

State Health Assessment



Florida 2012

A community health assessment is a systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.



Division of Public Health Statistics and Performance Management |
Bureau of Community Health Assessment

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INTRODUCTION

In November of 2011, under the leadership of the Florida DOH Surgeon General, H. Frank Farmer, Jr., MD, PhD, FACP, agency staff engaged in a state health improvement planning process using a state-level adaptation of the National Association of City and County Health Official's (NACCHO's) Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. See below for a depiction of the MAPP model.



THE FOUR ASSESSMENTS

Subject matter experts from across a diverse group of partners conducted the four types of assessments suggested by the MAPP process (see first page acknowledgements for a complete list of participants). Individually, the assessments yielded in-depth analyses of factors and forces that impact population health. The four assessments taken together contribute to a comprehensive view of health and quality of life in Florida and constitute Florida's State Health Assessment. Next is a discussion of the background and process used for each assessment: the State Public Health System, the State Health Status, the State Community Themes and Strengths, and the State Forces of Change.

STATE HEALTH STATUS ASSESSMENT

This assessment identifies priority health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our state look like?"

BACKGROUND. The Health Status Assessment is a crucial component in the MAPP process, as it is during this stage that specific health issues (e.g., high cancer rates or low immunization rates) are identified. A broad range of data serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data. Because this activity is a core capacity of public health agencies, it is appropriate for the state health office to play a lead role.

ASSESSMENT METHOD. The Health Status Assessment Workgroup included staff from the Office of Health Statistics and Assessment, the state epidemiologist, and the lead epidemiologists in communicable and chronic diseases, environmental health and maternal and child health. The workgroup identified leading causes of mortality and morbidity and health related behaviors using existing birth, death, surveillance, hospitalization and survey data. Staff then interviewed key informants in the partner agencies to broaden the scope of issues being considered and to gather data related to each issue. They compiled all leading causes of mortality and morbidity and the health-related behaviors underlying them and held a facilitated consensus process through which the state epidemiologists selected key issues that would be advanced to the SHIP Steering Committee. Criteria used for selection included health issues that affect a large percentage of the population, show evidence of disparity, or have been identified by the Centers for Disease Control and Prevention (CDC) as Winnable Battles (known effective strategies for improving outcomes within five years). The resulting key issues included chronic diseases, tobacco, overweight, obesity and physical inactivity, unintentional injury, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse, neglect and other adverse childhood events, depression and behavioral health, HIV and AIDs, influenza, access to care, and emerging issues.

After the SHIP Steering Committee used the identified health issues as data upon which to develop state priorities for the State Health Improvement Plan, workgroup staff then elaborated each health priority area with more indicators and more data, presenting it in map format when data were available at a county level, analyzing it for subpopulations such as age group or race/ethnicity, and comparing it to national data. Staff then circulated a draft to Workgroup epidemiologists to get final review and comments, which were incorporated to produce the final results, found in **Appendix A**.

STATE PUBLIC HEALTH SYSTEM ASSESSMENT

This assessment focuses on all of the organizations and entities that contribute to the public's health. The Public Health System Assessment answers the questions, "What are the components, activities, competencies and capacities of our public health system?" and "How are the Essential Services being provided to our state?"

BACKGROUND. The National Public Health Performance Standards Program (NPHPSP) seeks to ensure that strong, effective public health systems are in place to deliver Essential Public Health Services (EPHS). Developed as a collaborative effort of seven national public health organizations led by the Centers for Disease Control and Prevention (CDC), the NPHPSP provides instruments to assess state, local and governance capacities. There are four key concepts that frame the national standards including their design around the ten EPHS, a focus on public health systems, a structure that describes optimal standards of performance, and applicability to quality improvement processes. A public health system is defined as "all public, private, and voluntary entities that contribute to public health activities within a given area." Depicted as a network of entities, this construct recognizes the contributions and roles of partners in the health and well-being of communities and the state.

The EPHS are the following:

EPHS 1: Monitor Health Status to Identify Health Problems

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards

EPHS 3: Inform, Educate, and Empower People about Health Issues

EPHS 4: Mobilize Partnerships to Identify and Solve Health Problems

EPHS 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

EPHS 8: Assure a Competent Public and Personal Health Care Workforce

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

EPHS 10: Research for New Insights and Innovative Solutions to Health Problems

In 1999, Florida served as a pilot test site for the NPHPSP state and local instruments. The state and all 67 county health departments assessed public health system capacity in 2005 using NPHPSP version 1.0. As of this writing, the state and 66 county health departments used NPHPSP version 2.0 to gauge public health system strengths and challenges. Florida is one of only three states that have completed state system assessments using both versions 1.0 and 2.0 of the NPHPSP state instrument. Florida demonstrates its continued commitment to enhancing public health practice through this assessment and action cycle.

