provided	18,816,788	22,514,859	19,200,000	22,550,000
Number of Family Planning clients	219,410	214,973	215,000	215,000
Immunization services	1,457,967	1,341,228	1,359,750	1,359,750
Number of sexually transmitted disease clients	99,743	123,380	118,483	132,042
Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)	12,821	16,575	15,500	18,500
Number of tuberculosis medical, screening, tests, test read services	289,052	305,092	325,000	325,000
Number of onsite sewage disposal systems inspected	407,668	194,184	200,000	200,000
Number of community hygiene services	126,026	108,439	110,024	110,024
Water system/storage tank inspections/plans reviewed.	258,974	217,578	248,000	248,000
Number of vital events recorded.	406,083	436,833	405,000	440,000

LRPP Exhibit II - Performance Measures and Standards

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

Program: COMMUNITY PUBLIC HEALTH	64200000
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES	64200800

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/ Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Percent of laboratory test samples passing routine proficiency testing	100.0%	98.7%	100.0%	100.0%
Percent saved on prescription drugs compared to market price	27.7%	40.0%	40.0%	40.0%
Number of birth, death, fetal death, marriage and divorce records processed	653,447	632,893	665,000	640,000
NEW Percent of health and medical target capabilities met	75.0%	54.0%	100.0%	100.0%
Percent of emergency medical service providers found to be in compliance during licensure inspection (moved from 64400200)	92.0%	94.5%	92.0%	100.0%

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64

Program: CHILDREN'S MEDICAL SERVICES	64300000
Service/Budget Entity: CHILDREN'S SPECIAL HEALTHCARE	64300100

Approved Performance Measures	Approved FY 2008-09 Standard	Actual 2008-09 Performance/ Output	FY 2009-10 Standard	Requested 2010-11 Standard
Percent of families served with a positive evaluation of care	96.6%	95.0%	94.0%	94.0%
Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care	91.0%	96.0%	92.0%	93.0%
Percent of eligible infants/toddlers provided CMS early intervention services	100.0%	100.0%	95.0%	96.5%
Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes	92.0%	98.5%	98.0%	98.0%
Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)	64,740	83,210	73,700	99,185
Number of children provided early intervention services	47,502	40,501	40,000	41,500
Number of Child Protection Team (CPT) assessments	25,123	46,585	28,565	47,000
NEW Percent of CMS Network enrollees in compliance with appropriate use fo asthma medications (national measure)	94.0%	95.4%	95.0%	95.0%

LRPP Exhibit II - Performance Measures and Standards

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

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

Approved Performance Measures	**Approved FY 2008-09 Standard**	**Actual 2008-09 Performance/Output**	**FY 2009-10 Standard**	**Requested 2010-11 Standard**
Average number of days to issue initial licenses	60	68.8	57	54
Number of unlicensed cases investigated	700	854	700	850
Number of licenses issued	500,000	392,399	400,000	425,000
Number of inquiries to practitioner profile website	1,500,000	979,516	1,100,000	1,000,000
Average number of days to take emergency action on Priority I practitioner investigations	100	123.6	100	100
Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt	90.0%	92.8%	93.0%	93%
Average number of practitioner complaint investigations per FTE	400	269.3	380	275
NEW Percent of unlicensed cases investigated and referred for criminal prosecution	1.5%	55.3%	35.0%	55%
NEW - Percent of applications approved or denied within 90 days from documentation of receipt of a complete application	100.0%	99.9%	100.0%	100%
NEW-Average number of days to resolve unlicensed activity cases.	410	410.5	369	369
NEW-Percent of examination scores released within 60 days from the administration of the exam.	100.0%	100.0%	100.0%	100.0%
NEW-Percent of discipilinary final orders issued within 90 days from issuance of the recommended order.	85.0%	66.70%	85.0%	85%
NEW-Percent of desciplinary fines and costs imposed that are collected by the due date.	65.0%	61.9%	65.0%	65%
NEW-Percent of applications deemed complete or deficient within 30 days.	100.0%	99.0%	100.0%	100%

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64

Program: HEALTH CARE PRACTITIONER AND ACCESS	64400000
Service/Budget Entity: COMMUNITY HEALTH RESOURCES	64400200

Approved Performance Measures	Approved FY 2008-09 Standard	Actual 2008-09 Performance/ Output	FY 2009-10 Standard	Requested 2010-11 Standard
Percent of middle and high school students who report using tobacco products in the last 30 days **(moved from 64100200)**	16.8%	16.6%	12.0%	12.0%
Number of students in health professions who do a rotation in a medically underserved area	5,598	5,353	5,435	5,353
Percent of individuals with brain and spinal cord injuries reintegrated to the community	91.7%	86.2%	90.3%	90.7%
Number of providers who receive continuing education	16,750	15,762	15,762	15,762
Number of brain and spinal cord injured individuals served	2,985	3,250	3,816	3,315

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Health	Department No: 64

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

Approved Performance Measures	Approved FY 2008-09 Standard	Actual 2008-09 Performance/ Output	FY 2009-10 Standard	Requested 2010-11 Standard
Percent of disability determinations completed accurately as determined by the Social Security Administration	95.3%	97.5%	97.0%	97.0%
Number of disability determinations completed	249,608	261,108	220,000	275,000

FLORIDA DEPARTMENT OF HEALTH

ASSESSMENT OF PERFORMANCE for APPROVED PERFORMANCE MEASURES

LRPP Exhibit III

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Executive Direction and Administration
Service/Budget Entity: Executive Direction and Support/ 64100200
Measure: Agency administrative costs as a percent of total Agency Costs/ Agency Administrative Positions as a Percent of Total Agency Positions

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
.8%	1.0%	.20	.25%

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 amount of the agency's administrative costs and FTEs are relatively consistent from one fiscal year to another, with very few historical exceptions. The balance of the agency's total appropriation/expenditures/FTE (approximately 99% of the agency's total) fluctuate annually based on numerous factors. Therefore, there will always be some variability in the performance results but the variance will be statistically insignificant.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Services/ 64200300**
Measure: **Infant mortality per 1000 births.**
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
6.9	7.2 (provisional)	0.3	4.3%

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: The leading causes of death for infants 0-1 year include perinatal conditions, congenital anomalies, and sudden infant death. Perinatal conditions include conditions related to extreme prematurity. Research and data collection both in Florida and throughout the United States suggest that the health of the mother prior to pregnancy is an important factor in birth outcomes. Screening for maternal infections, genetic history, and the general health of the woman are critical factors in the ability to improve birth outcomes. Women are delaying pregnancy resulting in older maternal age, which can influence the occurrence of congenital anomalies. The advent of assisted reproductive technology has influenced maternal age as well as the incident of multiple gestations. Infants who are a member of a twin or multiple births are more likely to be born prematurely and at a lower birth weight. Florida infant mortality rates continue to mirror national trends.

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

☐ Training ☐ Technology
☒ Personnel ☒ Other (Identify)

Recommendations: In addition to the factors discussed above, there is also a need to continue and expand current health education and interventions to ensure positive health behaviors for pregnant women. This includes ensuring access to early and continuous quality prenatal care, provision of screening for prenatal smoking and offering of smoking cessation services, and care coordination for substance abusing pregnant women. Florida's MomCare program, now fully implemented, is designed to provide choice counseling and case management for women eligible for Medicaid due to their pregnancy. Florida's Healthy Start program continues to strive for universal prenatal and infant risk screening for all pregnant women and infants. The Healthy Start Medicaid waiver, now fully implemented, is allowing communities to provide a higher intensity service to families in need. The Department is also working in partnership with local Healthy Start coalitions and local county health

Measure: Infant mortality per 1000 births. (continued)

departments to ensure that the preconception and interconception health and educational needs of minority women are addressed prior to pregnancy whenever possible. These health screening and education services include focus on issues such as maternal infection, chronic illnesses, and access to primary health care. Finally, Florida's "Closing the Gap" projects continue to be an important mechanism for addressing racial disparities in health outcomes for local communities.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services
Measure: Nonwhite Infant Mortality per 1,000 Nonwhite Births.
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
10.7	11.8 (provisional)	1.1	10.3%

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: The leading causes of death for infants 0-1 year include perinatal conditions, congenital anomalies, and sudden infant death. Perinatal conditions include conditions related to extreme prematurity. Research and data collection both in Florida and throughout the United States suggest that the health of the mother prior to pregnancy is an important factor in birth outcomes. Screening for maternal infections, genetic history, and the general health of the woman are critical factors in the ability to improve birth outcomes. Women are delaying pregnancy resulting in older maternal age, which can influence the occurrence of congenital anomalies. The advent of assisted reproductive technology has influenced maternal age as well as the incident of multiple gestations. Infants who are a member of twin or multiple births are more likely to be born prematurely and at a lower birth weight. Florida non-white infant mortality rates continue to mirror national trends indicating a two-fold greater infant mortality rate for non-white infants when compared to white infant mortality. Ongoing scientific and public health research continues to focus on racial disparities in health outcomes, as the root causes of these disparities remain poorly understood.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☒ Personnel ☒ Other (Identify)
Recommendations: In addition to the factors discussed above, there is also a need to continue and expand current health education and interventions to ensure positive health behaviors for nonwhite pregnant women. This includes ensuring access to early and continuous quality prenatal care,

Measure: Nonwhite Infant Mortality per 1,000 Nonwhite Births. (continued)

provision of screening for prenatal smoking and offering of smoking cessation services, and care coordination for substance abusing pregnant women. Florida's MomCare program, now fully implemented, provides choice counseling and case management for women eligible for Medicaid due to their pregnancy. Florida's Healthy Start program continues to strive for universal prenatal and infant risk screening for all pregnant women and infants. The Healthy Start Medicaid waiver, now fully implemented, allows communities to provide a higher intensity service to families in need. The Department is also working in partnership with local Healthy Start coalitions and local county health departments to ensure that the preconception and interconception health and educational needs of minority women are addressed prior to pregnancy whenever possible. These health screening and education services include focus on issues such as maternal infection, chronic illnesses, and access to primary health care. Finally, Florida's "Closing the Gap" projects continue to be an important mechanism for addressing racial disparities in health outcomes for local communities.

Office of Policy and Budget – July 2009

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 ☐ 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
8.5	8.8	0.3	3.5%

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:

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 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 decreases to 7.5%, which is below the target and exactly the same as the percentage reported last year. 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 ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations:
There is relatively little the department can do with regards to the frequency of multiple births among our WIC clients. The percentage of multiple births in the WIC population increased from 2.5% to 2.7% in the last year. This probably contributed to the increase the percentage of low birth weight births observed this year. When multiple births are excluded, the low birth weight percentage has not changed in the past year. 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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Services/64200300**
Measure: **Number of Monthly Child Care Food Program Meals**

☐ 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
9,030,000	8,883,305	(146,695)	(1.6%)

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:
The Child Care Food Program bases future year estimates on data from prior years. Program growth has recently leveled off and the estimate for 2008-2009 was simply too high. We believe this is partly due to current economic conditions – when parents are not working, they no longer can afford or need to place their children in child care facilities.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Age adjusted death rate due to diabetes.

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
20.0	20.3 (provisional)	.30	1.5%

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:

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 age-adjusted death rate for diabetes has been stable for the past ten years. Diabetes as an underlying or contributing cause of death is mostly underreported. A significant proportion of mortality and morbidity related to diabetes could be prevented by addressing cardiovascular risk factors. Although cardiovascular disease death rates are declining, obesity rates in the US are increasing. Research and data collection both in Florida and throughout the United States suggest the rapidly rising rates of obesity and diabetes may contribute to a slight increase in diabetes death rates.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations:
The Florida Diabetes Prevention and Control Program (DPCP) was created in 1997 to assure a systems-based approach for diabetes issues and to build the infrastructure needed to address the burden of diabetes. The mission of the DPCP is to reduce the burden of diabetes in Florida through primary, secondary, and tertiary prevention – preventing diabetes among those at risk for developing the disease, as well as preventing and mitigating the morbidity and mortality associated with diabetes-related complications among those who already have the disease. The DPCP emphasizes the prevention of complications and premature mortality among people with diabetes, but also promotes prevention of type 2 diabetes through lifestyle changes among those people at risk of developing the disease. Self-management of the disease (A1C testing, annual foot exams, annual eye exams, flu and pneumococcal vaccinations, physical activity and proper diet) is key to reducing age-adjusted diabetes related mortality.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Prevalence of adults who report no leisure time physical activity.

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
24.0	25.9	1.9	7.9%

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 prevalence of adults who report no leisure time physical activity has been relatively stable for the past ten years. The prevalence of physical inactivity is measured through the Behavior Risk Factor Surveillance Survey, which is a self-reported survey. The Bureau of Chronic Disease Prevention's, Obesity Prevention Program focused many efforts toward increasing physical activity and reducing screen time. When funding for this program was lost, the bureau had to distribute physical activity related initiatives through several programs. Without staff dedicated to addressing physical inactivity full time there will continue to be minimal decline in the prevalence.

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: Restored funding for Obesity Prevention, which entails increasing physical activity and healthy nutritional eating, will aid in decreasing physical inactivity in Florida. Governor Crist established the Governor's Council on Physical Fitness in 2007 to develop a state plan of action to increase physical fitness through regular exercise and sound nutrition practices among Floridians of all ages and to reduce the rate of obesity and chronic diseases in Floridians within the next ten years. There are several recommendations listed in the state plan which address increasing physical activity. Also, DOH's Healthy Communities, Healthy People Program supports coordinators in counties throughout the state. A primary objective of these coordinators is to work with community leaders to create policy and environmental changes that will make healthy choices the easy choice.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Age-Adjusted Death Rates Due to Coronary Heart Disease
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
104.3	108.7 (provisional)	4.4	4.2%

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:

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 age-adjusted death rates due to coronary heart disease have been steadily decreasing for several decades. Research suggests that these declines could be attributed to better treatment and prevention methods, quality hospital care, decrease in cigarette smoking, decrease in high blood pressure, and decreases in high blood cholesterol. Although there have been major declines in coronary heart disease deaths, the increasing prevalence of diabetes and obesity is leading to an increasing prevalence of cardiovascular disease morbidity and mortality. These two diseases are offsetting the progress that has been made in the past years.

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

Recommendations: The Florida Department of Health's Heart Disease and Stroke Prevention program is working to combat coronary heart disease mortality from a number of different avenues. These efforts include using pharmacists to provide patient education and adherence to medication; assisting with improved training of emergency responders; and establishing worksite wellness programs that incorporate interventions that encourage blood pressure and cholesterol education and self-management skills.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: **Health**
Program **Community Public Health**
Service/Budget Entity: **Infectious Disease Prevention and 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%	83.4%	6.85	(7.6%)

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:
An increasing number of children are being served in the private sector. The county health departments are providing immunization services to children who are at the highest risk for under-immunization. Ongoing efforts continue to increase linkages with the WIC program and targeting interventions in geographic areas with populations at high risk for under-immunization. Ongoing semi-annual reviews to assess immunization coverage levels at the county health departments will assist in ensuring completion of immunizations for children in these public clinics, specifically for the DTaP (diphtheria/tetanus/pertussis) vaccine. It is expected that the implementation of measures to reduce missed opportunities and other proven immunization-specific processes will have a considerable impact on the coverage levels associated with the fourth dose of the DTaP vaccine. The Bureau of Immunization continues its efforts to increase the timeliness of the 4th DTaP immunization. The department believes there has not been a drop-off in the effectiveness of its immunization program.

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control/ 64200400
Measure: Bacterial Sexually Ttransmitted Disease Case Rate Among Females 15-34 per 100,000

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
2,540	2,629	89	3.5%

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:

Increased identification of community infections occurred due to both internal and external factors: 1) improved department capacity to receive electronic laboratory reports; 2) expanded use of more sensitive test technologies by laboratories across the state; these technologies are able to recognize the presence of true infections; and 3) changes to Florida Statutes and Florida Administrative code that expanded frequency of STD screening for select populations

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:

See above (internal factors)

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

☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

Recommendations:

Continue with department plans to increase awareness of these infections among health care providers and the general population and to promote risk reduction.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control/ 64200400
Measure: Enteric Disease Case Rate Per 100,000

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
47	57	10	21%

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: Due to the inherent fluctuation in enteric diseases, it is difficult to predict the rate of enteric disease. Because of increased surveillance and improved quality of staff, more enteric disease cases are often identified rather than less at least for the first few years after hiring new staff as we have done with PHP monies to enhance Epidemiology capacity.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: County Health Department/ 64200700
Measure: Percent of Required Food Service Inspections Completed

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%	78.4%	21.6	21.6%

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:
County Health Department Environmental Health staffs have been significantly reduced in recent years due in large part to reductions in the number of septic tank permits being issued (related to the national downturn in the building of new homes). This left fewer inspectors to performed inspections in other programs, such as food service.

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: County Health Departments will be reminded of the need to complete all required inspections, and encouraged to maintain Environmental Health staffing at a level that can meet this requirement.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: County Health Departments-Local Health Needs/ 64200700
Measure: Number of Family Planning Clients

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
219,410	214,793	(4,617)	(2.1%)

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:
Due to budgetary restraints and cut backs and health care provider retirements there have been CHDs throughout the state that have not had the staffing capacity to see as many clients. Another possible factor is that the unit costs of pharmaceutical supplies have increased resulting in lower capacity for client 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:

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

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: County Health Departments-Local Health Needs/ 64200700
Measure: Number of Immunization Services Provided
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
1,457,967	1,341,228	(116,469)	(8%)

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:
Actual output was less than the standard for two reasons – (1) more children are being served in the private sector; and (2) CHDs are spending more time doing searches and case management services for children who are at the highest risk for under-immunization and working with private providers to improve immunization rates among the children served in the private sector. These services are typically more time-consuming than the actual delivery of vaccinations.

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

☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: County Health Department-Local Health Needs/ 64200700
Measure: Number of Onsite Sewage Disposal System Inspections

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
407,668	194,184	(213,484)	(52.36%)

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 half of the activities counted are performed in response to the construction of new housing units. With the downturn in building construction, the number of services required has fallen by over 80% from average years. As of July, 2009, the number permits for new construction appears to have leveled off for two consecutive quarters. It is about 12% of the activity during the building boom. We had recommended changing the standard to 200,000 last year to reflect this decrease in permitting. Again, we recommend setting the standard at 200,000 for next year. The Department continues to meet its regulatory responsibilities regarding system inspection.

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: Decrease in new construction permitting.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: We recommend setting the standard at 200,000 for next year.

Office of Policy and Budget – July 2008

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Community Public Health
Service/Budget Entity: County Health Department-Local Health Needs/ 64200700
Measure: Number of Community Hygiene Services

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
126,026	108,439	(17,587)	(14%)

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: Community hygiene services are difficult to predict because these services are based on demand and are provided in response to community requests and/or local conditions. For example, the demand for rabies control services and complaints related to sanitary nuisances tend to vary greatly from year to year.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Department-Local Health Needs/ 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
258,974	217,578	(41,396)	(15.98%)

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: A continued decrease in the number of new facility plans reviews and inspections is a reflection of the economic downturn. This decrease is expected to continue until new housing starts/new development/redevelopment takes an up-swing perhaps in the next 20 to 24 months. Under these circumstances, the discrepancy between the standard and actual performance is not related to lack of work being done but rather fewer applications for new facilities for plan review and inspection.

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

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

Recommendations:

Office of Policy and Budget – July 2009

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
653,447	632,893	(20,554)	(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: The department's projection is overstated. The department has no control over the number of records that require processing 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 2009

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
- ☐ 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
100%	98.7%	(1.3)	(1.0%)

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 department's laboratory always sets its proficiency testing target at 100% although 100% accuracy is very difficult to achieve. The department did achieve a 98.7% accuracy rate in 2008-09 which represents excellent performance and exceeds all federal and professional standards, which are set at 90%. However, the laboratory will continue to set its target at 100%.

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: None

Office of Policy and Budget – July 2009

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
653,447	632,893	(20,554)	(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: The department's projection is overstated. The department has no control over the number of records that require processing 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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Community Public Health
Service/Budget Entity: Statewide Health Support Services/ 64200800
Measure: Percent of Health and Medical Target Capabilities Met

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
75%	54%	(21%)	(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:

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:

Since 2002, the Florida Department of Health Offices of Public Health Preparedness and Emergency Operations have been responsible for coordinating all planning and preparedness activities for the public health and medical (PHMP) system in Florida. This includes strategic planning, grants management, information management, and planning, equipping, training, exercises, and providing support during responses. The PHMP system in Florida is comprised of the 67 county health departments, more than 250 hospitals, 267 emergency medical services agencies, public and private laboratories, and other public and private healthcare agencies and providers. PHMP is a vital component of Florida's overall domestic security strategy.

Annually, these efforts are funded through two federal grants: the Centers for Disease Control and Prevention (CDC) emergency preparedness grant and the Assistant Secretary for Response (ASPR, formerly HRSA) grant. Although Florida achieves the annual benchmarks outlined in each grant, these benchmarks do not provide a reliable snapshot of the PHMP preparedness and response capabilities at a county, regional and state level.

There are currently no federal standards or assessments against which Florida can assess its level of PHMP capabilities, or use to accurately project performance. In 2006, the Office of Public Health Preparedness developed and facilitated a statewide health and medical capabilities assessment. This included an in-depth self-assessment by each county's health and medical system against the national target capability critical tasks. The initial capabilities self-assessment reported that 36% of the critical tasks within the health and medical target capabilities had been achieved. Based on lessons learned during the initial assessment, an annual capabilities assessment was implemented in 2008. The assessment is conducted using an electronic survey distributed to health and medical preparedness and

Measure: Percent of Health and Medical Target Capabilities Met (continued)

national health and medical target capabilities; respondents were also asked to identify the most significant gaps in each target capabilities. In 2008, 191 partners responded to the capabilities assessment survey. The capability percentage was calculated by averaging positive responses to the questions within each capability (e.g., % very confident/confident with the capability element). The 2008 self-assessment showed an overall 54% confidence rate in health and medical target capabilities. It is recognized that the self-assessments are soft data, but these are currently the only data available. The 75% target for 2008-2009 (and the 100% target for 2009-2010) reflects our sense of urgency in building the capabilities needed to prepare for, prevent, protect, respond to and recover from events which threaten the public's health or safety.

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

☐ Training
☐ Technology
☐ Personnel
☒ Other (Identify)

Recommendations:

Since 2006, Florida has piloted several methods to assess preparedness capability levels. These include the annual PHMP capabilities assessment, an annual assessment of county health department preparedness against required expectations, implementation in 2007 of a systematic project management model to develop, manage, monitor and evaluate projects designed to build preparedness capabilities, and identification of capability, performance and outcomes measures within each target capability. Florida also engages in every opportunity to partner with state and national stakeholders in assessing and measuring PHMP capabilities and performance. PHMP participated in the 2008 Florida Domestic Security capabilities assessment. The Office of Public Health Preparedness is currently participating in the national CDC Public Health Emergency Preparedness Evaluation Workgroup to identify national health and medical preparedness performance standards and measures. Over the past few years, many Florida county health departments have participated in the National Association of City and County Health Officials (NACCHO) Project Public Health Ready certification process. And Florida participated in the development of and will be the pilot state for the NACCHO Public Health Ready project for the state health office. A priority for 2009-2010 is development of an effective, systematic PHMP performance measurement system that will more accurately reflect our level of preparedness.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/ 64300100
Measure: Percentage 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%	95.0%	(1.6)	(1.7%)

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 came very close to meeting a challenging target. Obtaining a satisfaction record of even 90% is difficult with families of children with complex health problems. Although the target was missed, we still consider a satisfaction rate of 95.0% to be exceptional.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: 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 ☐ 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
47,502	40,501	(7,001)	(14.7%)

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: Analysis of data shows that Florida's overall number of referrals are increasing. The number of children found ineligible has also increased as well as the number of children who are withdrawn by parents prior to the development of an Individualized Family Support Plan. The increase in children found to be ineligible may be due to changes in policies regarding evaluation instruments and how eligibility is determined.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/ 64400100
Measure: Number of licenses 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
500,000	392,406	(107,594)	(21.5%)

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: The standard given was based on an incorrect understanding of the measure. The incorrect understanding was that the measure included the number of licenses printed (which would include duplicate licenses) vs. number of licenses issued (which reflects the number of individuals who received a 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:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: The definition of the measure has been documented.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida 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 ☐ 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 days	123.6 days	23.6	23.6%

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: 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 100 days to acquire.

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/ 64400100
Measure: Number of inquiries to the practitioner profile website

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
1,500,000	979,516	(520,484)	(34.7%)

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 number of visits to the practitioner profile website varies as it is based on the needs of MQA customers.

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

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida 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 ☐ 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
400	269.3	(130.7)	(32.7%)

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: This performance measure is based on the number of FTE appropriated regardless of whether positions are filled. Personnel vacancy rates plus related train-up periods challenge staff production capacity.

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 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of disciplinary final orders issued within 90 days from issuance of the recommended order

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
85%	66.6%	-18.4	-21.6%

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: This is a new performance standard. Final Orders are drafted by contract board counsel as well as department staff for professions where there is no board.

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: Reports will be provided to board counsel and department staff to monitor and improve the timeframe for filing of final orders.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of disciplinary fines and costs imposed that are collected by the due date

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
65%	61.9%	(3.1%)	(4.8%)

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: This is a new performance standard. A new policy of sending reminder notices 30 days prior to the due date was implemented to improve collection.

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: A new policy of sending reminder notices 30 days prior to the due date was implemented to improve collection.

Office of Policy and Budget – July 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Florida Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of applications deemed complete or deficient within 30 days

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%	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: This is a new performance standard. The performance target was not met because of training issues. Emphasis will be placed on training staff to close out application transactions when an application is determined to be complete.

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 2009

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
91.7%	86.2%	(5.5)	(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: Due to an 18% budget reduction in BSCIP dollars and revenues, the BSCIP program was unable to fill the positions for 5 case managers and 7 rehabilitation technicians for the better part of the year. Given that community reintegration percentages are highly dependent on available services dollars and case managers having the time necessary to coordinate care and identify community resources for program eligible clients, it was not surprising to see community reintegration percentages fall to 5.5 percent below the projected community reintegration percent of 91.7 percent for this year (this projection is based from years when BSCIP was fully staffed).

An in depth analysis of low community reintegration percentages by BSCIP service regions for this fiscal year revealed that regions with the highest number of vacant case manager positions showed the lowest percent of community reintegration while the regions with the lowest numbers of vacant case manager positions showed the highest level of community reintegration percentages. Regions 1, 3 and 4 combined had a total of 1 vacant case manager position during the year and reported community reintegration percentages of 89 percent or higher while Region 2 and 5, which each had 2 vacant case manager positions for the majority of the year, reported community reintegration percentages of less than 80 percent. It can be concluded from this analysis that the low community reintegration percentages appear to be highly related to case manager staffing shortages. It is of significance to note that case manager vacancy numbers and community reintegration percentages for last year showed similar patterns.

When regional managers were questioned as to how they thought vacancy rates impacted community reintegration percentages, they stated that increased case loads require case managers to focus the majority of their efforts on serving higher risk, newly injured individuals as opposed to working with clients that are already receiving some level of service from the program. As a result, fewer cases are closed as community reintegrated which lowers community reintegration percentages.

Through the hard work of many key individuals, BSCIP is pleased to report that as the result of effectively decreasing care plan spending for BSCIP Medicaid Waiver cases and restricting funds allocated for trust fund services during the 2008-09 fiscal year, funds became available to fill and/or advertise 11 of the 12 positions that had been vacant for the past year (two years in many cases). It is anticipated that the twelfth position will be approved to be filled in the near future. Returning to previously allocated staffing patterns should help to improve community reintegration percentages by allowing staff to focus on case management coordination and identifying community resources in their community necessary to support community reintegration. Many thanks to staff that contributed to this success.

Measure: Percent of Individuals with Brain/ Spinal Cord Injuries Reintegrated to the Community (continued)

Despite the BSCIP being nearly fully staffed in the SFY 09-10 year, the program will continue to face huge challenges regarding returning individuals to their community post injury due to revenue short falls and increasing cost of care for community reintegration services, Last year, revenues from traffic related fines that fund the BSCIP program fell by 18.4% or 2.2 million dollars when compared to the 2007-08 fiscal year. Early estimates indicate a continuing decline in revenues during the 2009-10 fiscal years. It is unknown at this time to what degree decreasing revenues will impact community reintegration percentages in the coming years.

Recommendations for addressing of declining service dollars and increase cost of health care can be found below.

***Ex*ternal 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: Inability to fill vacant positions, department wide budget short falls.

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

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

Recommendations: Continue to identify community resources at the local, state and federal level to help off set the current budget shortfall and to ensure that the BSCIP program is the payor of last resort.

Decrease client service expenditures to the bare essentials necessary to return and/or maintain individuals in the community post-injury. This will be accomplished for trust fund cases during the upcoming year through promulgation of rule to develop and implement an order of selection to determine eligibility to the program and to define the scope of services that can be provided during a budget shortfall.

Monitor Waiver cost services to ensure that these types of cases remain at the level of services that they were cut to during the 2008-09 fiscal year.

Attempt to negotiate lower costs with providers for contracted services (e.g. per diem for inpatient rehabilitation).

Continue to use and identify new technologies that can reduce dependence on provider services (adaptive equipment, cognitive memory aids, telemedicine, etc.).

Explore other possible funding sources or the potential for increasing funds from existing funding source for both trust fund and Waiver services.

In summary, BSCIP, in concert with the Division of Emergency Medical Operations leadership team, will continue to explore options to meet the challenge of reintegrating individuals into the community with fewer resources.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/ 64400200
Measure Numbers of Providers Who Receive Continuing Education

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
16,750	15,762	(988)	(5.9%)

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:

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 AHEC Network has experienced a 10% reduction as part of their 08-09 contract and an additional 8% reduction as part of a legislative mandate to reduce state General Revenue contracts They were required to make a decision to reduce the scopes of their contracts, which included the ability to provide continuing education courses for health professionals.

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

Office of Policy and Budget – July 2009

FLORIDA DEPARTMENT OF HEALTH

PERFORMANCE MEASURE VALIDITY AND RELIABILITY

LRPP Exhibit IV

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

DEPARTMENT	DEPARTMENT OF HEALTH
PROGRAM:	EXECUTIVE DIRECTION AND ADMINISTRATION
SERVICE/BUDGET ENTITY:	EXECUTIVE DIRECTION AND SUPPORT/ 64100200
MEASURE:	PERCENT OF AGENCY ADMINISTRATIVE COSTS AND POSITIONS COMPARED TO TOTAL AGENCY COSTS AND POSITIONS.

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

DATA SOURCES AND METHODOLOGY:

1. List and describe the data source(s) for the measure.

The Legislative Appropriations System/ Planning and Budgeting Subsystem (LAS/PBS) — this is the statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

2. Describe the methodology used to collect the data and to calculate the result.

The data in LAS/PBS is a combination of automated and manually entered data. The automated data is loaded from FLAIR, the state's accounting system. Legislative budget request issues are manually entered by Budget staff.

3. Explain the procedure used to measure the indicator.

Total operational costs of the Executive Direction and Administration program component divided by total agency costs less fixed capital outlay. Total positions in the Executive Direction and Administration program component divided by the total agency positions. This formula was provided by the Governor's Office.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.

- Does a logical relationship exist between the measure's name and its definition/ formula? Yes
- Does this measure provide a reasonable measure of what the program is supposed to accomplish? No. (according to the program: It is an effort to represent Executive Direction costs as a percent of total agency cost.)
- Is this performance measure related to a goal in the Department of Health's current strategic plan? No.
- Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor? Yes

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Reason the Methodology was selected:
This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.

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

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002*-2003, this measure is considered valid for the purposes of this review.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology

The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, the measure is defined in the *Agency Perfirmance Measures For Fiscal Year 2002-2003,* issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions .
- Is written documentation available that describe how the data are collected? No, the data is extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.
- Has an outside entity ever completed an evaluation of the data system? Not that Department of Health Budget Office is aware.
- Is there a logical relation between the measure, its definition and the calculation? Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.

State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Executive Direction and Support Services
Service/Budget Entity: Information Technology/ 64100400
Measure: Technology costs as a percent of total agency costs

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

DATA SOURCES AND METHODOLOGY:

1. **List and describe the data source(s) for the measure.**

The Legislative Appropriations System/ Planning and Budgeting Subsystem (LAS/PBS) — this is the statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

2. **Describe the methodology used to collect the data and to calculate the result.**

The data in LAS/PBS is a combination of automated and manually entered data. The automated data is loaded from FLAIR, the state's accounting system. Legislative budget request issues are manually entered by Budget staff.

3. **Explain the procedure used to measure the indicator.**

Total operational costs of the Information Technology (IT) program component divided by total agency costs less fixed capital outlay. This formula was provided by the Governor's Office.

VALIDITY

Explain the methodology used to determine validity and the reason it was used.
Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by Division of Administration staff.

- Does a logical relationship exist between the measure's name and its definition/ formula? Yes
- Does this measure provide a reasonable measure of what the program is supposed to accomplish? No. (according to the program: It is an effort to represent Information Technology costs as a percent of total agency cost.)
- Is this performance measure related to a goal in the Department of Health's current strategic plan? No.
- Is this performance measure mandated by statute, law, or directive from the Executive Office of the Governor? Yes

Reason the Methodology was selected:
This methodology was used because it provides a reasonable assessment of the validity of this performance measure in relation to the purpose for which it is being used.
State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

As this measure was directed by the Executive Office of the Governor as part of the Long Range Program Plan Instructions and established by the Florida Senate as part of the *Agency Performance Measures For Fiscal Year 2002*-2003, this measure is considered valid for the purposes of this review.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology

The following data reliability test questions were created by the Office of the Inspector General and answered by Division of Administration staff.

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, the measure is defined in the *Agency Perfirmance Measures For Fiscal Year 2002-2003,* issued by the Florida Senate and in the Executive Office of the Governor's Long Range Program Plan Instructions .
- Is written documentation available that describe how the data are collected? No, the data is extracted from LAS/PBS and there is documentation available on the use of LAS/PBS through EOG or the Legislative Data Center.
- Has an outside entity ever completed an evaluation of the data system? Not that Department of Health Budget Office is aware.
- Is there a logical relation between the measure, its definition and the calculation? Yes

Reason the Methodology Was Selected:

This methodology was used because it provides a reasonable assessment of the reliability of the data associated with this performance measure.

State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/ 64200300
Measure: Total infant mortality rate per 1,000 live births

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments collect live birth information from the birth facility/certifier and death information from the funeral director/certifier and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends this data to Tallahassee.

- **Explain the procedure used to measure the indicator.**

Calendar year number of infant deaths divided by number of live births multiplied by 1,000. An infant death is defined as less than one year of age.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  Goal 4: Improve access to basic family health care services
  Objective 4A: Improve maternal and infant health.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Total infant mortality rate per 1,000 live births.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY
Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Vital News (Office of Vital Statistics newsletter), Monthly vital statistics data files, and Florida Vital Statistics Annual Report.
- *Is written documentation available that describe how the data are collected?* Yes, F.S. 382 describes live birth and death record completion/filing procedures. Vital Statistics Registration Handbook describes item by item procedures for completion of the records.
- *Has an outside entity ever completed an evaluation of the data system?* No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Services/ 64200300**
Measure: **Non-white infant mortality rate per 1,000 non-white live births**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and divorces) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments collect live birth information from the birth facility/certifier and death information from the funeral director/certifier and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends this data to Tallahassee.

- **Explain the procedure used to measure the indicator.**

Calendar year number of non-white infant deaths (based on the infant's race) divided by number of non-white live births (based on the mother's race) multiplied by 1,000. An infant death is defined as less than one year of age.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Non-white infant mortality rate per 1,000 non-white live births.

Goal 4: Improve access to basic family health care services
Objective 4B: Improve nonwhite maternal and infant health.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*
-

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, Vital News (Office of Vital Statistics newsletter), Monthly vital statistics data files, and Florida Vital Statistics Annual Report.
- *Is written documentation available that describe how the data are collected?* Yes, F.S. 382 describes live birth and death record completion/filing procedures. Vital Statistics Registration Handbook describes item by item procedures for completion of the records.
- *Has an outside entity ever completed an evaluation of the data system?* No, not the data system, but the National Center for Health Statistics annually reviews the Vital Statistics data for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Non-white infant mortality rate per 1,000 non-white live births.

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: FAMILY HEALTH SERVICES

ACTIVITY: PROVIDE WOMEN, INFANTS AND CHILDREN (WIC) NUTRITION SERVICES

MEASURE: PERCENT OF LOW BIRTH WEIGHT BIRTHS AMONG PRENATAL SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) CLIENTS.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The WIC Information Project (WIP) Automated Data Processing System, which is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration.

- **Describe the methodology used to collect the data.**

Local agency WIC staff enters WIC client demographic information and health data directly into this system. The information is “point in time” or information that is “as of a certain date.”

- **Explain the procedure used to measure the indicator.**

Total number of low birthweight infants certified during a reporting period who were born to mothers who participated prenatally in the WIC program divided by the total number of infants certified during that same reporting period who were born to mothers who participated prenatally in the WIC program. Data are collected throughout the year. Although the county health department contract

NOTE: Information provided by the Department of Health’s Office of the Inspector General is presented in italics and was updated August 30, 2000.

year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 4: Improve access to basic family health care services.
  Objective 4C: Reduce low birth weight births among WIC clients.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No. This information will be included in the Department of Health document: Performance Measure Definitions, [WIC]
- *Is written documentation available that describe how the data are collected?* NO
- *Has an outside entity ever completed an evaluation of the data system?* NO

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Serivces**
Measure: **Number of live births to mothers age 15 – 19 per 1,000 females age 15-19.**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, fetal deaths, deaths, marriages, and dissolutions of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments collect birth information from the birth facility/certifier and forward to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends this data to Tallahassee.

- **Explain the procedure used to measure the indicator.**

Calendar year number of live births to females age 15-19 divided by the total number of female adolescents age 15-19 (population) multiplied by 1,000.
Population data is the July 1 mid-year estimates from the winter consensus estimating conference Office of the Governor.
Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  Goal 4: Improve access to basic family health care services.
  Objective 4D: Reduce births to teenagers.
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in Performance Measure Definitions, Summer 1998 [Family Planning] and Monthly vital statistics data files and Florida Vital Statistics Annual Report (Office of Vital Statistics)
- *Is written documentation available that describe how the data are collected?* Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and F.S. 382 describes live birth record completion/filing procedures, and Vital Statistics Registration Handbook describes item by item procedures for completion of the records.
- *Has an outside entity ever completed an evaluation of the data system?*
  Yes. The National Center for Health Statistics annually review the Vital Statistics data for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Number of live births to mothers age 15-19 per 1,000 females age 15-19.

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Services/ 64200300**
Measure: **Number of monthly special supplemental nutrition program for Women, Infants and Children (WIC) participants**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

The WIC Information Project Automated Data Processing System (WIP) is a centralized mainframe system that collects client and worker data; delivers and accounts for services; and provides ad hoc, microfiche and paper output reports. WIP captures client demographic and eligibility information as well as specific health data. WIP prints food checks for clients and tracks food check issuance, nutrition education and certification activities. WIP also includes inventory management systems for food checks and special formula and an appointment scheduling system for client appointments. System reports at the county and state level address management needs for information on food check issuance, redemption and reconciliation; participation and enrollment; retail grocer monitoring and management; infant formula rebate calculation; and breastfeeding incidence and duration data.

- **Describe the methodology used to collect the data.**

Local agency WIC staff enter WIC client demographic information and health data directly into this system. The information is "point in time" or information that is "as of a certain date."

- **Explain the procedure used to measure the indicator.**

Participation is based on the number of WIC clients who have received WIC food checks, which can be used during the reporting month. The monthly statewide participation is calculated by using the October to September monthly participation data for the most recent federal fiscal year using final data.

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.

Goal 4: Improve access to basic family health care services
Objective 4C: Reduce low birth weight births among prenatal WIC clients

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. Section D of the WIC Coordinator's Guide relating to WIP Reports. Other edits identify possible problems that require follow-up
- *Is written documentation available that describe how the data are collected?* Yes. WIP System Guide, Florida WIC Program, June 1996.
- *Has an outside entity ever completed an evaluation of the data system?* WIC did not report an outside evaluation.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	**Department of Health**
Program:	**Community Public Health**
Service/Budget Entity:	**Family Health Services/ 64200300**
Measure:	**Number of Child Care Food Program meals served monthly**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure.**
☐ Backup for performance measure.

The department's Child Care Food Program is requesting a **new measure, "number of Child Care Food Program Meals Served Monthly"** to replace "number of daily Child Care Food Program participants" measure which has been requested to be deleted.. The current "number of participants" figure is estimated using a mathematical calculation of questionable validity. The "number of meals served" is a more valid and reliable number and a better indicator of program services.

Data Sources and Methodology:
Data is derived from monthly claims filed by program contractors using the Child Care Food Program's web based Management Information and Payment System (MIPS). In addition to other information, contractors report the number of meals served to children in their care during the reporting month. This data is transmitted monthly to the USDA Food and Nutrition Service and provides the basis for federal meal reimbursements.

Validity:
Program contractors must document and report the number of meals served at each meal service – breakfast, lunch, snack, etc. MIPS edits these numbers against other information in the database to ensure validity. The system flags potential problems for follow-up and desk reviews and on-site monitoring reviews further ensure validity of reported numbers and consequent payments. TBD BY DOH INSPECTOR GENERAL

Reliability:
System edits, on-going training, written guidance, technical assistance and on-site monitoring help ensure the reliability of reported numbers. TBD BY DOH INSPECTOR GENERAL

Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Family Health Services/64200300**
Measure: **Age-adjusted death rate due to diabetes**

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure**.
☐ Backup for performance measure.

Data Sources and Methodology:

The data source used will be Florida CHARTS. CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

1. DOH extracts data using ICD-10 codes specific to diabetes.
2. A crude death rate is calculated by dividing the total number of deaths due to diabetes in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
3. The next step is to calculate diabetes death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
4. Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
5. Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data is always approximately 1 year behind.

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity:

Pending review by DOH Inspector General

Reliability:

Pending review by DOH Inspector General

Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/64200300
Measure: Prevalence of adults who report no leisure time physical activity

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure**.
☐ Backup for performance measure.

Data Sources and Methodology:

The Florida Behavioral Risk Factor Surveillance System (BRFSS) will be the data source for this measure. The Florida BRFSS is a cross-sectional telephone survey that uses random-digit-dialing methods to select a representative sample from Florida's adult population (18 years of age or older) living in households.

The Florida Department of Health, Bureau of Epidemiology implements BRFSS throughout the state. Next, they analyze the data and produce annual reports of the results. The measure above is defined as persons who answer no to the BRFSS question "During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity:

Pending review by DOH Inspector General

Reliability:

Pending review by DOH Inspector General

Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Family Health Services/64200300
Measure: AGE-ADJUSTED DEATH RATE DUE TO HEART DISEASE

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure**.
☐ Backup for performance measure.

Data Sources and Methodology:

The data source used will be Florida CHARTS. CHARTS collects information on causes of death from the Florida Department of Health, Office of Vital Statistics.

1. DOH extracts data using ICD-10 codes specific to heart disease.
2. A crude death rate is calculated by dividing the total number of deaths due to heart disease in a year by the total number of individuals in the population who are at risk for these events and multiplying by 100,000. Population estimates are from July 1 of the specified year and are provided by the Florida Legislature, Office of Economic and Demographic Research.
3. The next step is to calculate heart disease death rates per 100,000 for different age groups. If this is a 3-year rate, sum three years of deaths and divide by three to obtain the annual average number of events before calculating the age-specific rates.
4. Multiply this rate by the 2000 US population proportion. This is the standard 2000 US population proportion, which Florida CHARTS uses to calculate age-adjusted death rates.
5. Sum values for all age groups to arrive at the Age-Adjusted Death Rate.