ASSESSMENT METHOD. On October 25, 26 and 27, 2011, diverse groups of professionals representing a wide spectrum of areas of expertise gathered for three half-day retreats to assess the performance and capacity of Florida's public health system. A total of 53 representatives from the Florida Department of Health, county health departments, and external partner agencies participated in the process. A core team of participants were present for the assessment of all ten EPHS. Each day began with an overview of the NPHPSP instruments and assessment process. A skilled facilitator guided the workgroups through the NPHPSP state instrument questions and discussion, supported by a recorder who took notes of discussion points and proceedings. Participants assessed three EPHS each day as follows:

- October 25:** EPHS 6: Enforce laws and regulations that protect health and ensure safety
EPHS 8: Assure a competent public and personal health care workforce
EPHS 9: Evaluate effectiveness, accessibility, and quality of personal and population based health services
- October 26:** EPHS 3: Inform, educate and empower people about health issues
EPHS 4: Mobilize partnerships to identify and solve health problems
EPHS 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- October 27:** EPHS 1: Monitor health status to identify health problems
EPHS 2: Diagnose and investigate health problems and health hazards
EPHS 5: Develop policies and plans that support individual and statewide health efforts

On October 28, the core assessment team met to assess EPHS 10 (research for new insights and innovative solutions to health problems), aided by previously gathered input on EPHS 10 from public health system partners with relevant subject matter expertise.

The process used to arrive at consensus responses was the same for each workgroup and consisted of several steps. The facilitator read aloud the essential service description, activities, and model standard for each indicator. Discussion time followed during which participants shared how their division/ organization contributed to meeting the standard and Florida's overall performance in the area under consideration. The facilitator then read aloud assessment stem questions and guided participants in a voting process. Using colored coded voting cards, participants cast responses and they were tabulated using the scale below:

- **Optimal Activity:** Greater than 75% of the activity described within the question is met
- **Significant Activity:** Greater than 50% but no more than 75% of the activity described within the question is met
- **Moderate Activity:** Greater than 25%, but no more than 50% of the activity described within the question is met
- **Minimal Activity:** Greater than zero but no more than 25% of the activity described within the question is met
- **No Activity:** 0% or absolutely no activity

In instances when consensus was not apparent in the voting, the facilitator opened up the floor for further discussion and repeat voting. Each workgroup responded to the stem questions for their assigned essential services. The core assessment team met immediately following the discussion sessions to determine responses to sub-questions based on discussion notes and their participation in the sessions. All responses were entered into a CDC-maintained database; reports of results were available with minutes of submission. Final results can be found in **Appendix B**.

STATE THEMES AND STRENGTHS ASSESSMENT

This assessment identifies the important health issues as perceived by state residents. The assessment answers the questions: “What is important to the state?”, “How is quality of life perceived in the state?” and “What assets exist that can be used to improve health in the state?”

BACKGROUND. By including State Themes and Strengths in the MAPP process, two benefits are gained. First, residents’ concerns are genuinely considered and visibly affect the process, making the resulting strategic priorities for the State Health Improvement Plan more comprehensive and the Plan itself more effective. Second, the themes and issues identified here offer insight into the information uncovered during the other assessments.

ASSESSMENT METHOD. The Community Themes and Strengths Assessment Team identified the priorities, resources and quality of life issues by analyzing local health issues prioritized by community members using data from the Community Health Improvement Survey, priorities of the local public health agencies using data from county health department strategic plans, health concerns of Floridians using data from the Behavioral Risk Factor Surveillance Survey, and assets and resources using the Department of Health Resource Manual.

- **COMMUNITY HEALTH IMPROVEMENT SURVEY.** Since 2003, county health departments have responded to an annual survey on community health improvement activities. The survey ascertains the unique capacities, current and planned community health improvement activities, and training, technical assistance and resource needs. The Assessment Team reviewed survey results from 2003 through 2011, looking at trends in how county health departments answered the questions “What themes are being addressed by community-identified strategic issues?” and “What topics are being addressed by community-identified goals and objectives?” Because Florida’s county health departments use the community-driven strategic planning tool, Mobilizing for Action through Planning and Partnerships, the answers to these questions reflected the concerns of a wide spectrum of residents of each county.