CHARTS populates age-adjusted death rates on a yearly basis, although the most recent data is always about 1.5 years behind.

The Bureau of Chronic Disease epidemiologist will measure the indicator using trend data and Healthy People 2010 target goals.

Validity:

Pending review by DOH Inspector General

Reliability:

Pending review by DOH Inspector General

Office of Policy and Budget – July, 2008

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

HIV/AIDS Reporting System (HARS), which is a microcomputer database application developed by the Center for Disease Control (CDC), in which demographic and patient data on all AIDS cases are maintained.

- **Describe the methodology used to collect the data.**

The number of AIDS cases reported during the calendar year come from the regional HIV/AIDS surveillance coordinator who compiles AIDS case reports submitted to the county health departments and enters the data directly into HARS. Regional data are then transferred to Tallahassee on a regular basis. These regional data make up the statistics in the HARS database from which statistical reports are produced.

Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

- **Explain the procedure used to measure the indicator.**

Number of reported AIDS cases during the calendar year divided by population, multiplied by 100,000.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1B: Reduce deaths due to HIV/AIDS.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Performance Measure Definitions, Summer 1998 [HIV/AIDS] and Public Health Indicators Data System Reference Guide [AIDS1, PARA18]
- *Is written documentation available that describe how the data are collected?* YES, Performance Measure Definitions, Summer 1998 [HIV/AIDS]
- *Has an outside entity ever completed an evaluation of the data system?* YES. Centers for Disease Control and Prevention. In addition, there are internal quality control checks to ensure that the data are accurate and complete. Internal quality control by staff ensures accurate data through routine data verification and edits of reports entered into the statewide HIV/AIDS case registry. Each electronic data transfer and hard copy of case reports are subject to computer software procedures that identify outlyers and other data entry errors. Monthly data audits are conducted and case reports are sent back to the county health department as necessary to correct or update data. All case reports sent to the Bureau of HIV/AIDS are reviewed to ensure an unduplicated count of cases both at the local and state level. Completeness of reporting is accomplished through active surveillance for AIDS cases by field staff.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
    - Performance Measure Definitions, Summer 1998
    - County Health Profiles, March 1997
    - County Outcome Indicators, August 1994
    - Resource Manual, December 1996
    - Public Health Indicators Data System Reference Guide, October 1994
    - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Infectious Disease Prevention and Control /64200400**
Measure: **Number of HIV/AIDS resident total deaths per person**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, deaths, marriages, and dissolution's of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments collect birth and death information and send it to Vital Statistics in Jacksonville. Vital Statistics enters this information into the database and electronically sends this data to Tallahassee.

- **Explain the procedure used to measure the indicator.**

Number of annual HIV/AIDS resident deaths per calendar year (as coded ICD9 042-044 on the death certificate).

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1B: Reduce deaths due to HIV/AIDS.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes,Performance Measure Definitions, Summer 1998 [HIV/AIDS]

- *Is written documentation available that describe how the data are collected?*
  Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [HIV/AIDS]

- *Has an outside entity ever completed an evaluation of the data system?* No
  However, there are internal quality control checks to ensure data is accurate and complete. Death certificates with underlying cause indicated are required to be filed with the CHDs in a timely fashion. The CHDs forward the death certificate to the Office of Vital Statistics which routinely reviews them for completeness and accuracy, and enters the information into a database. Statistical reports are sent to the Bureau of HIV/AIDS quarterly and annually, and provisional data are updated as they are finalized. Further analyses are conducted by Bureau staff which are reviewed and checked for accuracy.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Prevention and Control/ 64200400
Measure: Tuberculosis cases per 100,000 population

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Tuberculosis Information Management System (TIMS) is a microcomputer database system that collects surveillance information on tuberculosis cases including demographics, address information, lab results, X-ray information, skin test results, information on contacts, medication pickups and drug susceptibility studies. Data are input at the regional TB offices and then transmitted up to Tallahassee to the Statewide TIMS, and reports are produced.

- **Describe the methodology used to collect the data.**

County health departments submit data to Department of Health Area Coordinators who confirm the data and then enter it into the TIMS where it is electronically transmitted to Department of Health headquarters on a monthly basis.
Population figures are obtained from the U.S. Census during censal years and from the official mid-year population estimates produced by the Spring Florida Demographic Estimating Conference for intra-censal years.

- **Explain the procedure used to measure the indicator.**

Calendar year number of tuberculosis cases divided by population estimate multiplied by 100,000.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Goal 1: Prevent and treat infectious diseases of public health significance
Objective 1F: Reduce the tuberculosis rate

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY
Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Performance Measure Definitions, Summer 1998 [TB]
- *Is written documentation available that describe how the data are collected?* Yes, Performance Measure Definitions, Summer 1998 [TB]
- *Has an outside entity ever completed an evaluation of the data system?* Yes, Centers for Disease Control

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Annual Immunization Survey of Florida's Two-year-old Children

- **Describe the methodology used to collect the data.**

A random population-based sample from Florida birth records for children born two years prior to the survey. Bureau of Immunization staff contact county health departments, private providers, and parents regarding the child's immunization status.

- **Explain the procedure used to measure the indicator.**

(Total number of 2 year old children with complete immunization status) divided by (total number of two year old children located and surveyed) multiplied by 100.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance
  Objective 1C: Increase the immunization rate among children
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Performance Measure Definitions, Summer 1998 [Immunization]
- *Is written documentation available that describe how the data are collected?* Yes For each survey done, the program has detailed memos, guidelines, and forms to ensure that data are collected in a consistent manner.
- *Has an outside entity ever completed an evaluation of the data system?* Unknown

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: **Department of Health**
Program: **Community Public Health**
Service/Budget Entity: **Infectious Disease Prevention and Control/ 64200400**
Measure: **Number of annual patient days at A. G. Holey Tuberculosis Hospital**

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

A report entitled "Fiscal Year XX-XX Prior Year Actual Report." This report is prepared by a private firm.

- **Describe the methodology used to collect the data.**

These data are kept on an AG Holley Tuberculosis Hospital spreadsheet using information derived from admission records and discharge records.

- **Explain the procedure used to measure the indicator.**

Admission and discharge records are reviewed to determine number of days a patient is enrolled at the hospital. Additionally, Medicaid, Medicare, veterans' benefits, private insurance reimbursements, and private pay records are reviewed. A log is maintained which documents this information. The data collection period is the state fiscal year 7/1/XX through 6/30/XX.

Program staff's assessment of accuracy is "excellent."

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 2000.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Not enough information provided by the program for the Office of the Inspector General to determine*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control, and environmental sanitation services, including statewide support services.
- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes.*
- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1F: Reduce the tuberculosis rate.
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that this measure is valid in relation to the purpose for which it is being used.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 2000.

RELIABILITY

Reliability Determination Methodology:

The following reliability test questions were created by the Office of the Inspector General and answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* The definition of "patient day" is the same used by the Agency for Health Care Administration for the term "length of stay."
- *Is written documentation available that describe how the data are collected?*
  No.
- *Has an outside entity ever completed an evaluation of the data system?*
  No, however, the hospital's quality assurance department verifies documentation and accuracy, and routinely reviews all medical records. Also, the hospital must meet licensing requirements of the Agency for Health Care Administration, including a medical records review.

The following reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? Not enough information has been provided by the program for the Office of the Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? NO.*
- *If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 2000.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control/64200400
Measure: Bacterial STD case rate among females 15-34 per 100,000

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure.**
☐ Backup for performance measure.

The Department of Health's Bureau of Sexually Transmitted Diseases (BSTD) is requesting to delete the "Chlamydia rate per 100,000" measure and replace it with "**Bacterial STD case rate among females 15-34 per 100,000**". Chlamydia is only one of several sexually transmitted diseases (STDs) of interest to the department. The bacterial STD measure captures more of these STDs including gonorrhea and syphilis. Focusing on females 15-34 is desirable because this group is at the highest risk for these infections and focusing on young females provides more reliable data since females typically have more consistent contacts with the health care system and get screened more regularly than males.

Data Sources and Methodology:

Authority: Chapters 381 and 384 Florida State Statutes and 64D – 3 Florida Administrative Code

Required Reportables: Provider and Laboratory Reports

Database: BSTD's PRISM application (**P**atient **R**eporting **I**nvestigation and **S**urveillance **M**anager)

Calculation Method:

Numerator: # Females diagnosed with Syphilis, Gonorrhea, Chlamydia aged 15 – 34 at the time of diagnosis reporting

Denominator: # of Females age 15 – 34 from Florida Population tables.

Scaling: Quotient is multiplied by 100,000 to get value per 100,000

Validity:

Yes, this is a valid performance measure. The measure addresses the heart of the BSTD's mission to prevent, control, and intervene in the spread of STD infection. The PRISM data used to calculate this measure will provide an accurate measure of the disease burden in Florida. Over time, this measure will reflect any impact the Bureau has in completing its function to safeguard and improve the health of the citizens of Florida with respect to the bacterial STDs of chlamydia, gonorrhea and syphilis.

Reliability:

Yes, this is a reliable performance measure. The reliability of the data for this performance measure is reflected in the traceability of the information back to its original source. Due to the fact that this information is based on laboratory and provider reports of disease, the information can be traced back through the laboratory that performed the test, using the laboratory accession number, back to the original health care provider via the provider information required under the current Florida Administrative Code 64D-3.

*Based on our reliability assessment methodology, there is a **high** probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.*

HIG LRPP Performance Measure Review L. Eckhart
Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Infectious Disease Control Services/64200400
Measure: ENTERIC DISEASE CASE RATE PER 100,000

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure**.
☐ Backup for performance measure.

Data Sources and Methodology:

List and describe the data source(s) for the measure:
The enteric disease case rate per 100,000 population is obtained from data submitted to Merlin, the Florida's web-based notifiable disease surveillance system utilized by the 67 county health departments (CHD) to report and track reportable disease conditions in Florida as required by rule 64D-3.

Describe the methodology used to collect the data:
Each case of campylobacteriosis, giardiasis, hepatitis A, salmonellosis, and shigellosis is reported by health care providers to county health departments along with demographic information, symptoms, diagnosis status (confirmed or probable) laboratory tests, exposure history, prophylaxis if indicated, and other information as appropriate. The case reports are entered into Merlin.

Explain the procedure used to measure the indicator:
Bureau of Epidemiology epidemiologists review the cases to insure complete and timely data submission, and calculate disease rates per 100,000 population. This gives a measure of the enteric disease burden in Florida annually. In response, epidemiologic measures including prompt case finding, education and intervention can be used to prevent outbreaks and achieve desired target rates of enteric disease.

Validity:

Pending review by DOH Inspector General

Reliability:

Pending review by DOH Inspector General

Office of Policy and Budget – July, 2008

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Serivces/ 64200600
Measure: Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Data are stored in a microcomputer database application developed by Center for Disease Control (CDC) called the EPI-INFO system, which tracks foodborne illness complaints and outbreaks.

- **Describe the methodology used to collect the data.**

Data collection at the county health department may be either by hand or electronic. Regional food and waterborne illness epidemiologists collect the data from the county health departments on a monthly basis, enter them into a standard file in EPI-INFO software and send them in electronic format to the statewide coordinator in the Bureau of Community Environmental Health in Tallahassee. The data are then concatenated into a file that is used for quarterly and annual reports and individual information inquiries.

- **Explain the procedure used to measure the indicator.**

The number of food and waterborne illness outbreaks that occurred at public food service establishments licensed and inspected by the Department of Health,. This number is first divided by the total number of public food service establishments licensed and inspected by the Department of Health, and then multiplied by 10,000. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?* **YES**

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?* **YES**
- *If yes, state which goal and objective it relates to?*

Goal 3: Prevent diseases of environmental origin.
Objective 3C: Protect the public from food and waterborne diseases.

- *Has information supplied by programs been verified by the Office of the Inspector General?* **NO**
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results?* **NO**

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* **NO**
- *Is written documentation available that describe how the data are collected?* **NO**
- *Has an outside entity ever completed an evaluation of the data system?* **NO**

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?* **YES**
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* **NO**
- *If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services/ 64200600
Measure: Septic tank failure rate per 1,000 within two years of system installation

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Comprehensive Environmental Health Tracking System (CENTRAX) is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. There is a module in CENTRAX called the On-line Sewage Treatment and Disposal System (OSTDS) which is used to record septic tank information.

- **Describe the methodology used to collect the data.**

Programs are maintained and the data are input at the local county health departments. Data are transmitted monthly to the state environmental health office and statewide reports are produced. Those county health departments not currently using CENTRAX submit their data on a quarterly basis.

- **Explain the procedure used to measure the indicator.**

The number of repair permits issued within two years of installation is divided by the total number of permits issued within two years, and then multiplied by 1,000.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 3:Prevent diseases of environmental origin.
  Objective 3A: Monitor individual sewage systems to ensure adequate design and proper function.
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:
- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Sewage and Waste]
- *Is written documentation available that describe how the data are collected?* Performance Measure Definitions, Summer 1998 [Sewage and Waste]
- *Has an outside entity ever completed an evaluation of the data system?* No

The following data reliability test questions were created and answered by the Office of the Inspector General:
- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Septic tank failure rate per 1,000 within two years of system installation.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: ENVIRONMENTAL HEALTH

ACTIVITY: RADIATION CONTROL

MEASURE NUMBER OF FACILITIES, DEVICES AND USERS REGULATED AND MONITORED

DATA SOURCES AND METHODOLOGY:

1. **List and describe the data source(s) for the measure.**
   - X-ray machine registration database for the number of x-ray machines registered
   - Radioactive materials licensing database for the number of active radioactive materials licensees
   - Radiologic technologist certification database for the number of active radiologic technologists certified
   - Laser device registration database for the number of lasers registered
   - Phosphate mining database for the number of acres monitored

2. **Describe the methodology used to collect the data and to calculate the result.**
   - Program staff update these databases routinely as they perform workload activities

3. **Explain the procedure used to measure the indicator.**
   - The numbers of facilities, devices and users and acres are totaled.

VALIDITY:

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*

- *If yes, state which goal and objective it relates to?*

  Goal:

  Objective:

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

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

Based upon the validity determination methodology, there is a moderately low probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY:

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. This is included in the bureau's regulations and in inspection procedures.

- *Is written documentation available that describe how the data are collected?* YES. This is included in the inspection procedures.

- *Has an outside entity ever completed an evaluation of the data system?* NO.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

- If yes, note test results.

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Environmental Health Services/64200600
Measure: PERCENT OF REQUIRED FOOD SERVICE INSPECTIONS COMPLETED

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure.**
☐ Backup for performance measure.

Data Sources and Methodology:

The data will come from inspection records collected by the department's Environmental Health database.

Food inspection results are entered into the department's Environmental Health database. That data is uploaded to and compiled at DOH Central Office.

Facility inspection frequencies depend on the level of food service they provided to their customers. Each facility will be multiplied by its' assigned inspection frequency to determine how many inspections should have been performed. This number will be compared to the number of inspections actually performed during the prescribed time period.

Validity:

Pending review by DOH Inspector General

Reliability:

Pending review by DOH Inspector General

Office of Policy and Budget – July, 2008

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Departments/ Local Health Needs/ 64200700
Measure: Number of women and infants receiving healthy start services annually

Action (check one):

- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☐ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Employees record the services provided to clients on Client Service Records (CSRs) and are entered into a local CIS/HMC program at each of the county health departments. For every person receiving a Healthy Start service an unduplicated count is derived by the client identification number. These data are then electronically transmitted to the state CIS/HMC database and reports are produced.

- **Explain the procedure used to measure the indicator.**

An unduplicated number based on client ID number of women and infant clients receiving Healthy Start Prenatal program services - program components 25, 26, 27, 30, and 31. Added to this figure is the average monthly SOBRA (Sixth Ombnibus Budget Reconciliation Act) MomCare caseload, unduplicated by the percent of MomCare clients referred to the Health Start Program. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  Goal 4: Improve access to basic family health care services
  Objective 4A: Improve maternal and infant health
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes--instructions for interpreting the Healthy Start Executive Summary Report are provided quarterly.
- *Is written documentation available that describe how the data are collected?*
  Yes. Instructions for interpreting the Healthy Start Executive Summary Report quarterly.
- *Has an outside entity ever completed an evaluation of the data system?*
  No. However, Healthy Start Coalitions use the data on a quarterly basis and frequently call to inquire about data issues.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Number of women and infants receiving Healthy Start services annually.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS

ACTIVITY: SCHOOL HEALTH

MEASURE: TOTAL NUMBER OF SCHOOL HEALTH SERVICES PROVIDED ANNUALLY BY THE COUNTY HEALTH DEPARTMENTS.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system can that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

School nurses in all 67 counties group or batch code the number of services provided to all Basic and Comprehensive School Health Services (CSHSP) students. This information is entered in the local CIS/HMC program and then transmitted electronically to the state CIS/HMC System, which produces State and county-level quarterly year to date and yearly total reports The state School Health Program office utilizes the yearly total CIS/HMC reports to provide counts for the state and county number of school health services.

- **Explain the procedure used to measure the indicator.**

The measure is the total number of school health services as reported quarterly in the Combined School Health Service Report. The appropriate four quarters are summed to yield data that will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 4: Improve access to basic family health care services
  Objective 4H: Improve access to health care services for school children

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the following Department of Health documents:
  - Performance Measure Definitions, Summer 1998 [School Health]
  - CIS/HMC Coding Report
- *Is written documentation available that describe how the data are collected?* Yes, a very brief description is documented in the following documents:
  - Department of Health Performance Measure Definitions, Summer 1998
  - CIS/HMC Coding Report
- *Has an outside entity ever completed an evaluation of the data system?* No

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results?* YES
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: County Health Departments/ Local Health Needs/ 64200700
Measure: Number of clients served annually in county health department family planning program

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Data Sources and Methodology:

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system can that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Client Service Records are completed for county health department clients receiving family planning services. These records are entered into the CIS/HMC system locally and are then electronically transmitted into the statewide CIS/HMC system.

- **Explain the procedure used to measure the indicator.**

This is the number of clients provided Family Planning services, as reported, based on number of unduplicated client ID numbers, typically social security numbers, in county health department program component 23—Family Planning. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.

Goal 4: Improve access to basic family health care services
Objective 4A: Improve maternal and infant health
Objective 4D: Reduce births to teenagers
Objective 4A: Reduce repeat births to teenagers

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY
Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.
- Is written documentation available that describe how the data are collected?
  Yes. Performance Measure Definitions, Summer 1998 [Family Planning] and Personal Health Coding Pamphlet—DHP 50-20.
- Has an outside entity ever completed an evaluation of the data system? NO

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - *Performance Measure Definitions, Summer 1998*
  - *County Health Profiles, March 1997*
  - *County Outcome Indicators, August 1994*
  - *Resource Manual, December 1996*
  - *Public Health Indicators Data System Reference Guide, October 1994*
  - *State Health Office Indicators-County Public Health Unit Workbook, August 1995*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES If yes, note test results.*
- *The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 22, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH PROGRAM

SERVICE: COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEEDS

ACTIVITY: IMMUNIZATION SERVICES

MEASURE: NUMBER OF IMMUNIZATION SERVICES PROVIDED BY COUNTY HEALTH DEPARTMENTS DURING THE FISCAL YEAR.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

Each county health department reports immunization services through the CIS/HMC. This methodology was selected due to the consistently reliable results from year to year. The data are collected in a routine, repeatable manner and follows departmental policy and procedures for data collection. The measure is reliable through repeatable automated data collection methods that are standardized in all county health departments. The data are also backed by paper copy.

- **Explain the procedure used to measure the indicator.**

All vaccines and nurse/paraprofessional contacts administered in the county health department immunization program. This includes the range of direct services reflected on the DE385 Variance Report.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1C: Increase the immunization rate among young children

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in the Department of Health documents Performance Measure Definitions, Summer 1998 [Immunization]
  The immunization staff suggest that this measure provides a reasonable estimate of immunization services provided in county health departments through standard data conversion methods. The staff also say that the instrument is valid for the purposes of determining immunization services rendered in county health departments due to standardized reporting of doses of vaccine administered.

- *Is written documentation available that describe how the data are collected?*
  Yes. Personal Health Coding Pamphlet, DHP-20, June 1, 1998
- *Has an outside entity ever completed an evaluation of the data system?* Unknown

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results.*
  The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

EXHIBIT D-2B
VALIDITY AND RELIABILITY

INSTRUCTIONS: This form is designed to assess the validity and reliability of a measure. The Agency Inspector General must approve this form for each outcome and output measure. Agencies use the form when submitting performance-based program legislative budget requests, as well when requesting new programs and measures and/or revisions to approved performance measures (output and outcome).

AGENCY: Department of Health
PROGRAM NAME: Community Public Health Program
SUBPROGRAM: Sexually Transmitted Diseases
MEASURE/INDICATOR: Output
Number of clients served in county health department Sexually Transmitted Diseases (STD) programs

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Data source:
Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. CIS/HMC can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

Data collection methodology:
County health department provider personnel indicate on the Client Service Record whether the client has been seen by the STD staff or contracted provider for STD services previously during the contract year. These records are entered into the CIS/HMC system locally and are then electronically transmitted into the statewide CIS/HMC system.

- **Explain the procedure used to measure the indicator.**

The number of clients served in county health department STD programs as reported by unduplicated client ID number, typically social security numbers, in county health department program component 02 – Sexually Transmitted Disease..

VALIDITY
Number of clients served in county health department STD programs

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1999-00 through 2003-04
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996

- These questions relating to validity were answered:

  - Does a logical relationship exist between the measure's name and its definition/ formula? Yes

  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? Yes

- Considering the following program purpose statement, does this measure provide a reasonable measure of what the Community Public Health Program is supposed to accomplish? Yes

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - Is this performance measure related to a goal in the Department of Health's current strategic plan? Yes.
    Strategic Issue C: Control Infectious Diseases
    Strategic Goal IV: Reduce Sexually Transmitted Diseases

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable assessment of validity. Further testing will be necessary to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to further testing results.

RELIABILITY
Number of clients served in county health department STD programs

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- Based on the interviews and the documents' review, the following questions relating to reliability were answered.

  - Is written documentation available that describe/define the measure and the formula used, if applicable?
    Yes, this information is found in the Department of Health documents:
    - Performance Measure Definitions, Summer 1998 [STD]
    - Public Health Indicators Data System Reference Guide

  - Is written documentation available that describe how the data are collected?
    Yes, a very brief description is found in the Performance Measure Definitions, Summer 1998 [STD]

  - Has an outside entity ever completed an evaluation of the data system? No

  - Is there a logical relation between the measure, its definition and the calculation?
    Yes

Reason the Methodology was Selected:
This methodology was selected because it provides a reasonable beginning point for assessing reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a high probability that this measure is reliable subject to data testing results.

PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM

INSTRUCTIONS: This form (formerly the Exhibit D-2B) is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measure, when the data source or methodology changes, when requesting new measures, and when requesting deletion of a measure.

AGENCY: Department of Health
PROGRAM: Community Public Health
SERVICE: Infectious Disease Prevention and Control
ACTIVITY: Provide HIV/AIDS Services
MEASURE: Output
Number of persons receiving HIV Patient Care from county health departments, Ryan White Consortia, and General Revenue Networks annually.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Data on client demographics is collected by the HIV/AIDS Patient Care program office on a quarterly basis from the Patient Care Network contract providers, County Health Departments, and Ryan White Title II Consortia contract providers on the HIV/AIDS Quarterly Demographic Report. The statewide data are then electronically compiled. *This is not an unduplicated count.*

- **Describe the methodology used to collect the data.**

Data on client enrollment are collected by all HIV/AIDS patient care service providers. These data are forwarded to the applicable lead agency for quarterly reporting to the HIV/AIDS Patient Care Program at the state health office. The data are then aggregated statewide. The state program office provides detailed reporting instructions on the quarterly reporting form. The HIV/AIDS Program Coordinators review the quarterly reports in detail, and work with county health departments and lead agencies in resolving data deficits and/or discrepancies.

- **Explain the procedure used to measure the indicator.**

This number is derived by summing the data from the appropriate four quarters as reported in the HIV/AID Quarterly Demographic Report. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 21, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1A: Reduce the AIDS case rate.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 21, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable.* Yes, a brief description is found in the contract between the service provider and the department and detailed instruction are provided on the reporting document.

- *Is written documentation available that describe how the data are collected?*
  Yes, a brief description is found in the contract between the service provider and the department and detailed instruction are provided on the reporting document.

- *Has an outside entity ever completed an evaluation of the data system?* NO

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? NO*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

- Based on our reliability assessment methodology, and the fact that the staff collecting this data report that it is not an unduplicated count, there is a low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results. Even the program staff assess the accuracy of the data as only “fair.”

PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM

INSTRUCTIONS: This form (formerly the Exhibit D-2B) is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measure, when the data source or methodology changes, when requesting new measures, and when requesting deletion of a measure.

AGENCY: Department of Health
PROGRAM: Community Public Health
SERVICE: Infectious Disease Prevention and Control
ACTIVITY: Operate A.G.Holley Tuberculosis Hospital
MEASURE: Output
Number of tuberculosis medical management screenings, tests, test reads, nursing assessments, and paraprofessional follow-up services provided.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management.

- **Describe the methodology used to collect the data.**

Clients receiving the tuberculosis services listed above will have the service codes 6000—Medical Management, 0583—TB test, 0883—TB test read, 5000—Nursing Assessment and 6500—paraprofessional follow-up recorded on the Client Service Record. These records are recorded into the local CIS/HMC program at the county health departments. The data are then electronically transmitted to the state CIS/HMC system, from which statistical reports can be produced for federal, state, and local needs.

- **Explain the procedure used to measure the indicator.**

The total number of tuberculosis services coded to service codes 0583, 0883, 5000, 6000 and 6500 in the CIS/HMC system recorded in the county health department tuberculosis program.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 18, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? Yes*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? Yes.*

- *If yes, state which goal and objective it relates to?*
  Goal 1: Prevent and treat infectious diseases of public health significance.
  Objective 1F: Reduce the tuberculosis rate.

- *Has information supplied by programs been verified by the Office of the Inspector General? No.*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? No.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 18, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.
- *Is written documentation available that describe how the data are collected?* Yes. Personal Health Coding Pamphlet, DHP 50-20, which is available from the Office of Planning, Evaluation and Data Analysis.
- *Has an outside entity ever completed an evaluation of the data system?* No.

The following reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? Yes*
- *Has information supplied by programs been verified by the Office of the Inspector General? No.*
- *Has the Office of the Inspector General conducted further detailed data tests or reviewed other independent data test results? Yes. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 18, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

ACTIVITY: MONITOR AND REGULATE ONSITE SEWAGE DISPOSAL SYSTEMS

MEASURE: NUMBER OF ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTIONS COMPLETED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The CIS/Health Management Component and the Comprehensive Environmental Health Tracking System (CENTRAX). The department will initially use CIS/HMC as the data source until CENTRAX is operational in all county health department's. CENTRAX is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced. CENTRAX data are uploaded to CIS/HMC.

- **Describe the methodology used to collect the data.**

Data are collected at each of the county health department's Environmental Health offices. Within the first five days of each month, each county health department runs an export routine that extracts data and creates a file that is uploaded to the state Environmental Health server in Tallahassee. This creates a statewide master file data and inspection report data that is used in preparing this report.

- **Explain the procedure used to measure the indicator.**

The number of inspections will be derived by summing a series of inspection related service codes in program component 61—Individual Sewage. The service codes are 1500, 3100 and 3210.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish?* YES

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan?* YES

- *If yes, state which goal and objective it relates to?*
  Goal 3: Prevent diseases of environmental origin
  Objective 3A: Monitor individual sewage systems to ensure adequate design and function

- *Has information supplied by programs been verified by the Office of the Inspector General?* NO

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results*? NO

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

  Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 23, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documen*tation available that describe/define the measure and the formula used, if applicable? Yes, this information is found in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and the Environmental Health Coding Pamphlet DHP 50-21
- *Is written documentation available that describe how the data are collected*?
  Yes, a very brief description is documented in the Department of Health Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities]
  Environmental Health Coding Pamphlet DHP 50-21
- Has an outside entity ever completed an evaluation of the data system? No.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
    State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES.*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

ACTIVITY: PROVIDE COMMUNITY HYGIENE SERVICES

MEASURE: NUMBER OF COMMUNITY HYGIENE SERVICES PROVIDED BY COUNTY HEALTH DEPARTMENTS ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Client Information System/Health Management Component (CIS/HMC) is a department-wide mainframe client information system can that is used to support the planning, budgeting, management, administration, and delivery of Department of Health services. It can identify those clients who are registered in the system, track their progress through the service delivery system, and provide information for their case management. Statistical reports can be developed for federal, state, and local needs from the information contained in CIS/HMC.

- **Describe the methodology used to collect the data.**

County health department personnel indicate on the Daily Activity Report the type of service provided by service code and the program to which the service should be credited by program code.

- **Explain the procedure used to measure the indicator.**

The service counts are based on the total number of direct services coded to the following environmental health programs—Toxic Substances (pc73), Rabies Surveillance (pc66), Arbovirus Surveillance (pc67), Rodent/Arthropod Control (pc68), Sanitary Nuisance (pc65), Occupational Health (pc44), Consumer Product Safety (pc45), EMS (46), Water Pollution (pc70), Air Pollution (pc71), Radiological Health (pc72), Lead Monitoring (pc50), Public Sewage (pc62), Solid Waste (pc63). The direct services and associated counts are the same as those reflected in the department's DE385 Variance Report under the grouping Community Hygiene.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 24, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 3: Prevent diseases of environmental origin
  Objective 3C: Protect the public from food and waterborne diseases.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 24, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.
- *Is written documentation available that describe how the data are collected?* Coding guidelines are reflected in the Environmental Health Coding Pamphlet DHP 50-21.
- *Has an outside entity ever completed an evaluation of the data system?* No

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?* YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results*? YES
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 24, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: COUNTY HEALTH DEPARTMENT LOCAL HEALTH NEED

ACTIVITY: MONITOR WATER SYSTEMS AND GROUNDWATER QUALITY.

MEASURE: NUMBER OF WATER SYSTEM AND STORAGE TANK INSPECTIONS AND PLANS REVIEWED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The CIS/Health Management Component and the Comprehensive Environmental Health Tracking System (CENTRAX). The department will initially use CIS/HMC as the data source until CENTRAX is operational in all county health departments. CENTRAX is a micro-computer database application written in CLIPPER, used by environmental health to track selected program information. Programs and data are maintained on the local county health department information systems. Data are transmitted monthly to the state environmental health office using the On-line Sewage Treatment and Disposal System (OSTDS) component of CENTRAX and statewide reports are produced. CENTRAX data are uploaded to CIS/HMC.

- **Describe the methodology used to collect the data.**

Data are collected at each of the county health department's Environmental Health offices. Within the first five days of each month, each county health department runs an export routine that extracts data and creates a file that is uploaded to the state Environmental Health server in Tallahassee. This creates a statewide master file data and inspection report data that is used in preparing this report.

- **Explain the procedure used to measure the indicator.**

The number of water system and storage tank inspections and plan reviews will be derived by summing all services coded in program components 55—Storage Tank Compliance; 56—SUPER ACT; 57—Limited Use Public Water Systems; 58—Public Water System; 59—Private Water System. Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 23, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 3: Prevent diseases of environmental origin
  Objective 3C: Protect the public from food and waterborne diseases

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

  Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 23, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, this information is found in Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and Environmental Health Coding Pamphlet DHP 50-21

- *Is written documentation available that describe how the data are collected?*
  Yes, a very brief description is documented in the Performance Measure Definitions, Summer 1998 [Environmental Health - Facilities] and the Environmental Health Coding Pamphlet DHP 50-21

- *Has an outside entity ever completed an evaluation of the data system?* No.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES*
- *If yes, note test results. The Office of the Inspector General is currently conducting an audit of the CIS/HMC system. Preliminary data suggest potential internal control deficiencies in this system. Staff interviews suggest that there are coding problems with the CIS/HMC system.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: COUNTY HEALTH LOCAL HEALTH NEED

ACTIVITY: RECORD VITAL EVENTS – COUNTY HEALTH DEPARTMENT

MEASURE: NUMBER OF VITAL EVENTS RECORDED

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments submit records of births and deaths to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

- **Explain the procedure used to measure the indicator.**

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the calendar year.

Number vital events recorded annually.

VALIDITY:

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the 2002-03 through 2006-07 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Number vital events recorded annually.

RELIABILITY:

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, monthly production and statistical reports and Vital Statistics annual report.
- *Is written documentation available that describe how the data are collected?* Yes, Florida Statutes Chapter 382, Vital Statistics handbook and office procedures.
- *Has an outside entity ever completed an evaluation of the data system?* YES - The Auditor General completed an audit of the Death System component of the Vital Statistics Program (February 2001). In addition, the Auditor General is currently finalizing an operational audit of the county health departments that included the vital statistics program. The National Center for Health Statistics also reviews data monthly for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- Is there a logical relation between the measure, its definition and its calculation? YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: STATEWIDE HEALTH SUPPORT SERVICES

ACTIVITY: PROVIDE PUBLIC LABORATORY SERVICES

MEASURE: PERCENT OF LABORATORY SAMPLES PASSING ROUTINE PROFICIENCY TESTING.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Proficiency test scores by outside proficiency test surveys of identifying unknown analytes by American Association of Bioanalysts (AAB), College of American Pathologists (CAP), Centers for Disease Control and Prevention (CDC), etc. Reports are quarterly and semiannual.

- **Describe the methodology used to collect the data.**

These providers send participating laboratories samples of unknown substances. Participating laboratories send the providers their test results, which are compared to the known substances, values or mean values of all participants. The providers report to the bureau the results of this comparison. Performance scores in proficiency testing (PT) of all five branch laboratories with average score calculated.

- **Explain the procedure used to measure the indicator.**

The number of samples analyzed correctly is divided by the total number of samples analyzed. Mean of total scores. One-year testing service program.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Program Purpose Statement:
  To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal: Provide public health-related ancillary and support services
  Objective: Provide timely and accurate laboratory services.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

***note from program**: Regulatory agencies such as the federal Health Care Financing Administration under the Clinical Laboratory Improvement Act (CLIA) and the state Agency for Health Care Administration (AHCA) recognize the above mentioned proficiency testing service providers as valid participation for the laboratories.*

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Percent of laboratory samples passing routine proficiency testing.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, test scores provided by testing service. In-house, each laboratory.

- *Is written documentation available that describe how the data are collected?* Yes, testing service scores in-house.

- *Has an outside entity ever completed an evaluation of the data system?* Yes, inspectors annually, for state laboratory, certification law-Chapter 483, F.S.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

.

note from program: Regulatory agencies such as the federal Health Care Financing Administration under the Clinical Laboratory Improvement Act (CLIA) and the state Agency for Health Care Administration (AHCA) recognize the above mentioned proficiency testing service providers as valid participation for the laboratories.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: DEPARTMENT OF HEALTH
Program: COMMUNITY PUBLIC HEALTH
Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES
Measure: Percent saved on prescription drugs purchased under statewide pharmaceutical contract compared to market price

Action (check one):

☐ Requesting revision to approved performance measure.
☒ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Data Sources and Methodology:

• List and describe the data source(s) for the measure
(1) A database supplied by eAudit Solutions, Inc.; an independent, contracted drug invoice reconciliation service.
(2) A database supplied by eAudit Solutions, Inc. containing a list of all drugs purchased by eligible State of Florida accounts. This database contains a full FY of detailed drug cost information.
(3) Current Minnesota Multistate Contracting Alliance for Pharmacy-Group Purchasing Organization (MMCAP-GPO) drug manufacturer price list and Section 340B Public Health Service (340B PHS) contracted price lists, updated on a quarterly basis as per federal regulation.
(4) The current wholesale acquisition cost (WAC) for each drug.
• Describe the methodology used to collect the data.
eAudit Solutions, Inc. prepares a daily and annual invoice reconciliation reports verifying all drug purchases and reconciling same. The annual report provides MMCAP-GPO and 340B PHS drug cost savings vs. wholesale acquisition cost (WAC) to measure the value of participating in the GPO and the 340B PHS program.
• Explain the procedure used to measure the indicator.
The total percent saved for drugs purchased under the MMCAP-GPO and 340B PHS are compared to the previous year's percent savings. Any loss in 340B PHS percent saving provides detail for additional negotiations with individual drug manufacturers to obtain additional, future savings; loss in savings for MMCAP-GPO procured drugs is used to negotiate with MMCAP-GPO awarded drug manufacturers for additional, future savings during the biennial drug manufacturer award negotiations. For FY07-08, MMCAP-GPO drug procurement averages a savings of WAC minus 25%; 340B PHS drug procurement averages WAC minus 50%.

Validity:

Validity Determination Methodology:

• *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

Community Public Health Program Purpose Statement:

To maintain and improve the health of the public via the provision of personal health, disease control and environmental sanitation services, including statewide support services.

• *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

• *If yes, state which goal and objective it relates to?*

Goal: Provide public health-related ancillary and support services

Objective: Provide cost efficient statewide pharmacy services.

• *Has information supplied by programs been verified by the Office of the Inspector General? NO*

• *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

Reliability:

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

• *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, eAudit Solutions, Inc. maintains documentation.

• *Is written documentation available that describe how the data are collected?* Yes, eAudit Solutions, Inc. maintains documentation.

• *Has an outside entity ever completed an evaluation of the data system?* Yes, eAudit.

The following data reliability test questions were created and answered by the Office of the Inspector General:

• *Is there a logical relation between the measure, its definition and its calculation? YES*

• *Has information supplied by programs been verified by the Office of the Inspector General? No*.

• *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: COMMUNITY PUBLIC HEALTH

SERVICE: STATEWIDE HEALTH SUPPORT SERVICES

ACTIVITY: PROCESS VITAL RECORDS

MEASURE: NUMBER OF BIRTH, DEATH, MARRIAGE, DIVORCE, AND FETAL DEATH RECORDS PROCESSED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Vital Statistics is a mainframe data system, which records the registration of vital record events (births, deaths, marriages, and dissolution's of marriage) from which certifications can be generated and compilation/analysis of data for use in public health program evaluation and research. Coordination of activities relates to the record entry, editing, storage, distribution, amendments, retrieval, compilation and analysis of approximately 620,000 records annually.

- **Describe the methodology used to collect the data.**

County health departments submit records of births and deaths and county clerks submit records of marriages and divorces to the Office of Vital Statistics in Jacksonville where this information is entered into the database.

- **Explain the procedure used to measure the indicator.**

Number of birth, marriage, divorce, death and fetal death records received and processed annually.

Data are collected throughout the year. Although the county health department contract year is 10/1through 9/30, the data can be aggregated for any time period. For presentation in the legislative budget request, these data will be reported for the state fiscal year 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:

The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following description of the program's activities from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Community Public Health Vital Statistics Description of Activity:
  Provide for the timely and accurate registration, amendment, and issuance of certified copies of birth, death, fetal death, marriage, and divorce records. This includes data entry of vital records, microfile, and permanent storage.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? NO*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, monthly production and statistical reports and Vital Statistics annual report.
- *Is written documentation available that describe how the data are collected?* Yes, Florida Statutes Chapter 382, Vital Statistics handbook and office procedures.
- *Has an outside entity ever completed an evaluation of the data system?* Yes, the State of Florida Auditor General performed an Information Technology audit of the Office of Vital Statistics' Death System. The audit report was released on February 28, 2001. Additionally, the National Center for Health Statistics and Social Security Administration reviews our data monthly for accuracy and completeness.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- Is there a logical relation between the measure, its definition and its calculation? YES
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:

This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Community Public Health
Service/Budget Entity: Preparedness and Response
Measure: PERCENT OF COUNTIES REPORTING SIGNIFICANT PROGRESS IN ACHIEVING THE PUBLIC HEALTH AND MEDICAL-RELATED TARGET CAPABILITIES

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

This measure is intended to provide insight into the extent to which the Department of Health, Division of Emergency Medical Operations, Office of Public Health Preparedness, is achieving the health and medical system capabilities necessary to effectively respond to a large-scale disaster or emergency. This indicator is based on national standards.

The Office of Public Health Preparedness developed and facilitated a statewide health and medical capabilities assessment during the first six months of 2006, beginning with a pilot in Region 5 in February 2006. The project included an in-depth self-assessment by each county health and medical system and statewide preparedness program against the Department of Homeland Security health and medical-related target capabilities, as well as Centers for Disease Control and Prevention (CDC) and Health Services Resource Administration (HRSA) grant requirements. The county health department planners/trainers and state project leads were responsible for the assessment, however, they sought input from a variety of partners, including Emergency Management, hospitals, Emergency Medical Services, law enforcement, and other health and medical stakeholders. In addition to collecting Florida's baseline data regarding health and medical system preparedness capabilities, the process also educated health and medical stakeholders in the national standards, identified local and regional best practices, and strengthened relationships among health and medical stakeholders.

The Office of Public Health Preparedness has developed an online assessment for health and medical stakeholders to measures progress each year.

Validity (determined by program office): The methodology for the original collection of this data was based on national models, such as the CDC State and Local Public Health Assessment. In an effort to further assure the validity of the data, additional steps were added to the process: The self-assessments utilize a five point Likert scale

to assess critical tasks performed in each target capability. Point scale: 5=Completely meets (capability); 4=meets to a large extent; 3=moderate progress in meeting; 2=(meets) to a small extent; 1=(meets) to no extent. The score selected in each critical task required supporting evidence. An independent subject matter expert validated each score against the evidence/documentation provided, and calibrated the scores within each region. The data was validated in September 2007 during a review of progress and gaps conducted as part of the Department of Homeland Security funding process. In 2008, a new assessment methodology, using a similar approach, was developed using an online assessment sent to all health and medical partners (including hospitals, emergency medical services agencies, medical examiners, community health providers and others). The assessment asks each stakeholder to rate their level of confidence in being able to achieve the desired outcomes in each target capability and to identify high priority gaps in achieving these outcomes. The data provide a snapshot of our health and medical preparedness capabilities at the county, regional and state level at a specific point in time. It does not assess performance or outcomes. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

Reliability (determined by program office): The initial capabilities data were analyzed by the Florida State University College of Medicine, Division of Health Affairs. First the data from the 67 counties for each of the performance activities within the eighteen health and medical target capabilities, were analyzed and conflated into three categories: Critical tasks that were assessed as *completely met*, or *met to a large extent*, were classified as **significant progress**. Critical tasks that were assessed as *met to a moderate extent* were classified as **moderate progress**. Critical tasks that were assessed as *met to a small extent*, or *to no extent*, were classified as **gaps**. Data were then aggregated and average at the target capability level. Next, percentages were computed for each target capability for the county, regional, and state levels. The data point reflects the percentage of Florida Counties achieving significant progress in meeting all national health and medical preparedness standards. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

Office of Policy and Budget – July, 20097

PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: COMMUNITY HEALTH RESOURCES

ACTIVITY: LICENSE EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS

MEASURE: PERCENT OF EMERGENCY MEDICAL SERVICES PROVIDERS FOUND TO BE IN COMPLIANCE DURING LICENSURE INSPECTION

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Manually compiled from the Bureau of Emergency Medical Service (EMS) Inspection files

- **Describe the methodology used to collect the data.**

Ambulance providers are inspected, on average, once every two years. During the inspections, records, ambulances and physical facilities are reviewed and the results are recorded on a series of forms designed and approved by bureau staff. Deficiencies are rated according to their severity as either lifesaving, intermediate support, or minimal support. The performance measure is the percentage of providers inspected that did not have any deficiencies.