- **COUNTY HEALTH DEPARTMENT STRATEGIC PLANS.** The Assessment Team reviewed and analyzed county health department strategic plans to ascertain local health priorities, existing infrastructure and resource allocation. This analysis provided another source of data that confirmed findings from the community health improvement survey by showing that at the local level, access to health care and chronic diseases are leading priorities.
- **BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (BRFSS)** is a survey of randomly selected respondents ages 18 and older throughout the state about their health behaviors and preventive health practices related to the leading causes of morbidity and mortality. Additionally, the BRFSS queries participants about their perceived quality of life and the correlates that impact health and well-being. These data provide insight into how residents of our state perceive their quality of life. The Assessment Team reviewed 2007 and 2010 data from key survey questions: “percent of adults with good to excellent overall health;” “percentage of adults who are limited in any way in any activities;” “percentage of adults who use special equipment because of a health problem;” “percentage of adults who are ‘very satisfied’ or ‘satisfied’ with their lives;” “percentage of adults who always or usually receive the social and emotional support they need;” “percentage of adults with good physical health;” “percentage of adults with good mental health.”
- **ASSETS AND COMMUNITY RESOURCES.** Through the Department of Health Resource Manual, DOH maintains its own snapshot that describes the priorities around which the agency and county health departments have chosen to organize their resources and efforts in support of the agency’s mission and vision. County health departments, in particular, function as the primary mechanisms of direct public health services. This document incorporates several areas of importance: health components, service populations, resources and organizing principles.

Final results of the State Themes and Strengths Assessment can be found in **Appendix C**.

STATE FORCES OF CHANGE ASSESSMENT

This assessment determines forces that impact the way the system operates, including things like legislation, funding shifts, technology or other impending changes that may affect state residents or the state system. Threats or opportunities generated by these occurrences should be considered. It answers the questions, "What is occurring or might occur that affects the health of our state?" and "What specific threats or opportunities are generated by these occurrences?"

BACKGROUND. Identifying and addressing forces of change — often called “environmental scanning” —is important to the success of the process. It ensures that the process is relevant and timely, builds upon opportunities, and responds to potential threats. The identification of forces illuminates some of the “givens” under which the public health system operates or will need to operate. Considering these forces will make health improvement strategies more effective. The process of conducting a Forces of Change Assessment also has strong benefits for the working relationships of public health system partners. This phase promotes thinking about the “big picture.” These activities often bring partners together on common ground and encourage them to think about how to collaboratively address changes.

ASSESSMENT METHOD. The State Health Improvement Steering Committee convened and participated in a facilitated session on October 17, 2011 to discuss and identify the forces that affect the public health system as part of the State Health Improvement (SHIP) planning process. The group was asked to focus on issues such as factors that impact the environment in which the public health system operates; trends; legislation; funding shifts; federal, state and local legislation; technological advances; changes in organization of health care services; shifts in economic and employment forces; changing family structures; gender roles, and more. See **Appendix D** for assessment results.

USING THE ASSESSMENTS TO FORM STRATEGIC ISSUE AREAS

After reviewing all of the assessment findings in detail, staff prepared a summary of the key themes and issues from each assessment for the SHIP Steering Committee, comprised of a diverse leadership group representing eight agencies and organizations (see acknowledgements for list of members). Committee members used findings from each of the four assessments as the basis for identifying the strategic priority issues that were then used to build the State Health Improvement Plan. The SHIP Steering Committee met on November 18, 2011, and set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The group defined strategic issues as fundamental policy choices or critical challenges members determined that the assessment data coalesced around five strategic issue areas: health protection, chronic disease prevention, community redevelopment, access to care, and health finance and infrastructure. The following table shows each strategic priority area with its associated assessment findings.

STRATEGIC ISSUE AREA: HEALTH PROTECTION

LOCAL PUBLIC HEALTH SYSTEM

- Public health capacity and resources rated as the lowest among the four model standards. Related findings include 1) lack of commitment of sufficient resources including financial, human, leadership, technology; 2) system fragmentation; 3) insufficient workforce (numbers of and expertise); and 4) reduced financial and human resources in local public health systems.
- Paucity of data on mental health, substance abuse, homeless population, occupational diseases, child and adolescent health, acute manifestations of chronic diseases, some injuries.
- No clear locus of responsibility for quality improvement for health monitoring activities.
- Conduct only periodic reviews of effectiveness of state surveillance system.
- Core health protection resources largely dependent on federal funding.
- For the size of the state, its geographic and demographic diversity and scope of surveillance needed, Florida is understaffed in several key areas.
- State public health system capacity rated as optimal in Essential Public Health Service 1, Monitor health status to identify community health problems (82%), and Essential Public Health Service 2, Diagnose and investigate health problems and health hazards (84%).
- State public health system capacity on standards related to public health preparedness rated as optimal.