- **Explain the procedure used to measure the indicator.**

Numerator: Number of EMS providers not found to have any deficiencies during licensure inspection

Denominator: Total number of EMS providers having licensure inspections during a calendar year

<u>Program information</u>

The measure identifies necessary components of a good provider, but does not guarantee the provider will furnish acceptable service. In other words, the measure provides necessary, but insufficient, conditions to assure acceptable service.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the January 2003 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following description of the license emergency medical services providers activity from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Description of the License Emergency Medical Services Providers Activity
  The Bureau of Emergency Medical Services licenses and inspects ground and air ambulance providers and permits their emergency vehicles according to state regulations which are consistent with federal standards.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 7:Enhance and Improve the Emergency Medical Services system
  Objective 7A: Ensure Emergency Medical Services providers and personnel meet standards of care

- *Has information supplied by programs been verified by the Office of the Inspector General? Yes*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, Bureau of EMS compliance monitoring inspection manual and Operating Procedure 30-4 "Inspection and Correspondence Processing Procedures".

- *Is written documentation available that describe how the data are collected?* Yes, Bureau of EMS compliance monitoring inspection manual.

- *Has an outside entity ever completed an evaluation of the data system?* Not applicable, data is gathered manually.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO.*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

ACTIVITY: LICENSE EMERGENCY MEDICAL SERVICES PROVIDERS

MEASURE: NUMBER OF EMERGENCY MEDICAL SERVICES PROVIDERS LICENSED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Mainframe database with:
Operating system - Digital VMS running on a Vax 3600 Database interface: Dataflex

There are Licensure database tables that include demographic data, application information, permitted vehicles data, etc.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5).

- **Describe the methodology used to collect the data.**

Data collected directly from licensure application. Hand entered into database. Frequency count of providers licensed.

- **Explain the procedure used to measure the indicator.**

The number of Emergency Medical Services (EMS) providers licensed. The collection period is each fiscal year.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Number of Emergency Medical Services providers licensed annually.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 7: Enhance and improve the Emergency Medical Services system
  Objective 7B: Ensure Emergency Medical Services providers and personnel meet standards of care.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Number of Emergency Medical Services providers licensed annually.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, EMS ambulance providers licensure files.

- Is written documentation available that describe how the data are collected Yes, Bureau of EMS files

- *Has an outside entity ever completed an evaluation of the data system?* NO

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: COMMUNITY HEALTH RESOURCES

ACTIVITY: CERTIFICATION OF EMERGENCY MEDICAL TECHNICIANS (EMT) AND PARAMEDICS

MEASURE: NUMBER OF EMERGENCY MEDICAL TECHNICIANS (EMTS) AND PARAMEDICS CERTIFIED OR RE-CERTIFIED BIANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Mainframe database with:
Operating system: Digital VMS running on a Vax 3600 Database Interface: Dataflex

There are database files that provide information of those who apply and/or receive Emergency Medical Services certification (EMTs/paramedics), including demographics, personal profiles, certificate date, test results and correspondence.

While currently residing in Dataflex, data will be moved from Dataflex to a Microsoft SQL server database (Version 6.5). Certification database is slated to be moved by end of December 1998.

- **Describe the methodology used to collect the data.**

Certification data received each month on disk from SMT (testing contractor) on all applicants that pass their exams and have received new EMT or paramedic certificates. This is an ongoing tabulation.

- **Explain the procedure used to measure the indicator.**

Number of EMTs and paramedics certified or re-certified during the fiscal year. (EMS re-certifies EMTs and paramedics as of 12/1 each even number year.)

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES NO*

  Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 7: Enhance and improve the Emergency Medical Services system
  Objective 7B: Ensure Emergency Medical Services providers and personnel meet standards of care.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No

- *Is written documentation available that describe how the data are collected?* Yes, Bureau of EMS files

- *Has an outside entity ever completed an evaluation of the data system?* No

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: CHILDREN'S MEDICAL SERVICES

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: CHILDREN'S MEDICAL SERVICES NETWORK

MEASURE: PERCENT OF FAMILIES SERVED WITH A POSITIVE EVALUATION OF CARE

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Family satisfaction of the parents or guardians of children enrolled in the Children's Medical Services Network (CMSN) and its related programs is measured by the Institute for Child Health Policy (ICHP). ICHP is provided CMS client enrollment information and utilizing the methods and procedures described below issues a report presenting program satisfaction of Children's Medical Services enrollees.

- **Describe the methodology used to collect the data.**

ICHP obtains CMSN enrollment sample files directly from CMS data specialists or contracted providers. ICHP then administers the Consumer Assessment of Health Plans Survey (CAHPS) to collect information regarding enrollee satisfaction. The CAHPS instrument collects information regarding specialty care, routine care, and care coordination services. The CAHPS was chosen because it is currently used to assess enrollee satisfaction in both commercial and state Medicaid evaluations and the National Commission on Quality Assurance (NCQA) recommends its use.

- **Explain the procedure used to measure the indicator.**

Results of the CAHPS survey described above are included in the Children's Medical Services Enrollee Satisfaction Report issued by ICHP. The results of the survey for specialty care, routine care and care coordination services are averaged together to determine overall enrollee satisfaction with the Children's Medical Services Program.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Percent of families in the Children's Medical Services network indicating a positive evaluation of care.

VALIDITY:

1. Explain the methodology used to determine validity and the reason it was used.
2. State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.

RELIABILITY:

1. Explain the methodology used to determine reliability and the reason it was used.
2. State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes).

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

PERFORMANCE MEASURE VALIDITY AND RELIABILITY FORM

INSTRUCTIONS: This form (formerly the Exhibit D-2B) is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measure, when the data source or methodology changes, when requesting new measures, and when requesting deletion of a measure.

AGENCY: Department of Health
PROGRAM: Children's Medical Services
SERVICE: Children's Special Health Care
MEASURE: Outcome
Percent of Children's Medical Services patients in compliance with the periodicity schedule for well child care.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The Children's Medical Services (CMS) Minimum Data Set is a microcomputer database application, which is used to collect information on all CMS clients, including demographic and encounter level data (at the CMS clinics and private providers).

- **Describe the methodology used to collect the data.**

Client data are input into the CMS Minimum Data Set at the local CMS offices. Quarterly and annually these data are shipped to headquarters. Statewide statistical reports are produced at headquarters using the aggregated information.

- **Explain the procedure used to measure the indicator.**

Numerator: The number of children that have had the appropriate number of well-child visits in a specified period of time by age category.

Denominator: The suggested number of well-child visits in a specified period of time by age category, as provided in the immunization periodicity schedule by the American Academy of Pediatrics.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Children's Medical Services Program Purpose Statement;
  To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  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.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No; other than the periodicity schedule

- *Is written documentation available that describe how the data are collected?* No

- *Has an outside entity ever completed an evaluation of the data system?* No

The following data reliability test questions were created and answered by the Office of the Inspector General:

- Is there a logical relation between the measure, its definition and its calculation? YES

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 30, 2000.

Performance Measure Validity and Reliability Form

0INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM : CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: EARLY INTERVENTION SERVICES

MEASURE: PERCENT OF ELIGIBLE INFANTS/TODDLERS PROVIDED CMS EARLY INTERVENTION PROGRAM SERVICES

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Data source:
Early Intervention Program (EIP) Data System :
The EIP Data System is a microcomputer database system developed and maintained by the University of Florida to capture and summarize all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The EIP Data System contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Intervention

Data collection methodology:
Each of 16 local EI Program providers enters data on each child served under the auspices of the CMS EI Program into the statewide EIP data system. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

- **Explain the procedure used to measure the indicator.**

Numerator: The actual number of 0-36 month old children served through the EIP is obtained for the state fiscal year period most recently completed.

Denominator: The number of 0-36 month old children potentially eligible for EIP services is based on 75% of the 0-4 year old children reported by vital statistic for the most recent year available.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1998-99 through 2002-03
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996

- The following program purpose statement was created:
  CMS is a managed care program aimed at helping 54,000 children with serious and chronic physical and developmental conditions with health care needs through 22 local CMS clinics and private providers. CMS case managers control access to expensive specialists and hospitals. The prevention/early intervention program - identifies children age birth to three years with disabilities and assures appropriate services

- These questions relating to validity were answered:

  - Does a logical relationship exist between the measure's name and its definition/ formula? Yes

  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? yes

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the department's submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to data testing results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- Based on the interviews and the documents' review, the following questions relating to reliability were answered.

  - Is written documentation available that describe/define the measure and the formula used, if applicable? No

  - Is written documentation available that describe how the data are collected?
    Yes, EI Program Data System Handbook

  - Has an outside entity ever completed an evaluation of the data system?
    Yes, Florida TaxWatch, Inc. (a non-profit organization)

  - Is there a logical relation between the measure, its definition and the calculation? Yes

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a moderately low probability that this measure is reliable subject to data testing results.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: CHILDREN'S MEDICAL SERVICES (CMS) PROGRAM

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: MEDICAL SERVICES TO ABUSED/ NEGLECTED CHILDREN

MEASURE: PERCENT OF CHILD PROTECTION TEAM (CPT) ASSESSMENTS PROVIDED TO FAMILY SAFETY AND PRESERVATION WITHIN ESTABLISHED TIMEFRAME

DATA SOURCES AND METHODOLOGY

1. List and describe the data source(s) for the measure.

Children's Medical Services Case Management Data System (CMDS) Child Protection Team Report. This is a sub-component of the CMDS mainframe computer database application designed specifically for child protection team reporting of selected statistics and outcomes. Each team has the CPT program for data collection and reporting.

2. Describe the methodology used to collect the data and to calculate the result

Each provider codes the completion of the Team Assessment and enters the codes into the CMDS database. The automated report is programmed to compare the date the Team Assessment Summary (TAS) of a child has been completed and sent to Family Safety and Preservation with the date of referral of the child to calculate the elapse time between the two dates. Teams copy monthly reports on to disks which are sent to the central Health Information Systems office for compilation of statewide statistics reporting, including this outcome measure.

3. Explain the procedure used to measure the indicator.

The number of Team Assessment Summaries completed and sent within the prescribed period divided by the total closed cases within the reporting period (45 days of the referral date of the report alleging abuse to the child). The data are reported annually at the state level.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
  - Agency Strategic Plan, 1998-99 through 2002-03
  - Florida Government Accountability Report, August 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996

- The following program purpose statement was created:
  CMS is a managed care program aimed at helping 54,000 children with serious and chronic physical and developmental conditions with health care needs through 22 local CMS clinics and private providers. CMS case managers control access to expensive specialists and hospitals. Health related intervention – contains the child protection teams (1-1-99), the sexual abuse treatment program (1-1-99) and the poison information center. CPT assesses (17,142) children reported as abused through a medically-directed multidisciplinary process to identify factors indicating whether abuse has occurred and provides findings and recommendations to DCF – Family Safety and Preservation to support the department in its assessment and decisions regarding the child's safety and future risk of abuse. The Sexual Abuse Treatment Program provides counseling to child-victims (1200) and their families when the assessment of the allegation of sexual abuse results in findings that sexual abuse is "indicated" or "somewhat indicated".

- These questions relating to validity were answered:

  - Does a logical relationship exist between the measure's name and its definition/ formula? Yes

  - Does this measure provide a reasonable measure of what the program is supposed to accomplish? Yes

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable assessment of validity given the time constraints created by the legislative acceleration of the department's submission of performance measures and the concurrent assessment of validity. Further testing will be needed to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a moderately high probability that this measure is valid subject to data testing results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:

- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- Based on the interviews and the documents' review, the following questions relating to reliability were answered.

  - Is written documentation available that describe/define the measure and the formula used, if applicable? Yes – The CPT Program Guidelines for Reporting, available in the Health Information Systems Office, the CMS state Program Office and at each provider site describe and define the measure the coding instructions and the formula used.

  - Is written documentation available that describe how the data are collected?
    Same as above.

  - Has an outside entity ever completed an evaluation of the data system? No

  - Is there a logical relation between the measure, its definition and the calculation? Yes

Reason the Methodology was Selected:

This methodology was used because it provides a reasonable beginning point for assessing reliability given the time constraints created by the legislative acceleration of the department's submission of its performance measures and the concurrent assessment of reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is a moderately low probability that this measure is reliable subject to data testing results.

The automated reporting system for SATP is still fairly new. Accurate data collection is still not complete at this time. Based on reporting data reviewed to date, further training of providers is definitely needed in program reporting instructions in order to produce automated data for this outcome measure. While the programming revisions currently in testing stage, were not revisions that affect this outcome, any general revision of a program may affect other data and the program designed to produce this outcome.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: CHILDREN'S MEDICAL SERVICES

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: CHILDREN'S MEDICAL SERVICES NETWORK

MEASURE: NUMBER OF CHILDREN IN THE CHILDREN'S MEDICAL SERVICES NETWORK RECEIVING COMPREHENSIVE MEDICAL SERVICES.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Client Information System (CIS), this is a mainframe computer application maintained by the Department of Children and Families and Case Management Data System (CMDS), a distributed, locally maintained computer system.

- **Describe the methodology used to collect the data.**

Data are collected on each child in the Children's Medical Services (CMS) Network receiving Comprehensive Medical Services, which is indicated in the CIS and CMDS. This allows the program to identify the total CMS recipient enrollment by county of children with special health care needs.

- **Explain the procedure used to measure the indicator.**

The total number of children enrolled in the Children's Medical Services Network and receiving Comprehensive Medical Services, which includes Medicaid and Title XXI eligible children, as well as the uninsured (safety net) population.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Children's Medical Services Program Purpose Statement;
  To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 2: Provide access to care for children with special health care needs
  Objective 2A: Provide a family-oriented, coordinated managed care system for children with special health care needs.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes, CIS and CMDS specifications on file.

- *Is written documentation available that describe how the data are collected?* Yes, CIS and CMDS programming specifications.

- *Has an outside entity ever completed an evaluation of the data system?* No.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: CHILDREN'S MEDICAL SERVICES

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: EARLY INTERVENTION SERVICES

MEASURE: NUMBER OF CHILDREN PROVIDED EARLY INTERVENTION SERVICES ANNUALLY

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Early Intervention Program Data System (EIP) is a microcomputer database system developed and maintained by the University of Florida. It captures and summarizes all the significant medical, psychological, social, educational, and fiscal information currently required by early intervention federal and state regulations. The EIP contains patient specific data in four areas (demographic, evaluation, services, and service cost) for infants and toddlers and their families served through the CMS Early Intervention Program.

- **Describe the methodology used to collect the data.**

Each of 16 local Early Intervention Program providers enter data on each child served under the auspices of the CMS Early Intervention Program into the statewide EIP. The data system generates reports quarterly and at the end of the state fiscal year on the unduplicated number of children served by age grouping during the report period.

- **Explain the procedure used to measure the indicator.**

The measure is an unduplicated count of the number of 0-36 month old children served under the auspices of the CMS Early Intervention Program. The number of children is reported for the most recent state fiscal year period completed, 7/1 through 6/30.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Children's Medical Services Program Purpose Statement;
  To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 2: Provide access to care for children with special health care needs.
  Objective 2B: Provide early intervention services for eligible children with special health care needs.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* No
- *Is written documentation available that describe how the data are collected?*
  Yes, Early Intervention Program Data System Handbook.
- *Has an outside entity ever completed an evaluation of the data system?*
  Yes, Florida TaxWatch, Inc.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? YES
- If yes, note test results. The Office of the Inspector General completed a computer systems audit of the Early Intervention Program Data System (EIP) on November 16, 1998, which indicated that there are internal control deficiencies in the EIP Data System.

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: CHILDREN'S MEDICAL SERVICES

SERVICE: CHILDREN'S SPECIAL HEALTH CARE

ACTIVITY: MEDICAL SERVICES TO ABUSED AND NEGLECTED CHILDREN

MEASURE: NUMBER OF CHILD PROTECTION TEAM (CPT) ASSESSMENTS PROVIDED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Children's Medical Services Case Management Data System (CMDS) Child Protection Team Report. This is a sub-component of the CMDS mainframe computer database application designed specifically for child protection team reporting of selected statistics and outcomes.

- **Describe the methodology used to collect the data.**

Each contract provider collects this information through its own internal procedures from their records of closed children seen by the program and enters the data into the CMS CPT reporting program using specialized coding. The CPT automated reporting system is programmed to report the number of child victims closed that are re-abused and the total number of child victims closed, initial abuse or re-abused. The periodic reports of the contract providers are provided to the central Health Information Systems office, which compiles statewide data.

- **Explain the procedure used to measure the indicator.**

The total number Child Protection Team Assessments provided during the state fiscal year, which is 7/1/XX – 6/30/XX.

[Note from the program: CMS is currently implementing a network based system that will become operational in early calendar year 2000. This will result in an improvement in data management capability and data quality.]

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Children's Medical Services Program Purpose Statement;
  To provide a comprehensive system of appropriate care for children with special health care needs and high risk pregnant women through a statewide network of health providers, hospitals, medical schools, and regional health clinics.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 2: Provide access to care for children with special health care needs.
  Objective 2C: Provide specialized team assessments for children suspected of suffering abuse or neglect..

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. The CPT Program Reporting Guidelines are available in the Health Information Systems Office, the CMS Program Office and on site at each provider office.
- *Is written documentation available that describe how the data are collected?* Yes. The CPT Program Reporting Guidelines are available in the Health Information Systems Office, the CMS Program Office and on site at each provider office.
- *Has an outside entity ever completed an evaluation of the data system?* No.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?*
  YES
- *Has information supplied by programs been verified by the Office of the Inspector General. Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately low probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Children's Medical Services
Service/Budget Entity: Children's Special Health Care/64300100
Measure: PERCENT OF CMS NETWORK ENROLLEES IN COMPLIANCE WITH APPROPRIATE USE OF ASTHMA MEDICATIONS

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ **Requesting new measure.**
☐ Backup for performance measure.

The department's Children's Medical Services Program is requesting to delete the "percent of hospitalizations for conditions preventable by good ambulatory care" measure and replace it with "percent of CMS Network enrollees in compliance with appropriate use of asthma medications". The ambulatory care measure has been stable for many years and CMS personnel do not anticipate any significant fluctuations in this data in the upcoming years. The "percent of enrollees in compliance with appropriate use of asthma medications" is a national measure for health plans and a good indicator of program effectiveness and continuity of care. Many asthma-related hospitalizations, emergency department visits and missed school days can be avoided if children have appropriate medications and medical management.

Data Sources and Methodology (determined by program office):
CMS's contracted pharmacy benefit manager, MedImpact, will calculate the percentage of CMS enrolled children with persistent asthma who were prescribed medications acceptable as primary therapy for long-term control of asthma. For this measure persistent asthma is defined as having four or more asthma medications dispensed during a twelve month period.

Validity (determined by program office): Healthcare Effectiveness Data and Information Set (HEDIS) measures are used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. "Use of appropriate medications for people with asthma" is one of the HEDIS measures and is required by both commercial and public (Medicaid) insurers. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING**.

Reliability (determined by program office):
The contract CMS pharmacy benefit manager, MedImpact, will develop an annual report to collect this data. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING**.

Office of Policy and Budget – July, 2009

REVISION

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/ 64400100
Measure: AVERAGE NUMBER OF DAYS TO ISSUE INITIAL ~~nursing~~ LICENSE

Action (check one):
☒ **Requesting revision to approved performance measure.**
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

Requesting change to this measure to more accurately reflect the performance of the licensure process within the Division of Medical Quality Assurance. The nursing profession is one of over 40 professions regulated by the division.

Definition: The average number of days from the date the application is received to the date the license is issued. The professions and initial applications measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

This measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

To determine the average number of days to issue a license, 2 pieces of information are required for each application, the Application Date and the License Original Issue Date. The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by DOH staff and any corrections are made at this time by the DOH staff. When an initial license is approved, COMPAS generates the License Original Issue Date. The License Original Issue Date should never change and is stored in the main license (lic) table.

The HCPR Balanced Scorecard – Average Number of Days to Issue an Initial License Report gives both the average number of days analysis and the supporting data for this measure.

For the analysis portion, each Profession's Average Issue Age is determined by the Average of (License Original Issue Date – Application Date) for each non cancelled/non error application/transaction for each profession measured. The overall DOH Average Issue Age is determined by summing the weighted Profession's Average Issue Age (multiplying the Profession's Average Issue Age by the Number of Applications Issued for that Profession) and dividing by the total number of Licenses Issued for All Professions.

For the supporting data portion of the report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, License Original Issue Date, Application ID, Application Status, and License ID.

The report used to generate the average issue date can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M2. The columns desired in the return set are pro_cde and pro_avg_issue_age. The report plsql is available upon request.

Validity (determined by program office): The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data. This report can also be cross checked against several other reports to verify the number of licenses issued during a date range (dxa516: HCPR Applications Issued Licenses and dxl515: Licenses Issued by Profession. Care must be used while comparing with dxl515 as not all licenses listed will be the result of applications/transactions being counted in this measure of initial licensure). **Review by DOH Inspector General is pending.**

Reliability (determined by program office): Because this data is retrieved via a Compas Datamart Report (dxa523: HCPR Balanced Scorecard – 1.1.1.1 Average Number of Days to Issue an Initial License), this data will be generated using the same query each time thereby providing consistent results. **Review by DOH Inspector General is pending.**

Office of Policy and Budget – July, 2008

REVISION

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: NUMBER OF UNLICENSED ~~activities~~ CASES INVESTIGATED

Action (check one):
☒ **Requesting revision to approved performance measure.**
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

DEFINITION:
The definition of the number of ULA cases investigated would be the quantity of Uniform Complaint Forms forwarded to the field offices for investigation where an investigation has been completed and the case forwarded to the ULA Chief Legal Counsel, who is responsible for review and final closure.

DATA SOURCES AND METHODOLOGY:
Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The ULA Program includes boards and professions under Chapter 456, Florida Statutes. Upon completion of an unlicensed activity investigation, a status 50 entry is entered into COMPAS under the applicable case number by investigative support staff and the case is forwarded to the ULA Chief Legal Counsel for review and final closure. The query for this measure counts the number of unlicensed activity cases with the first occurrence of the status 50 entry falling within the applicable date parameters.

VALIDITY (determined by program office):
The status 50 entry directly corresponds to the activity being counted by this measure. The unlicensed activity complaints are distinguished the presence of an unlicensed activity allegation code (0 or 1) and/or the unlicensed activity classification code (13) entered into COMPAS under each case number. As the ULA program excludes professions outside of Chapter 456, the query excludes those client codes in COMPAS falling under DDC, EMS, and Radiation Technology. **Review by DOH Inspector General is pending.**

RELIABILITY (determined by program office):
The cases are assigned and documented in the COMPAS System as to what field office and investigator is responsible. The completed cases are transmitted to the ULA Chief Legal Counsel for closure in the COMPAS System. The ULA cases can be distinguished from the regulatory cases, which also receive a status 50 entry upon completion of an investigation, by the destination staff code beginning with "UL."

The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure is necessarily dependent upon the correct entry of the ULA allegation and/or classification codes as well as the status 50 entry upon completion of an investigation by the ISU. As these codes are long-established and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high. . **Review by DOH Inspector General is pending.**

Office of Policy and Budget – July, 2008

REVISION

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: NUMBER OF LICENSES ~~and renewals~~ ISSUED

Action (check one):

☒ **Requesting revision to approved performance measure.**
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

DEFINITION:
The total count of initial licenses and renewal licenses issued during a certain time period.

DATA SOURCES AND METHODOLOGY:
Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform. When an initial license is approved and printed it establishes an original licensure date. This date should never change and is stored in the main license table.
Licensees must renew their license based off of what each board requires.

VALIDITY (determined by program office):
The license table stores very important data pertaining to all of the licensed medical professionals throughout the state of Florida. The date that the licensee was first issued a license is considered the original license date. This date is and should never be modified in the COMPAS Datamart. Where the original license date lies between the chosen date parameters is an appropriate and direct reflection of this performance measure. **Review by DOH Inspector General is pending.**

RELIABILITY (determined by program office):
All date fields used for initial renewals licenses issued are automatically populated by the system. These dates should never be modified. Application status codes can, but very unlikely, be changed. For example, if the status code of "8" which equals closed is modified then the staff member who is running this measurement will need to be notified. **Review by DOH Inspector General is pending.**

Office of Policy and Budget – July, 2009

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE REGULATION

SERVICE: HEALTH FACILITIES AND PRACTITIONER REGULATION

ACTIVITY: CONSUMER SERVICES AND INVESTIGATIVE SERVICES

MEASURE: AVERAGE NUMBER OF DAYS TO TAKE EMERGENCY ACTION ON PRIORITY I PRACTITIONER INVESTIGATIONS

DATA SOURCES AND METHODOLOGY:

1. List and describe the data source(s) for the measure.

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

2. Describe the methodology used to collect the data and to calculate the result.

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

3. Explain the procedure used to measure the indicator.

Once a Consumer Services Investigator makes the determination that the allegation is of a priority one nature (as defined in the procedure manual in Consumer Services), the priority is changed to a “1” on the complaint maintenance screen in the PRAES system. The complaint is then fast tracked through the Investigative Services Unit and the completed investigation submitted to Practitioner Regulation Legal. If the legal section determines that emergency action is necessary, it goes forward with an Emergency Suspension Order or an Emergency Restriction Order using a status “90” to indicate that emergency action was taken.. If, during or after investigation, the prosecuting attorney determines that the matter is no longer an immediate threat to the public, then the complaint is downgraded to a priority two. The Access query was written to identify the number of priority one complaints and the number of status “90”s entered during the fiscal year. The average days were then determined on all instances of emergency action, counting the days between the received date (also the date of legal sufficiency) and the date of the status “90.”

VALIDITY:
This measure indicates the Agency's responsiveness to practices by health care practitioners that pose a serious threat to the public. The status "90" identifies when emergency action is taken and is entered by legal staff designated in each legal section to monitor priority one complaints to ensure consistency.

RELIABILITY:
The priority and current status of complaints and cases are monitored monthly and weekly (by request) on all open complaints and cases. These reports are sent to the section managers for review and distribution. Once a status "90" is entered, it can only be deleted by restricted and password protected authority. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of the priority one complaints, reliability is high and sufficiently error free.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE REGULATION

SERVICE: HEALTH FACILITIES AND PRACTITIONER REGULATION

ACTIVITY: CONSUMER SERVICES, INVESTIGATIVE SERVICES AND PRACTITIONER REGULATION LEGAL

MEASURE: PERCENT OF INITIAL INVESTIGATIONS AND RECOMMENDATIONS AS TO THE EXISTENCE OF PROBABLE CAUSE COMPLETED WITHIN 180 DAYS OF RECEIPT OF COMPLAINT

DATA SOURCES AND METHODOLOGY:

1. List and describe the data source(s) for the measure.

Data is obtained from the Department of Health Professional Regulation Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an Informix database.

2. Describe the methodology used to collect the data and to calculate the result.

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition.

3. Explain the procedure used to measure the indicator.

The denominator for this measurement is a combination of 3 figures: administrative closures by Consumer Services (entry of a closure date and a disposition “1000” – “1090” by the Consumer Services Unit), recommendations to probable case panel (indicated by the entry of status “70” by Practitioner Regulation Legal, and citations issued (indicated by the entry of code “70” by the Consumer Services Unit). The numerator is determined by calculating the number of days from the received date (also the date of legal sufficiency) to the date of the closure, recommendation, or issuance of citation. If the number of days is 180 or less, then it is counted in the numerator. An Access query was written to calculate both numbers. This number is tracked in the monthly Critical Business Reports, which includes a running tally for the fiscal year.

VALIDITY:
This measure indicates the Department's responsiveness to consumer complaints against health care practitioners and the ability to meet the timeframes set forth in statute. The date that a recommendation of probable cause is drafted for the panel is indicated by the status "70" date. The date of the Activity "70" (issuance of a citation) has been determined to be a recommendation of probable cause.

RELIABILITY:
The backup data for this measure is monitored weekly as meeting the 180-day compliance rate, which has been a priority within the program. The figures are gathered monthly in a monthly critical business report. A running total is reported for the fiscal year in the monthly critical business report. The number in the June report is then used for the annual statistic. In order to check this number against the database, the number is run for the entire fiscal year. In this case the figure was 88.3%, rather than 88.7%. This could be due to the process of reopening complaints if additional information is received. Therefore, the figure collected from the monthly reports is sufficiently reliable (within .4%).

The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE REGULATION

SERVICE: HEALTH FACILITIES AND PRACTITIONER REGULATION

ACTIVITY: CONSUMER SERVICES AND INVESTIGATIVE SERVICES

MEASURE: AVERAGE NUMBER OF PRACTITIONER COMPLAINTS PER FTE

DATA SOURCES AND METHODOLOGY:

1. List and describe the data source(s) for the measure.

Data is obtained from the Department of Health Professional Administration Enforcement System (PRAES) Datamart. The databank is updated nightly with complaint and case information input by board office, enforcement, and compliance staff. The PRAES Datamart is an informix database.

2. Describe the methodology used to collect the data and to calculate the result.

Ad hoc queries were written by Consumer Services Staff with Microsoft Access and reported for the measure based on the definition of a practitioner complaint investigation (denominator).

3. Explain the procedure used to measure the indicator.

An investigation has been defined as a complaint that has been worked by the Bureau of Consumer and Investigative Services. Complaints that meet this criteria are counted when they are 1) closed administratively (1000-1090 disposition code, run from query at the end of the year), 2) transmitted to the legal section from either the field or Consumer Services as a desk investigation (status 50, referred to legal, see annual report measure to Department of Health), 3) closed with a citation issued by Consumer Services (4085 disposition code). The number of FTE is the numerator and is a count by the Consumer Services Unit and the Investigative Services Unit Managers of the number of FTE employed to analyze complaints for legal sufficiency or investigate complaints during the fiscal year. For Fiscal Year 2000-2001, this number was 67 for Investigative Services and 15 for Consumer Services for a total of 82 FTE.

VALIDITY:

This measure roughly indicates the productivity of the practitioner regulation investigation program component. The number of complaints that are analyzed for legal sufficiency and closed per investigator is much higher than the number of full investigations per investigator. By combining these two figures in the denominator, productivity improvements in the individual sections (between Consumer Services and Investigative Services) may be diluted.

RELIABILITY:

The numbers for the denominator are gathered monthly in a monthly critical business report. They are then recorded in a fiscal year spreadsheet for annual reporting. The data is a representation of the database on the day of the report. However, as the datamart is updated nightly, the same report may yield different results on another day. One reason for this is because the status entry may be backdated into the previous month without it being considered an error by the PRAES system. In this case, the number would be different if run again. In order to control for this, the inventories are reconciled monthly to capture any erroneously backdated information. Due to the weekly and monthly monitoring of this measure, reliability is high and sufficiently error free.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance/ 64400100
Measure: PERCENT OF UNLICENSED CASES INVESTIGATED AND REFERRED FOR CRIMINAL PROSECUTION

Action (check one):
☒ **Requesting revision to approved performance measure.**
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☐ Backup for performance measure.

DEFINITION: The number of Unlicensed Activity complaints that have proceeded to investigation and where entered activity codes reflect that a referral to a law enforcement agency and/or prosecuting authority occurred within the specified time frame, divided by the total number of non-duplicate complaints of unlicensed activity that were received into the Consumer Services Unit during the identical time frame.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. The Unlicensed Activity program includes the healthcare professions licensed under Chapter 456, Florida Statutes. When an unlicensed activity investigation is referred to a law enforcement investigative agency (such as a police department), an activity code 29 is entered into that case number by investigative staff. When a referral is made to a prosecuting authority (such as a state attorney's office), an activity code 30 is entered by investigative staff. A referral that includes a request for an arrest is likewise coded as an activity 43. The presence of one of these activity code entries within the applicable time frame in an unlicensed activity investigation constitutes the numerator for this percentage measure. The denominator is represented by a total count of the number of unlicensed activity complaints received into CSU during the applicable time period. Complaints closed in CSU with a 1013 disposition code as a duplicate complaint are excluded from this denominator.

VALIDITY (determined by program office): The activity codes 29, 30 and 43 directly correspond to the actions being counted in the numerator of this measure. The denominator consists of the total number of unlicensed complaints received. One limitation on the validity of this measure is that a time lag can easily occur where an unlicensed activity complaint is received into CSU in one time period and investigated and referred to law enforcement in a later time period. For that reason, this measure could be considered more of a ratio rather than a percentage calculation where the numerator is entirely a subset of the denominator. The validity of this measure increases when longer time periods are considered, such as a full year, while the validity may be lessened if a shorter period such as a quarter of a fiscal year is under consideration. **Review by DOH Inspector General is pending.**

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of allegation and, where applicable, the disposition code for a duplicate complaint by CSU. The numerator of this measure is additionally dependent upon the accurate entry of the law enforcement referral activity codes
by investigative or prosecution staff. As the process for the coding of ULA complaints in COMPAS is well established, and the tracking of law enforcement referrals is a priority for the Enforcement program, the reliability of this measure based upon the usage of these codes can be considered very high. Backup data provided to Enforcement staff upon computation of this measure allows for the identification and correction of errors or omissions that would impact the reliability of this measure. **Review by DOH Inspector General is pending.**

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: MEDICAL QUALITY ASSURANCE

ACTIVITY: ISSUE LICENSES AND RENEWALS; CREDENTIAL PRACITIONERS

MEASURE: PERCENT OF HEALTH CARE PRACTITIONERS' APPLICATIONS APPROVED FOR LICENSURE WITHIN 90 DAYS AFTER RECEIPT OF A COMPLETED APPLICATION.

- **List and describe the data source(s) for the measure**

The Practitioners Regulation Administration and Enforcement System (PRAES) of the Department of Health. The PRAES System is a fully integrated and comprehensive data based licensing, receipting, and examination management system.

- **Describe the methodology used to collect the data.**

Application processors record in PRAES on an application checklist items the date items are received that are required for licensure. The date the individual is approved for licensure is also recorded in PRAES.

- **Explain the procedure used to measure the indicator.**

The measure of the indicator will be based on determining the actual time in days that it takes to approve an applicant for licensure once the division receives a completed application with all items needed for licensure and the date the individual is approved for licensure. The Division's PRAES staff is working with the Division of Information Technology to develop a report that will compare the dates of approval of each item on the application checklist to determine the latest date that the final item came in and compare this date with the date the application was approved for licensure. The report will be developed for two professions as a pilot before preparing it for all professions. The staff for these two professions will manually determine compliance with the 90-day requirement to determine if the report is correct.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 6: Ensure health care practitioners meet relevant standards of knowledge and care
  Objective 6B: Evaluate and license health care practitioners
-
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* NO

- *Is written documentation available that describe how the data are collected?* NO

- *Has an outside entity ever completed an evaluation of the data system?* Yes, the Office of the Auditor General reviewed the system.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

PERFORMANCE MEASURE VALIDITY and RELIABILITY FORM

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measures, and when requesting new measures.

AGENCY: Florida Department of Health

PROGRAM: Health Care Practitioner and Access

SERVICE: Health Care Practitioner Enforcement

ACTIVITY: Investigation and Resolution of Complaints of Unlicensed Activity

MEASURE: Average Number of Days to Resolve a Complaint of Unlicensed Activity

DEFINITION:
The average number of days between the recorded date of complaint and the closure of investigated complaints of unlicensed activity by the Office of the General Counsel within professions licensed under Chapter 456 and for all such cases resolved during the applicable time frame.

DATA SOURCES AND METHODOLOGY:
Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. Complaints of unlicensed activity are assigned a Receive Date by the Consumer Services Unit (CSU). Following the investigation of those complaints found legally sufficient by CSU, the Prosecutor within the Office of the General Counsel will then handle the final resolution of each case. The closure of a case is accomplished in COMPAS through a status 120 entry accompanied by a recorded disposition code in the 4100 range assigned to unlicensed activity complaints. Some of the cases resolved may be forwarded to the Compliance Management Unit (CMU) for additional enforcement action (such as citations), and upon completion by CMU the disposition code for said cases will be upgraded to a corresponding value in the 5100 series. For all Chapter 456 unlicensed activity complaints resolved within the applicable time frame, the reported measure result is the average number of days between the date received and the date of closure.

VALIDITY:
The recorded Receive Date and the status 120 effective date directly correspond to the two events involved in this measure. The measure is based upon a subtraction to determine the number of days having elapsed between the two events as recorded in COMPAS, and then the average of those values for all applicable cases. In computing the measure, the latest status 120

effective date is to be used in any instance where a complaint was previously closed prior to investigation due to insufficient information for legal sufficiency.

RELIABILITY:
The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon (a) a correct Receive Date being entered by CSU; (b) a correct effective date of closure (status 120 date) being entered by the Office of the General Counsel, and (c) a correct closing disposition code in the 4100 series being entered by the Office of the General Counsel. The business processes by which the applicable dates and disposition codes are entered are long established and basic in nature. In addition, error reports are generated following each quarter to identify status date entries outside of acceptable values, and the supporting data for this measure listing each case being counted is provided to the Office of the General Counsel for review and confirmation. In light of the foregoing, the reliability of the value reported for this measure can be considered to be very high.

PERFORMANCE MEASURE VALIDITY and RELIABILITY FORM

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form when submitting the long-range program plan for all existing approved measures, when requesting revisions to approved measures, and when requesting new measures.

AGENCY: Florida Department of Health

PROGRAM: Health Care Practitioner and Access

SERVICE: Medical Quality Assurance

ACTIVITY: Initial Licensure by Examination

MEASURE: Percentage of examination scores released within 60 days from the administration of the examination.

DEFINITION: The percentage of examination scores that were released and posted to the website within 60 days of the date the examination was administered. The examination scores measured are those defined and administered by the Testing Services Unit (TSU) under the Florida Department of Health to those whose initial application by examination has been approved by each Board's Executive Director that were not cancelled or generated in error.

DATA SOURCES AND METHODOLOGY:
TSU provides and administers examinations for Chiropractic Physicians, Optometrists, Opticians, Dentists and Dental Hygienists. There are two formats provided for testing. Computer Based Testing (CBT) that is administered via personal computer during a given time frame (window). Clinical examinations that are provided in a classroom setting on set dates.

Examination scores for CBT for Dentistry and Dental Hygiene are calculated and provided to TSU by the vendor Northeast Regional Board of Dental Examiners (NERB). CBT scores for Chiropractic Physicians, Optometrists, and Opticians are calculated and provided to TSU by the vendor Prometrics. In all, Testing Services administers thirteen CBT examinations. CBT scores are provided to TSU on a weekly basis which TSU then perform a quality check of the data. Once data has been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

Clinical Examination answer sheets are retrieved by TSU at the time the examinations are administered. The answer sheets are then forwarded to the vendor Image API for scanning and calculating. Image API provides TSU with the scanned file which TSU then performs a quality check of the data. Once data has been determined to be accurate, TSU uploads into the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. TSU then notifies the respective Board offices and the examination scores are posted and can be accessed through the online score look-up application. This is the end date for the measure.

The measure is for the percentage of examination scores that are posted to the website within 60 days of the date the examination was administered. Examinations contain multiple parts and are not deemed complete until all parts have been taken. The date is calculated from the date the last exam part is completed to the date the scores are posted and accessible from the online score look-up application on the Medical Quality Assurance website(s). To calculate this measure TSU has an established process utilizing an Excel spreadsheet that is updated with the examination start and end dates and data provided from the examinations that were administered. This report is provided to Executive Management on a quarterly basis.

VALIDITY:

TSU maintains a project plan for each examination administered. Project plans contain the dates, times and locations of each examination administered.

When an examination has been deemed complete, all parts taken, the data is checked for accuracy. This is the start date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

TSU performs several quality checks before examination scores are uploaded into COMPAS and posted to the website which include the following:

1. Review to ensure scores uploaded into COMPAS are accurate.
2. Review to ensure that the online score look-up data coincides with the COMPAS data.
3. Reviews pass list for accuracy and provides to Strategic Planning Services (SPS).

Once the examination score data has been reviewed and approved for accuracy, the Board offices are notified and the date(s) are posted to the online score look-up website application. This is the end date used for the measure. This date is entered into the Excel spreadsheet established to calculate this measure.

The measure is calculated using the date the examination is deemed complete, all parts taken, to the date the scores are uploaded to the online score look-up website application.

RELIABILITY:

TSU has an established process by which the examination start dates and end dates of this measure are consistently captured and calculated utilizing an Excel spreadsheet which contains the necessary formulas to determine the percentage of examination scores posted to the website within 60 days. This measure is currently being provided to the Executive Management on a quarterly basis. Since the Excel formulas are imbedded in the spreadsheet, the calculations should be consistent with each report.

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: Percent of Disciplinary Final Orders issued within 90 days from issuance of the Recommended Order

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

DEFINITION: The number of disciplinary Final Orders issued where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order and where the number of days between the issuance of the Final Order and the activity code reflecting receipt of the DOAH Recommended Order was 90 days or less, divided by the total number of Final Orders issued during the identical time frame where the Final Order Index Number suffix reflects that the Final Order resulted from a DOAH Recommended Order.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When an administrative complaint results in a formal hearing before an Administrative Law Judge of the Division of Administrative Hearings (DOAH), the resulting findings of fact and recommended penalty (where applicable) are contained in a Recommended Order which is provided to the Department. The matter is thereafter scheduled to be heard before the respective licensing board for issuance of a disciplinary Final Order. When the Recommended Order is received from DOAH, support staff personnel in the Prosecution Services Unit (PSU) enter the applicable activity code of 440 with the effective date into COMPAS under that case number. The case is thereafter placed on the agenda of the next board meeting for the respective profession, and upon said board taking action on the case and determining the appropriate penalty (if any), a final order is subsequently prepared by the Office of the Attorney General and filed with the Department's Agency Clerk. At the time said final order is filed, Central Records staff will enter a status code of 120 to put the case into closed status, and enter the appropriate "4000" series disposition code to reflect the applicable disciplinary penalty or dismissal of the case. The final orders resulting from a Recommended Order are identified by the Final Order Index Number entered by Central Records, and where the "FOF" (final order - formal) suffix is entered upon the filing of a Final Order resulting from a Recommended Order. The numerator for this measure is the number of cases that proceed from a received Recommended Order to a filed Final Order within 90 days or less. The denominator is the total number of cases that proceeded from Recommended Order to Final Order within the applicable time frame regardless of the number of days following the Recommended Order.

VALIDITY (determined by program office): The activity code 440 for receipt of a DOAH Recommended Order directly corresponds to the starting event for the number of days being counted in this measure. The status 120 entry with a disciplinary "4000" series disposition code directly corresponds to the ending event for the number of days being counted in this measure. As it might be possible (though, rare) for more than one Recommended Order to be issued in the event that a matter was remanded to DOAH for further proceedings or clarification, the query utilized in this measure applies the latest activity 440 date in the event that said activity code occurs more than once in a case. The only other foreseeable limitation on the validity of this measure might occur if a case was reopened on appeal, and upon the Department prevailing in the matter, a later status 120 close date (well after the Final Order) were to be applied to a case. This situation could result in a long period between the Recommended Order and the date of case closure, however these could be distinguished and removed from cases being counted in the measure by observation that the prefix of the Final Order Index No. does not correspond with the date of case closure. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. This measure is necessarily dependent upon the accurate entry of the activity 440 code by PSU support staff upon receipt of the Recommended Order, and the status 120 case closure entry by Central Records upon the filing of the disciplinary Final Order. Each time this measure is computed, an error report is generated which displays as a blank field the activity 440 code effective date in the event that PSU failed to capture the date of receipt of the Recommended Order in the system. Any such cases can then be referred to PSU for the appropriate entry to be completed. The status 120 entry with a disciplinary disposition code by Central Records, and entry of the Final Order Index Number with the appropriate "FOF" suffix, is a very long established business process and of very high reliability. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: PERCENT OF DISCIPLINARY FINES AND COSTS IMPOSED THAT ARE COLLECTED BY THE DUE DATE.