FORCES OF CHANGE

- Florida's public health preparedness and emergency response program is recognized as a national model.
- Potential unintended consequences to the state public health system by budget and program cuts.
- Emerging threats due to new infectious disease strains, environmental issues, terrorism.

HEALTH STATUS ASSESSMENT

INJURY

- Leading cause of death for those aged 1-44
- Fall-related injuries are the leading cause of fatal and non-fatal injuries among Florida's senior population (ages 65 and older).

HIV/AIDS

- Florida has the highest HIV incidence in the country, and is third to highest in incidence of AIDS and in HIV/AIDS age-adjusted death rates. Very high disparities. HIV/AIDS cases are on the rise among black men.

INFLUENZA

- Influenza affects 5 to 20 % of U.S. residents annually, impacting the medical system due to complications and hospitalizations.
- Floridians, including those on Medicare, are among the least likely to be vaccinated for the flu.

EMERGING ISSUES

- New or more virulent strains of infectious diseases.
- Decline/non-acceptance of proven childhood immunizations and prevention strategies.

THEMES AND STRENGTHS

- Among Florida's 67 local community health improvement planning projects, public health preparedness (42% (28/67) of counties) and environmental health issues (41% 27/67) have been identified as community strategic priorities.
- State level health issue priorities that are currently being collaboratively addressed as local level priorities include immunizations (42% of counties), infectious diseases (37%); and injury and trauma (16%).
- Among Florida's health care access assets are our 67 county health departments, statewide network of Children's Medical Services clinics and providers, state laboratories, Vital Statistics, state pharmacy, volunteer health care provider network, numerous Federally Qualified Health Centers, and disaster preparedness and emergency operations capacities.

STRATEGIC ISSUE AREA: CHRONIC DISEASE PREVENTION

LOCAL PUBLIC HEALTH SYSTEM

- Challenges in meeting disparate needs of populations due to geography, age, language, race/ethnicity, income, co-morbidities.
- Limited or no review of effectiveness of health communications, health education and promotion interventions.
- Minimal system wide assurance of accurate and current content of health communications, health education and promotion interventions.
- Minimal activity to assess system wide effectiveness of efforts to reach targeted populations with culturally and linguistically appropriate health communications.
- Limited activity to manage overall system performance in informing, educating and empowering people about health issues.

FORCES OF CHANGE

- At current rates of increase, by 2030, 50% of the US adult population will be obese.
- Workplace wellness programs are of increasing interest among employers who cannot provide health insurance.
- Model school-based programs are emerging – for example focusing on districts with workplace wellness (rather than individual schools) can have a great impact where a school district is a major employer.
- Changes in high school physical education requirements since 2007 have reduced physical activity in a population that is growing more obese yearly.
- There is minimal middle and high school health education course participation (under 10% of students enrolled).

THEMES AND STRENGTHS

- Diabetes, obesity and overweight, and tobacco use were specified as health issues affecting communities and in need of intervention.
- Common priority health issues have been identified by all 67 community health improvement projects, disclosing an opportunity for strong state level support for these issues.

HEALTH STATUS ASSESSMENT

TOBACCO

- More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.
- Smoking is estimated to increase the risk of coronary heart disease and stroke by a factor of 2 to 4 and of dying from chronic obstructive lung diseases by a factor of 12.
- Tobacco use in Florida has declined over time, but substantial progress is still possible. Realized gains could be undone if efforts cease, leading to further surges in chronic disease morbidity. Florida ranks 24th among the states with the highest proportion of smokers. This is a winnable battle providing that efforts to prevent tobacco use continue.