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

DEFINITION: Percentage of fines and costs imposed where the date of completion of the requirement (if any) occurred on or before the due date, for those fines and costs imposed within the applicable date parameters.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure and complaint information input by board office and enforcement staff. The COMPAS Datamart utilizes an Oracle platform. Ad hoc queries have been written by Strategic Planning Services staff and report for the measure based on the stated definition. When a disciplinary action is imposed through a final order or citation, the Compliance Management Unit (CMU) will enter the fines and cost amounts due as well as the due date into the Compliance Module in COMPAS under the applicable case number. When payment has been received, CMU enters the amount paid and the date of completion. The denominator for this measure is the sum total of the fines and costs imposed where the due date falls within the time frame being applied in the measure. Of that group where fines and/or costs fell due, the numerator consists of the total dollar amount entered as paid and where the completion date of the fine and/or costs requirement was equal to or earlier than the entered due date.

VALIDITY (determined by program office): The dollar amounts entered by CMU as due and payable as well as those amounts having been collected, in connection with the entered due dates and payment collection date, directly correspond to this measure. The numerator for this measure is necessarily based upon the completion date entered by CMU, which may not be the same as the date the payment was stamped in as received in the mail room. It must be further kept in mind it is the percentage of imposed fine/cost dollar amounts timely paid that is being tracked, not the percentage of final orders and citations timely paid. A single case with a very large fine/cost amount not timely paid would greatly outweigh several cases with timely paid fines/costs where those amounts were small. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING**.

RELIABILITY (determined by program office): The data is a representation of the database on the day of the report. The constant updating of the COMPAS Datamart through the data streaming process results in highly reliable data. The reliability of this measure necessarily depends upon the accurate entry by CMU of the dollar amounts of fines and/or costs due under each applicable case number, as well as the accurate entry of the date when each requirement is due as well as the date each requirement was completed. Provided that CMU is diligent and accurate in making these entries as the disciplinary final order and citations are received, and when the required payments are received, the reliability of this measure should be high and sufficiently error-free.
REVIEW BY DOH INSPECTOR GENERAL IS PENDING

Office of Policy and Budget – July, 2008

NEW

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Medical Quality Assurance
Measure: PERCENT OF APPLICATIONS DEEMED COMPLETE OR DEFICIENT WITHIN 30 DAYS.

Action (check one):

☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

DEFINITION: The number of days to determine if the initial licensure application is complete or deficient from the application date. The professions and initial application transactions measured are those defined and approved by each Board's Executive Director under the Florida Department of Health that were not cancelled or generated in error.

DATA SOURCES AND METHODOLOGY: Data is obtained from the Department of Health Customer Oriented Medical Practitioner Administration System (COMPAS) Datamart. The databank is updated using a data streaming process with licensure information input by board office staff. The COMPAS Datamart utilizes an Oracle platform.

This 1.1.1.3 measure is only for applications from specific professions and initial transactions. These professions and initial transactions were approved by the Executive Director for each Board in the Department of Health. The approved list of professions and their associated initial transactions are shown in report dxa511 (HCPR Application Transaction List). Only non-cancelled and non-error transactions where the license original issue date is not prior to the application date are counted.

To determine the average number of days to determine if an application is complete or deficient, 3 pieces of information are required for each application: the Application Date, the earliest COMPAS generated application deficiency letter date, and the date the application is determined complete if a deficiency letter was not generated.

- The Application Date is loaded via Image API when the application transaction is inserted into COMPAS in the application (appl) table. As the application is being worked, the application date is verified by DOH staff and any corrections are made at this time by the DOH staff.
- If the application is deficient, an application deficiency letter is generated in COMPAS by DOH staff. The deficiency letter used must have a letter description with 'DEF' in the COMPAS Name Description (ltr_mstr.ltr_desc). This date will stop the 30 Day Clock. Not all applications will have an application deficiency letter.
- Once the application is to be determined complete, DOH Staff will enter the date the last piece of mail was received by DOH into the Application Complete Date field (appl_hcpr.app_comp_dte). This date cannot be prior to the application date, or in the future. This date will stop the 30 Day Clock if no application deficiency letter was sent.

The HCPR Balanced Scorecard – 1.1.1.3 Appl Complete or Deficient Notification Sent within 30 Days Report gives side by side analysis comparison of

- **Deficient in 30 Days** is the number of applications that had a COMPAS deficiency letter generated during the input date range within 30 days of the application date.
- **Total Deficient** is the total number of applications that had a COMPAS deficiency letter generated during the input date range.
- **Complete in 30 Days** is the number of applications that had an Application Complete Date within the report input date range and was also within 30 days of the Application Date. These applications do not have a COMPAS generated deficiency letter.
- **Total Complete** is the number of applications that had an Application Complete Date within the report input date range. These applications do not have a COMPAS generated deficiency letter.
- **Total Apps Proc in 30** is the **Deficient in 30 Days** plus **Complete in 30 Days.**
- **Total Apps Processed** is **Total Deficient** plus **Total Complete**.
- **% Process in 30 Days** is **Total Apps Proc in 30** divided by **Total Apps Processed**. If there are no applications processed during the time period, 100% is used.

For the supporting data portion of this report, each application/transaction that was used in the determination of the averages is listed along with the Profession Code, File Number, Licensee Key Name, Application Date, Deficiency Date, Complete Date, Application ID, and License ID.

The report used to generate the average processing time can be located in COMPAS Datamart package pkg_rpt_appl.p_dxa523_M1. The columns desired in the return set are pro_cde, pro_total_def, pro_total_def_in30, pro_total_comp, pro_total_comp_in30, pro_total_proc, pro_total_proc_in30. The report plsql is shown below.

```
SELECT p.clnt_cde      as pro_cde,
       p.clnt_lng_nme  as pro_name,
       NVL(m1.clnt_total_def,0)       as pro_total_def,
       NVL(m1.clnt_total_def_in30,0)  as pro_total_def_in30,
       NVL(m2.clnt_total_comp,0)      as pro_total_comp,
```

PERCENT OF APPLICATIONS DEEMED COMPLETE WITHIN 30 DAYS.

```
                NVL(m2.clnt_total_comp_in30,0) as pro_total_comp_in30,
                NVL(m1.clnt_total_def,0) + NVL(m2.clnt_total_comp,0) as pro_total_proc,
                NVL(m1.clnt_total_def_in30,0) + NVL(m2.clnt_total_comp_in30,0) as
pro_total_proc_in30,
                DECODE(
                      NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0),0,1,
                       ((NVL(m1.clnt_total_def_in30,0)+NVL(m2.clnt_total_comp_in30,0))/
                        (NVL(m1.clnt_total_def,0) + NVL(m2.clnt_total_comp,0)))) * 100
                         as pro_proc_in30_percent,
                NVL(m1.clnt_total_def_avg,0) as pro_total_def_avg_age,
                NVL(m2.clnt_total_comp_avg,0) as pro_total_comp_avg_age,
                DECODE(--verify denometer is not zero
                       (NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0)),0,0,
                       --calculate numerator as total number of days=avg days*number of
apps

((NVL(m1.clnt_total_def_avg,0)*NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp_avg,0)*NVL
(m2.clnt_total_comp,0))
                        /(NVL(m1.clnt_total_def,0)+NVL(m2.clnt_total_comp,0)))) as
pro_overall_avg_age
          FROM
                 (
                  SELECT c.clnt_cde   as clnt_cde,
                         -- find the deficiency letter count
                         COUNT(*)     as clnt_total_def,
                         -- determine the average age
                         AVG(TRUNC(ch.cntct_hst_dte) - TRUNC(a.applc_dte)) as
clnt_total_def_avg,
                         -- find the deficiency count within 30 days
                         SUM(DECODE(SIGN(TRUNC(ch.cntct_hst_dte)-TRUNC(a.applc_dte)-
30),1,0,1))
                                     as clnt_total_def_in30
                  FROM   cntct_hist ch,
                         ltr_mstr   l,
                         clnt       c,
                         appl       a
                  WHERE  l.ltr_id = ch.ltr_id
                  AND    UPPER(l.ltr_desc) LIKE '%DEF%'
                  AND    ch.cntct_hst_dte BETWEEN rpt_start_dte and rpt_end_dte
                  AND    l.clnt_cde = c.clnt_cde
                  AND    a.applc_id = ch.applc_id
                  AND    a.applc_dte >= '01-JUL-2007'
                  AND    a.xact_cls_cde IN ('I','X')
                  AND    pkg_rpt_appl.f_rpt_hcpr_clnt_cde(a.clnt_cde) = 'Y'
                  AND EXISTS(SELECT 1 FROM DUAL WHERE
pkg_rpt_appl.f_rpt_hcpr_xtran(a.clnt_cde, a.xact_defn_id) = 'Y')
                  AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_appl_sta(
                                                        pkg_rpt_appl.f_get_appl_sta_desc(
                                                           a.lic_id,
a.applc_sta,a.applc_apprv_sta)) = 'Y'  )
                  AND NOT EXISTS (SELECT 1
                                  FROM   cntct_hist ch2,
                                         ltr_mstr   l2
                                  WHERE  l2.ltr_id = ch2.ltr_id
                                  AND    UPPER(l2.ltr_desc) LIKE '%DEF%'
                                  AND    a.applc_id = ch2.applc_id
                                  AND    ch.cntct_hst_dte > ch2.cntct_hst_dte)
                  AND    c.clnt_cde_prnt LIKE '80%'
                  AND    LENGTH(c.clnt_cde_prnt) = 4
                  AND    (   (in_clnt_cde = '9999')
                          OR (in_clnt_cde = c.clnt_cde)
                          OR (in_clnt_cde = c.clnt_cde_prnt))
                  GROUP BY c.clnt_cde) m1,
                 (
                  SELECT a.clnt_cde      as clnt_cde,
                         -- find the complete count without deficiency
                         COUNT(*)        as clnt_total_comp,
                         -- find the average age without deficiency
                         AVG(TRUNC(ah.app_comp_dte) - TRUNC(a.applc_dte)) as
clnt_total_comp_avg,
                         -- find the complete within 30 day count - no deficiency
```

PERCENT OF APPLICATIONS DEEMED COMPLETE WITHIN 30 DAYS.

```
                        SUM(DECODE(SIGN(TRUNC(ah.app_comp_dte)-TRUNC(a.applc_dte)-
30),1,0,1))
                                        as clnt_total_comp_in30
                FROM    appl a,
                        le.appl_hcpr ah,
                        clnt c
                WHERE   a.applc_id = ah.applc_id
                AND     ah.app_comp_dte BETWEEN  rpt_start_dte and rpt_end_dte
                AND     a.clnt_cde = c.clnt_cde
                AND     c.clnt_cde_prnt LIKE '80%'
                AND     LENGTH(c.clnt_cde_prnt) = 4
                AND     (    (in_clnt_cde = '9999')
                         OR (in_clnt_cde = c.clnt_cde)
                         OR (in_clnt_cde = c.clnt_cde_prnt))
                -- initial date of beginning HCPR Reporting Measures.
                AND     a.applc_dte >= '01-JUL-2007'
                AND     a.xact_cls_cde IN ('I','X')
                AND NOT EXISTS (SELECT 1
                                FROM    cntct_hist ch,
                                        ltr_mstr   l
                                WHERE   l.ltr_id = ch.ltr_id
                                AND     UPPER(l.ltr_desc) LIKE '%DEF%'
                                AND     ch.applc_id = a.applc_id)
                AND     pkg_rpt_appl.f_rpt_hcpr_clnt_cde(a.clnt_cde) = 'Y'
                AND EXISTS(SELECT 1 FROM DUAL WHERE
pkg_rpt_appl.f_rpt_hcpr_xtran(a.clnt_cde, a.xact_defn_id) = 'Y')
                AND EXISTS(SELECT 1 FROM DUAL WHERE pkg_rpt_appl.f_rpt_hcpr_appl_sta(

pkg_rpt_appl.f_get_appl_sta_desc(
                                                        a.lic_id,
a.applc_sta,a.applc_apprv_sta)) = 'Y'  )
                GROUP BY a.clnt_cde) m2,
               (
                SELECT     c.clnt_cde as clnt_cde,
                           c.clnt_lng_nme
                FROM       clnt c
                WHERE      LENGTH(c.clnt_cde_prnt) = 4
                AND        (    (in_clnt_cde = '9999')
                            OR (in_clnt_cde = c.clnt_cde)
                            OR (in_clnt_cde = c.clnt_cde_prnt))
                AND        c.clnt_cde_prnt LIKE '80%'
                AND        compas_dm.pkg_rpt_appl.f_rpt_hcpr_clnt_cde(c.clnt_cde) = 'Y')
p
          WHERE    m1.clnt_cde (+) = p.clnt_cde
          AND      m2.clnt_cde (+) = p.clnt_cde
          ORDER BY TO_NUMBER(p.clnt_cde);
```

VALIDITY (determined by program office): The data analysis generated by this report has been verified against the generated supporting data. Furthermore, each of the professions identified in this report have been asked to review the report and verify both the analysis and the supporting data. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

RELIABILITY (determined by program office): Because this data is retrieved via a COMPAS Datamart Report (dxa523: HCPR Balanced Scorecard – Appl Complete or Deficient Notification Sent within 30 Days Report), this data will be generated using the same query each time thereby providing consistent results. **REVIEW BY DOH INSPECTOR GENERAL IS PENDING.**

Office of Policy and Budget – July, 2008

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Health
Program: Health Care Practitioner and Access
Service/Budget Entity: Community Health Resources/ 64400200
Measure: Percent of middle and high school students who report using Tobacco Products in the last 30 days.

Action (check one):

☒ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

BUDGET AMENDMENT PENDING TO MOVE THIS MEASURE TO 64400200 – COMMUNITY HEALTH RESOURCES FROM 64100200 – EXECUTIVE DIRECTION

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Self-reported tobacco use in the past 30 days, from an anonymous survey of Florida public middle and high school students. The data base is stored as a Statistical Analysis System (SAS) data set (v 6.04) and analyzed using the using the Survey Data Analysis (SUDAAN) software for complex sampling designs

- **Describe the methodology used to collect the data.**

Florida Youth Tobacco Survey, which is an anonymous self-administered school based classroom survey conducted in public middle and high schools. The survey is administered by school or health personnel during February and March. The sample is stratified by grade level and geographical region. The Florida Youth Tobacco Survey methodology was developed by the Centers for Disease Control and Prevention (CDC). The question items relating to 30 day use of tobacco products were developed and tested as part of the Youth Risk Behavior Surveillance System developed by the Division of Adolescent and School Health at CDC.

- **Explain the procedure used to measure the indicator.**

Students are asked a series of questions regarding use of cigarettes, cigars, and smokeless tobacco products within the previous 30 days.
The numerator is the number of students responding “yes” to the questions.
The denominator is the total number of students asked the question.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health’s Long Range Program Plan (i.e., agency strategic plan).

NOTE: Information provided by the Department of Health’s Office of the Inspector General is presented in italics and was updated August 31, 2000.

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Executive Direction and Support Program Purpose Statement
  To provide policy direction and leadership to the department and develop and support the infrastructure necessary to operate the department's direct service program's.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 5: Prevent and reduce tobacco use
  *Objective 5A: Reduce the proportion of Floridians, particularly young Floridians, whose tobacco***.**

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. Florida Youth Tobacco Survey Report #1 presents the survey questions and methodology. This report is available from the Department of Health Epidemiology section.
- *Is written documentation available that describe how the data are collected?* Yes. Florida Youth Tobacco Survey Report. This report is available from the Department of Health Epidemiology section.
- *Has an outside entity ever completed an evaluation of the data system?* Not an evaluation per se, however, the Centers for Disease Control assisted in the development of the survey to ensure questions used were reliable and valid. The questions used are standard youth risk behavior survey questions that have been tested and found reliable by many other states.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*
- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995
- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO. If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☒ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☐ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: COMMUNITY HEALTH RESOURCES

MEASURE: NUMBER OF MEDICAL STUDENTS WHO DO A ROTATION IN A MEDICALLY UNDERSERVED AREA.

- **List and describe the data source(s) for the measure**

Area Health Education Center Programs (AHEC) maintain records on placements of medical providers including physician/resident medical students, nurses, dental students, physical therapists, dentists, emergency medical technicians, dietitians, etc., in defined underserved areas. This data is collected manually by each AHEC Center and input into a Florida AHEC Network Data System by each center.

- **Describe the methodology used to collect the data.**

AHEC's data of program participants' activities is reported to the AHEC contract manager. Each quarter the AHEC Program Offices provide this information in their Quarterly Report.

- **Explain the procedure used to measure the indicator.**

The unduplicated count of medical providers who were placed in underserved areas for the calendar year.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of medical students who do a rotation in a medically underserved area.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  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.
-
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of medical students who do a rotation in a medically underserved area.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* Yes. AHEC Contracts and Reports

- *Is written documentation available that describe how the data are collected?* Yes. AHEC Contract Manager.

- *Has an outside entity ever completed an evaluation of the data system?* Contract with Learning Systems Institute, FSU, July '93-June '94.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? YES*

- *Has information supplied by programs been verified by the Office of the Inspector General? Part of the program submitted information has been verified through the review of the following documents.*
  - Performance Measure Definitions, Summer 1998
  - County Health Profiles, March 1997
  - County Outcome Indicators, August 1994
  - Resource Manual, December 1996
  - Public Health Indicators Data System Reference Guide, October 1994
  - State Health Office Indicators-County Public Health Unit Workbook, August 1995

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a moderately high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: COMMUNITY HEALTH RESOURCES

ACTIVITY: REHABILITATE BRAIN AND SPINAL CORD INJURY VICTIMS

MEASURE: RATE AND NUMBER OF BRAIN AND SPINAL CORD INJURY CUSTOMERS RETURNED (REINTEGRATED) TO THEIR COMMUNITIES AT AN APPROPRIATE LEVEL OF FUNCTIONING FOR THEIR INJURIES.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

Rehabilitation Information Management System (RIMS)

- **Describe the methodology used to collect the data.**

As each customer's case is closed this information is entered into RIMS by field associate. Edits have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. These data are aggregated from RIMS and the report prepared directly by Brain and Spinal Cord Injury program staff .

- **Explain the procedure used to measure the indicator.**

This information has not been provided by the program.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated October 4, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*
- Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*
- *If yes, state which goal and objective it relates to?*
  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 8C: Assist persons suffering brain and spinal cord injuries to rejoin their communities.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated October 4, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Insufficient information was provided by the program for the Office of Inspector General to determine*.

- Is written documentation available that describe how the data are collected? *Insufficient information was provided by the program for the Office of Inspector General to determine*.

- *Has an outside entity ever completed an evaluation of the data system? Insufficient information was provided by the program for the Office of Inspector General to determine*.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?*

Insufficient information was provided by the program for the Office of Inspector General to determine.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated October 4, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: EMERGENCY MEDICAL SERIVCE AND COMMUNITY HEALTH RESOURCES

ACTIVITY: SUPPORT AREA HEALTH EDUCATION

MEASURE: NUMBER OF PROVIDERS RECEIVING CONTINUING EDUCATION.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure and describe the methodology used to collect the data.**

Data source:
Four Area Health Education Center Programs (AHEC). Composed of four medical schools and 10 Area Health Education Center offices. This information is collected manually at each continuing education program through specific forms. The information from these forms is input into the Forida AHEC Network Data System.

Data collection methodology:
Data are collected through the registration process of the AHEC continuing education programs for physicians and others. In order to receive continuing education units required for licensure, these professionals must register. This information is collected on specific forms at each continuing education program and input by each center into the Florida AHEC Network Data System. This information is reported to the Division in the AHEC Program Office's Quarterly Report.

- **Explain the procedure used to measure the indicator.**

An unduplicated count of the registrants number of individuals who were awarded continuing education units through AHEC programs during the calendar year.

VALIDITY
Number of persons who receive continuing education services through Workforce Development programs

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The methodology used to determine validity consisted of the following steps:

- Program staff were interviewed and the following current Department of Health documents were reviewed:
- Agency Strategic Plan, 1999-00 through 2003-04
- Florida Government Accountability Report, August 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996

- These questions relating to validity were answered:

- Does a logical relationship exist between the measure's name and its definition/ formula? Yes

  - Considering the following program purpose statement, does this measure provide a reasonable measure of what the Health Care Practitioner and Access Program is supposed to accomplish? Yes.

    Health Care Practitioner and Access Program Purpose Statement
    To protect the health of residents and visitors by improving access to health care practioners and ensuring those practitioners including Emergency Medical Services personnel and providers meet credentialing requirements and practice according to accepted standards of care.

  - Is this performance measure related to a goal in the Department of Health's current strategic plan? Yes.
    Strategic Issue I: Ensuring Competent Health Care Practitioners
    Strategic Goal: Increase the Number of Licensed Practitioners

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable assessment of validity. Further testing will be necessary to fully assess the validity of this measure.

- **State the validity of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid subject to further testing results.

RELIABILITY
Number of persons who receive continuing education services through Workforce Development programs

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
- The methodology used to determine the reliability of the performance measure included staff interviews and review of the following current Department of Health documents:
- Performance Measure Definitions, Summer 1998
- County Health Profiles, March 1997
- County Outcome Indicators, August 1994
- Resource Manual, December 1996
- Public Health Indicators Data System Reference Guide, October 1994
- State Health Office Indicators-County Public Health Unit Workbook, August 1995

- Based on the interviews and the documents' review, the following questions relating to reliability were answered.

- Is written documentation available that describe/define the measure and the formula used, if applicable? Yes, AHEC reports

- Is written documentation available that describe how the data are collected?
  Office of Workforce Development, AHEC Contract Manager

- Has an outside entity ever completed an evaluation of the data system?
  Contract with Learning Systems Institute, FSU, July '93-June '94.

- Is there a logical relation between the measure, its definition and the calculation?
  Yes.

Reason the Methodology was Selected:
This methodology was used because it provides a reasonable beginning point for assessing reliability. Further testing will be needed to fully assess the reliability of this measure.

- **State the reliability of the measure.**

Based on our reliability assessment methodology, there is an high probability that this measure is reliable subject to data testing results.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

SERVICE: EMERGENCY MEDICAL SERVICES AND COMMUNITY HEALTH RESOURCES

ACTIVITY: REHABILITATE PERSONS WITH BRAIN AND SPINAL CORD INJURY VICTIMS

MEASURE: NUMBER OF BRAIN AND SPINAL CORD INJURY CUSTOMERS SERVED.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The Rehabilitation Information Management System (RIMS) data are used; the information is entered into the system by field associates for every customer.

- **Describe the methodology used to collect the data.**

"Edits" have been added to RIMS to prevent the entry of invalid or erroneous data as much as possible without constricting the system unduly. The data are aggregated and the report prepared directly from the mainframe computer.

- **Explain the procedure used to measure the indicator.**

The "number served" represents unique customers for the interval measured.
It represents all applicants, active cases, and customers closed from the programs

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Health Care Practitioner and Access Program Purpose Statement
  To protect the health of residents and visitors by improving access to health care and emergency medical service practitioners and ensuring that they meet credentialing requirements and practice according to accepted standards of care.

  - *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  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 8C: Assist persons suffering brain and spinal cord injuries to rejoin their communities.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Number of Brain and Spinal Cord Injury customers served.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable?* The criteria for assigning the status codes are well defined and the results represent unique individuals

- *Is written documentation available that describe how the data are collected?* The criteria for assigning the status codes are well defined and the results represent unique individuals

- *Has an outside entity ever completed an evaluation of the data system?* The Rehabilitation Services Administration (RSA) audits the data regularly.

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine.*

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Until more information is provided by the program, the Office of the Inspector General is unable to render even a preliminary opinion as to the probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 28, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: DISABILITY DETERMINATION

SERVICE: DISABILITY BENEFITS DETERMINATION

MEASURE: PERCENTAGE OF DISABILITY DECISIONS COMPLETED ACCURATELY AS MEASURED BY THE SOCIAL SECURITY ADMINISTRATION**.**

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

See below.

- **Describe the methodology used to collect the data.**

Historically this key process measure has been used by the SSA as a "standard" for comparing states' disability determination programs. This measure is reported weekly on SSA's State Agency Operations Report (SAOR) and is used to evaluate Disability Determination Services performance.

The Social Security Administration **(**SSA) Office of Program Integrity Review (OPIR) determines decision accuracy by reviewing a random sample of approximately 100 - 200 completed claims per month. Claims are computer selected after being logged into the system with the decision code. Each SSA region has a Disability Quality Branch (DQB) to review random samples of completed claims.

Each region's DQB submits a random sample of their reviewed claims to the Central Office in Baltimore for an accuracy review. All claims require adequate documentation for an independent reviewer to reach the same decision..

- **Explain the procedure used to measure the indicator.**

This accuracy measure is calculated from the percentage of correct decisions divided by the total reviewed.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Disability Determination Purpose Statement
  To decide is a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 9: Process disability determinations
  Objective 9A: complete disability determinations in an accurate manner
-
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

- Is written documentation available that describe how the data are collected? *Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

- *Has an outside entity ever completed an evaluation of the data system? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
-

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation? Insufficient information was provided by the program for the Office of Inspector General to determine*.

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Performance Measure Validity and Reliability Form

INSTRUCTIONS: This form is designed to provide information regarding the validity and reliability of a measure. Agencies use this form under the following circumstances **[check one]**:

☐ when requesting revisions to approved measures,

☐ when data sources or measurement methodologies change,

☐ when requesting new measures, and

☒ when providing backup for performance outcome and output measures.

AGENCY: DEPARTMENT OF HEALTH

PROGRAM: DISABILITY DETERMINATION

SERVICE: DISABILITY BENEFITS DETERMINATION

ACTIVITY: REVIEW AND DETERMINE ELIGIBILITY FOR DISABILITY BENEFITS.

MEASURE: NUMBER OF DISABILITY DECISIONS COMPLETED ANNUALLY.

DATA SOURCES AND METHODOLOGY

- **List and describe the data source(s) for the measure**

The number of completed disability decisions are obtained from the National Disability Determinations Service System (NDDSS) maintained by the Social Security Administration (SSA). Medically Needy determinations were added for 2001-02 fiscal year.

- **Describe the methodology used to collect the data.**

A claim is logged into the NDDSS when it is filed in a SSA district office. Each step of the claim adjudication processes is recorded. Upon completion relevant data about the claim are accessible including completed decision data.

- **Explain the procedure used to measure the indicator.**

Number of disability decisions completed annually.

Program information

Historically this output measure has been a key process measure used by the SSA as a "standard" for comparing states' disability determination programs. This measure is recorded when a claim is completed and is reported weekly on SSA's NDDSS.

All disability claims filed in SSA's district offices are logged into the NDDSS. Each step in the claim adjudication process is recorded. Upon completion relevant data about the claim are accessible and comparisons with other states are made.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of disability decisions completed.

VALIDITY

- **Explain the methodology used to determine validity and the reason it was used.**

Validity Determination Methodology:
The following validity test questions were created and answered by the Office of the Inspector General based on information provided by program staff and/or the August 2000 Department of Health's Long Range Program Plan (i.e., agency strategic plan).

- *Considering the following program purpose statement from the Department of Health's Long Range Program Plan, does this measure provide a reasonable measure of what this program is supposed to accomplish? YES*

  Disability Determination Purpose Statement
  To decide is a timely and accurate manner whether Florida citizens are medically eligible to receive disability benefits under the federal Social Security Act or the state Medically Needy Program.

- *Is this performance measure related to a goal and objective in the current Department of Health's Long Range Program Plan? YES*

- *If yes, state which goal and objective it relates to?*
  Goal 9: Process disability determinations
  Objective 9A: complete disability determinations in an accurate manner
-
- *Has information supplied by programs been verified by the Office of the Inspector General? NO*

- *Has the Office of the Inspector General conducted further detailed validity tests or reviewed other independent validity test results? NO*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the validity of this performance measure in relation to the purpose for which it is being used.

- **State the appropriateness of the measuring instrument in relation to the purpose for which it is being used.**

Based upon the validity determination methodology, there is a high probability that this measure is valid, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

Number of disability decisions completed.

RELIABILITY

- **Explain the methodology used to determine reliability and the reason it was used.**

Reliability Determination Methodology:
The following data reliability test questions were created by the Office of the Inspector General, but answered by program staff:

- *Is written documentation available that describe/define the measure and the formula used, if applicable? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

- Is written documentation available that describe how the data are collected? *Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*

- *Has an outside entity ever completed an evaluation of the data system? Since this is a federal process, it is quite likely that there is, we don't have the specific information yet..*
-

The following data reliability test questions were created and answered by the Office of the Inspector General:

- *Is there a logical relation between the measure, its definition and its calculation?*
  YES

- *Has information supplied by programs been verified by the Office of the Inspector General? NO.*

- *Has the Office of the Inspector General conducted further detailed data reliability tests or reviewed other independent data reliability test results? NO*
- *If yes, note test results.*

Reason the Methodology was Selected:
This methodology was used because it provides for an incremental assessment of the reliability of the data associated with this performance measure.

- **State the reliability of the measure (the extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for its intended purposes.)**

Based on our reliability assessment methodology, there is a high probability that the data collection procedure for this performance measure yields the same results on repeated trials, and that the data produced are complete and sufficiently error free for its intended purposes, subject to verification of program information and further test results.

NOTE: Information provided by the Department of Health's Office of the Inspector General is presented in italics and was updated August 31, 2000.

FLORIDA DEPARTMENT OF HEALTH

ASSOCIATED ACTIVITIES CONTRIBUTING TO PERFORMANCE MEASURES

LRPP Exhibit V

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
1	Agency administrative costs as a percent of total agency costs/ agency administrative positions as a percent of total agency positions		Executive Direction ACT0010

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64100000 Program: EXECUTIVE DIRECTION AND SUPPORT
64100400 Service/Budget Entity: INFORMATION TECHNOLOGY

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
3	Technology costs as a percent of total agency costs		Information Technology - Executive Direction ACT0300

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
4	Infant mortality rate per 1,000 live births		Healthy Start Services ACT2330 Family Planning Services ACT2360 WIC ACT2340 Regional Perinatal Intensive Care Centers ACT3170 Dental Health Services ACT2310 Recruit Volunteers ACT2390
5	Nonwhite infant mortality rate per 1,000 nonwhite births		Healthy Start Services ACT2330 Family Planning Services ACT2360 WIC ACT2340 Racial/Ethnic Disparity Grant ACT2700 Regional Perinatal Intensive Care Centers ACT3170 Dental Health Services ACT2310 Recruit Volunteers ACT2390
6	Percent of low birth weight births among prenatal Women, Infants and Children (WIC) program clients		WIC ACT2340
7	Live births to mothers age 15 - 19 per 1,000 females 15 - 19		Family Planning Services ACT2360 School Health Services ACT2300 Recruit Volunteers ACT2390
8	Number of monthly participants-Women, Infants and Children (WIC) program		WIC ACT2340
new	**NEW** - Number of Child Care Food program meals served monthly.		Child Care Food ACT2350
new	**NEW** - Age-Adjusted Death rate due to diabetes per 100,000		Chronic Disease Screening & Education ACT2380

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
new	**NEW** - Prevalence of adults who report no leisure time physical activity.		Chronic Disease Screening & Education ACT2380
new	**NEW** - Age-Adjusted death rate due to heart disease.		Chronic Disease Screening & Education ACT2380

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
10	AIDS case rate per 100,000 population		HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 Pediatric HIV/AIDS ACT3130
11	HIV/AIDS resident total deaths per 100,000 population		HIV/AIDS Services ACT2420 Sexually Transmitted Disease Services ACT2410 Pediatric HIV/AIDS ACT3130
13	Tuberculosis case rate per 100,000 population		Tuberculosis Services ACT2430
14	Immunization rate among 2 year olds		Immunization Services ACT2400 Primary Care Adults and Children ACT2370
16	Number of patient days (A.G. Holley tuberculosis hospital)		AG Holley TB Hospital ACT2440
new	**NEW** - Bacterial sexually transmitted disease case reate among females 15-34 per 100,000 population		Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
new	**NEW** - Enteric disease case rate per 100,000 population		Infectious Disease Survellance ACT2450

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
64200600 Service/Budget Entity: ENVIRONMENTAL HEALTH

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
17	Food and waterborne disease outbreaks per 10,000 facilities regulated by the Department of Health		Monitor/Regulate Facilities ACT2600 Infectious Disease Surveillance ACT2450 Environmental Epidemiology ACT2630 Monitor Water Systems/Groundwater ACT2720
19	Septic tank failure rate per 1,000 within 2 years of system installation		Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
20	Number of radiation facilities, devices and users regulated		Control Radiation Threats ACT2620
new	**NEW** - Percent of required food service inspections completed.		Monitor/Regulate Facilities ACT2600

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
21	Number of Healthy Start clients		Healthy Start Services ACT2330
22	Number of school health services provided		School Health Services ACT2300
23	Number of Family Planning clients		Family Planning Services ACT2360
24	Immunization services		Immunization Services ACT2400
25	Number of sexually transmitted disease clients		Sexually Transmitted Disease Services ACT2410 Family Planning Services ACT2360
26	Persons receiving HIV patient care from county health departments (excludes ADAP, Insurance, and Housing HIV clients)		HIV/AIDS Services ACT2420
27	Number of tuberculosis medical, screening, tests, test read services		Tuberculosis Services ACT2430
28	Number of onsite sewage disposal systems inspected		Monitor/Regulate Onsite Sewage Disposal Systems ACT2610
29	Number of community hygiene services		Community Hygiene Services ACT2710
30	Water system/storage tank inspections/plans reviewed.		Monitor Water Systems/Groundwater ACT2720
31	Number of vital events recorded.		Record Vital Events ACT2810

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64200000 Program: COMMUNITY PUBLIC HEALTH
64200800 Service/Budget Entity: STATEWIDE HEALTH SUPPORT SERVICES

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
32	Percent of laboratory test samples passing routine proficiency testing		Public Health Laboratory ACT2830
33	Percent saved on prescription drugs compared to market price		Public Health Pharmacy ACT2820
34	Number of birth, death, fetal death, marriage and divorce records processed		Record Vital Events ACT2810
new	**NEW** - Percent of health and medical trget capabilities met		Public Health Preparedness & Response to Bioterrorism ACT2850
64	Percent of emergency medical service providers found to be in compliance during licensure inspection		License EMS Providers ACT4250
68	Number of emergency medical services providers licensed annually		License EMS Providers ACT4250
70	Number of emergency medical technicians and paramedics certified		Certifcation of EMTs/Paramedics ACT4260

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
35	Percent of families served with a positive evaluation of care		CMS Network ACT3160
36	Percent of CMS Network enrollees in compliance with the periodicity schedule for well child care		CMS Network ACT3160
37	Percent of eligible infants/toddlers provided CMS early intervention services		Early Intervention Services ACT3100
38	Percent of Child Protection Team assessments provided to Family Safety and Preservation within established timeframes		Medical Services to Abused/Neglected Children ACT3110
40	Number of children enrolled in CMS Program Network (Medicaid and Non-Medicaid)		CMS Network ACT3160 Kidney Disease ACT3180
41	Number of children provided early intervention services		Early Intervention Services ACT3100 Genetic Intervention ACT3140 Sickle Cell Screening and Intervention ACT3150
42	Number of children receiving Child Protection Team (CPT) assessments		Medical Services to Abused/Neglected Children ACT3110
new	**NEW** - Percent of Children's Medical Services Network enrollees in compliance with appropriate use of asthma medications.		CMS Network ACT3160

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
44	REVISED - Average number of days to issue a license		Issue License and Renewals ACT4100
50	**REVISED** - Number of unlicensed cases investigated		Investigate Unlicensed Activity ACT4110
51	**REVISED** - Number of licenses issued		Issue License and Renewals ACT4100
53	Average number of days to take emergency action on Priority I practitioner investigations		Consumer Services ACT7060 Investigative Services ACT7040
54	Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days of receipt		Consumer Services ACT7060 Investigative Services ACT7040
61	Average number of practitioner complaint investigations per FTE		Consumer Services ACT7060 Investigative Services ACT7040
62	Number of inquiries to practitioner profile website		Profile Practitioners ACT4130
new	Percent of unlicensed cases investigated and referred for criminal prosecution		Investigate Unlicensed Activity ACTACT4110
new	**NEW** - Percent of applications approved or denied within 90 days from documentation of receipt of a complete application.		Investigate Unlicensed Activity ACT4110
new	**NEW** - Average number of days to resolve unlicensed activity cases. Combination of 2 deletions directly above		Investigative Services ACT7040
new	**NEW** - Percent of examination scores released within 60 days from the administration of the exam.		Issue License and Renewals ACT4100

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
new	**NEW** - Percent of disciplinary final orders issued within 90 days from issuance of the recommended order.		Practitioner Regulation Legal Services ACT7050
new	**NEW** - Percent of disciplinary fines and costs imposed that are collected by the due date.		Consumer Services ACT7060
new	**NEW** - Percent of applications deemed complete or deficient within 30 days.		Issue License and Renewals ACT4100

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

64400000 Program: HEALTH CARE PRACTITIONER AND ACCESS
64400200 Service/Budget Entity: COMMUNITY HEALTH RESOURCES

65	Number of medical students who do a rotation in a medically underserved area		Recruit Providers to Underserved Areas ACT4210
66	Percent of individuals with brain and spinal cord injuries reintegrated to the community		Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
67	Number of providers who receive continuing education		Support Area Health Education Centers ACT4200
69	Number of brain and spinal cord injured individuals served		Rehabilitate Brain and Spinal Cord Injured Persons ACT4240
2	Percent of middle and high school students who report using tobacco products in the last 30 days		Tobacco Prevention Services ACT4300 School Health Services ACT2300 Anti-Tobacco Marketing Activities ACT1220 Community Based Anti-Tobacco Activities ACT1240 QuitLine Services ACT1260

Florida Department of Health
LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
71	Percent of disability determinations completed accurately as determined by the Social Security Administration		Eligibility Determination for Benefits ACT5100
72	Number of disability determinations completed		Eligibility Determination for Benefits ACT5100

HEALTH, DEPARTMENT OF

SECTION I: BUDGET	FISCAL YEAR 2008-09 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	2,789,104,407	73,246,860
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	37,778,189	-2,000,000
FINAL BUDGET FOR AGENCY	2,826,882,596	71,246,860

SECTION II: ACTIVITIES * MEASURES	Number of Units	*(1) Unit Cost*	*(2) Expenditures (Allocated)*	*(3) FCO*
Executive Direction, Administrative Support and Information Technology (2)				71,246,860
Health Services To Inmates * Number of correctional institutions surveyed and reviewed	14	70,678.29	989,496	
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.	1,270,028,043	0.02	22,352,451	
Community Based Anti-tobacco Activities * Number of community based anti-tobacco activities.	9,054	2,942.28	26,639,364	
Provide Quitline Services * Number of call to the Florida Quit-for-Life Line (includes nicotine replacement therapy).	23,451	245.10	5,747,884	
Provide School Health Services * Number of school health services provided	22,514,859	2.98	67,020,490	
Provide Dental Health Services * Number of adults and children receiving county health department professional dental care.	171,591	337.00	57,826,657	
Provide Healthy Start Services * Number of Healthy Start clients.	307,179	541.18	166,238,698	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants	496,765	805.57	400,178,313	
Child Care Food Nutrition * Number of child care meals served monthly	8,980,000	16.25	145,945,886	
Provide Family Planning Services * Number of family planning clients.	214,872	292.46	62,840,445	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.	291,652	455.80	132,934,736	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.	149,193	228.30	34,061,225	
Recruit Volunteers * Number of volunteers recruited.	25,754	17.35	446,858	
Provide Immunization Services * Number of immunization services provided	1,341,228	32.45	43,527,656	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.	123,380	306.46	37,811,220	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan White Consortia and General Revenue Networks	30,118	5,095.73	153,473,085	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.	305,092	138.08	42,125,636	
Operate Ag Holley Tuberculosis Hospital * Number of patient days.	14,000	1,197.95	16,771,326	
Provide Infectious Disease Surveillance * Number of epidemiological interview / follow-up services.	125,224	139.26	17,438,300	
Monitor And Regulate Facilities * Number of facility inspections.	226,668	147.64	33,465,799	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.	194,184	212.52	41,267,287	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.	87,741	127.18	11,158,663	
Racial And Ethnic Disparity Grant * Number of projects.	49	31,349.73	1,536,137	
Provide Community Hygiene Services * Nubmer of Community Hygiene Health Services	108,439	103.00	11,169,599	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.	217,578	59.83	13,018,588	
Record Vital Events - Chd * Number of vital events recorded.	436,833	28.24	12,334,711	
Process Vital Records * Number of birth, death, fetal death, marriage and divorce records processed.	632,893	21.80	13,796,927	
Provide Public Health Pharmacy Services * Number of drug units distributed.	44,629,555	2.52	112,409,451	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.	5,321,977	8.04	42,773,885	
Public Health Preparedness And Response To Bioterrorism * Number of services (vary considerably in scope)	53,165	1,423.71	75,691,798	
Early Intervention Services * Children provided early intervention services	40,501	1,295.99	52,488,810	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments	28,835	647.99	18,684,747	
Poison Control Centers * Number of telephone consultations.	196,296	15.19	2,982,228	
Pediatric Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (hiv/Aids) * Number of pediatric patients served	2,000	1,043.03	2,086,053	
Genetic Intervention * Number of genetic evaluations.	1,779	549.47	977,507	
Sickle Cell Screening And Intervention * Number of programs presented	1,109	1,165.06	1,292,047	
Children's Medical Services Network * Number of children enrolled	83,210	2,766.55	230,204,832	
Regional Perinatal Intensive Care Centers * Number of eligible regional perinatal intensive care centers newborns, obstetrical patients, obstetrical satellite clinic patients and transported patients in the program.	17,373	96.57	1,677,670	
Kidney Disease * Number of children enrolled	737	1,562.45	1,151,523	
Issue Licenses And Renewals * Health care practitioner licenses issued	392,399	107.02	41,993,310	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.	854	2,200.09	1,878,879	
Profile Practitioners * Number of visits to practitioner profile website.	979,516	1.20	1,171,905	
Support Area Health Education Centers * Number of providers receiving continuing education.	15,762	624.03	9,835,940	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.	181	1,176.67	212,977	
Support Local Health Planning Councils * Number of Local Health Councils Supported.	11	89,012.18	979,134	
Support Rural Health Networks * Rural Health Networks supported.	9	392,623.78	3,533,614	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.	3,250	8,606.59	27,971,432	
Dispense Grant Funds To Local Providers * Number of disbursements.	111	98,122.13	10,891,556	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations	261,108	404.36	105,580,827	
Investigative Services * Number of practitioner cases investigated.	36,231	421.08	15,256,006	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.	9,682	1,501.23	14,534,871	
Consumer Services * Number of complaints resolved.	26,390	164.99	4,354,024	
TOTAL			2,352,732,463	71,246,860

SECTION III: RECONCILIATION TO BUDGET			
PASS THROUGHS			
TRANSFER - STATE AGENCIES			
AID TO LOCAL GOVERNMENTS			
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			
OTHER		339,262,316	
REVERSIONS		134,886,440	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)		2,826,881,219	71,246,860

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

Florida 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

Glossary of Acronyms

STD – Sexually Transmitted Disease

STO - State Technology Office

TBD – To Be Determined

TCS - Trends and Conditions Statement

TF - Trust Fund