OVERWEIGHT, OBESITY AND PHYSICAL INACTIVITY

- An estimated 300,000 premature deaths per year may be attributable to obesity through increased heart disease, diabetes, and cancer.
- Overweight and obesity are also associated with increased risks of gall bladder disease, incontinence, arthritis, adverse surgical outcomes, complications of pregnancy and depression.
- Overweight and obesity are increasing overall and are particularly prevalent among Blacks. This increase poses the threat of future increases in cardiovascular disease. Florida ranks 6th among states that have the highest percentage of overweight adults. Blacks are nearly twice as likely as Whites or Hispanics to be obese. Studies have shown that adult overweight and obesity may have its beginnings in childhood.
- Regular physical activity not only helps to avoid being overweight, but it also reduces depression and anxiety; helps to maintain healthy bones, muscles, and joints; prevents falls among older people; reduces the risk of breast cancer; and promotes feelings of well-being. Florida ranks 27th among states for its low prevalence of reported physical activity.

STRATEGIC ISSUE AREA: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS

LOCAL PUBLIC HEALTH SYSTEM

- The public health system's capacity to educate and empower people about health issues, mobilize partnerships to take action and establish plans and policies that support recommended changes are capacities required for achieving the objectives of this priority issue.
- **INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES.** The state's capacity to inform and educate people about health issues was rated at a moderate level, showing potential for improvement while acknowledging the foundational aptitude. Challenges recognized were the ability to serve diverse audiences in a culturally competent manner and to evaluate the effectiveness of health messages.
- **MOBILIZE PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS.** Several programs foster community partnerships and conduct regular reviews of partner participation and commitment as a strategy for improving health. These strategies not only facilitate sharing system-wide resources for partnership development but also help reach target populations with health messages.
- **DEVELOPING POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND STATEWIDE HEALTH EFFORTS.** Best practices in developing policies and plans that support health include Florida's community health improvement planning process, its strong public health statutes, and its comprehensive emergency management plan.
- **MONITOR HEALTH STATUS AND RELATED FACTORS.** Florida has significantly addressed planning and implementation and also state-local relationships. Florida excels at establishing uniform indicators, publishing and making data available and providing assistance to local public health systems and partners to interpret epidemiologic findings. This type of activity and assistance could be applied also to community assessment data. A challenge emerged in finding innovative solutions to health problems.

HEALTH STATUS ASSESSMENT

- Many adverse health outcomes are more prevalent in low income populations. Specific priority health status issues are overweight, obesity, physical inactivity, and tobacco use.

THEMES AND STRENGTHS

- Among Florida's 67 local community health improvement planning projects, diabetes, overweight and obesity and smoking and tobacco use have been the top priority topics for several years, and health promotion has been the 2nd priority (after access to care).
- Policies and laws are growing in importance, with only 3% of counties identifying them as a priority in 2006 but 29% prioritizing them in 2010. A gap analysis of Florida's public health statutes provided evidence that they aligned with national models of recommended public health laws. However, there is an opportunity to develop model local ordinances that can improve health.
- While environmental health was a prioritized theme by 34% of counties in 2006, by 2010, it was 41%.
- Florida's public health organization, delivering both state and local services, along with robust partnerships and ardent stakeholders in the public health system are among the assets that will contribute to accomplishing the goals in this priority area.

FORCES OF CHANGE

- Florida has many model practices that should be expanded that may impact this priority area. An example is Healthy School Districts. Public Health Preparedness presents a good model for partnership development that could be applied to the community planning partnership needs of this priority area. The Community Health Improvement Planning Process used in all of Florida's counties was also identified as a strength.
- Reducing obesity and expanding opportunities for health education in schools were named as areas for improvement.

STRATEGIC ISSUE AREA: ACCESS TO CARE

LOCAL PUBLIC HEALTH SYSTEM

- Challenges in meeting disparate needs of populations due to geography, age, language, race/ethnicity, income, co-morbidities; understanding health care needs of vulnerable populations; linking services in rural areas; and sharing data on services and providers.
- Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable, tied for the second lowest performance score (45%, moderate activity) for the assessment.
- Needed services include dental, mental health, substance abuse, primary care. Many lack medical homes. Those transitioning from youth services into adult services need attention.
- There are geographic pockets of high and low capacity in linking people to services and assuring service provision and also wide variations by program/health topic area.
- In the aggregate, local public health systems perform in the assurance role at higher capacity (65%, significant activity). Many view this as unacceptably low performance as the assurance function should be at optimal levels.

FORCES OF CHANGE

- Health care practitioner workforce is retiring.
- Loss of health insurance coverage due to unemployment and reduction in benefits for the workforce.
- Changes in Medicaid coverage.
- Market competition for healthy patients.
- Widespread health care fraud.
- Few payer sources for adult dental care and dental hygiene services.
- Approximately \$73 million spent for dental care in emergency rooms in Florida.
- Decreasing hospital occupancy may impact availability of emergency room care.
- Increasing adult substance abuse associated with an increase of children in foster care.
- Too few pediatric dentists.
- Obesity epidemic increasing service needs.
- Telemedicine and other technologies may expand service options.
- Certificate of need requirement in Florida allows for planning of costly resources.

HEALTH STATUS ASSESSMENT

INFANT MORTALITY AND PREMATURITY

- Florida's infant mortality rate ranks 29th among the states.
- Preterm birth is a major contributor to infant mortality.

CHILD ABUSE, NEGLECT AND OTHER ADVERSE CHILDHOOD EVENTS

- For children, can result in death, disability, poor school performance, teen pregnancy, and emotional disorders. In adulthood, can result in drug use, hypertension, depression, and a shortened lifespan.

PRESCRIPTION DRUG ABUSE

- Emergency room visits and hospitalizations related to prescription drugs have increased dramatically over the last 5 years.

DEPRESSION AND OTHER MENTAL HEALTH ISSUES

- An estimated 19 million American adults are living with major depression.

ASTHMA

- The hospitalization rate from asthma has increased dramatically over the past 10 years.

ACCESS TO CARE

- Florida ranks 47th in the country for the proportion of people insured.
- Dental care and oral health are related to heart disease, premature birth and low birth weight and infections of the blood and bones.
- Health care providers, given current graduation and training rates, will continue to be in great demand.

THEMES AND STRENGTHS

- Among Florida's 67 local community health improvement planning projects, access to care has been identified by 95% (63/67) counties as a community strategic priority.
- State level health issue priorities that are currently being collaboratively addressed as local level priorities include dental care and oral health (55% of counties), maternal and child health (49%); mental health (33%) and substance abuse (30%).
- Among Florida's health care access assets are our 67 county health departments, statewide network of Children's Medical Services clinics and providers, state laboratories, Vital Statistics, state pharmacy, volunteer health care provider network, numerous Federally Qualified Health Centers, and disaster preparedness and emergency operations capacities.

STRATEGIC ISSUE AREA: HEALTH FINANCE AND INFRASTRUCTURE

LOCAL PUBLIC HEALTH SYSTEM

Several major system wide challenges emerged from the assessment data and discussions by assessment participants.

- **ASSURING A COMPETENT WORKFORCE.** The state's capacity was rated at moderate, showing potential for improvement. Challenges participants recognized were the lack of resources for training, continuing education, recruitment and retention; the lack of succession planning, career ladders and advancement/leadership opportunities; inefficient, ineffective leveraging of partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity and support education of future public health professionals; low capacity of local public health systems to assess workforce composition, size, skills, gaps and recruitment and retention activities; and lack of leadership development resources and opportunities in aggregate of local public health systems. A strength in this area is that there will soon be a Department of Health workforce development plan.
- **DEVELOPING POLICIES AND PLANS.** The state's capacity was rated at a significant level, meaning that while there are opportunities for improvement, there are also strengths on which to build. Noted strengths of this service were the COMPASS statewide initiative that supports local public health systems in health improvement planning processes that foster collaboration and convening partners. Challenges include the need for alignment of local community health plans and a state health improvement plan, budget cuts, and a lack of system-wide sharing of resources to conduct health planning and policy development.
- **PUBLIC HEALTH CAPACITY AND RESOURCES** was rated at moderate activity, meaning the system has much room for improvement in this area. Challenges include a lack commitment of sufficient resources including financial, human, leadership, technology; system fragmentation; insufficient workforce (numbers of and expertise of) to serve state's population; and reduced financial and human resources.
- **PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT** was rated at moderate activity, meaning the system has much room for improvement in this area. Challenges include limited or no review of effectiveness of health communications, health education and promotion interventions and limited or no system wide review of partnership development activities.

HEALTH STATUS ASSESSMENT

- No relevant findings.

THEMES AND STRENGTHS

- Concern over the public health infrastructure and policies and laws has continued to grow in significance over the past several years.
- Locally, a network of partnerships exist among health care providers and ancillary care groups that augment the health care needs of the population in each county.

FORCES OF CHANGE

- There is a huge amount of systems work required in preparation of the changes in Medicaid coming in January of 2014. If there are any snags in implementing Medicaid changes in 2014, then many people who are dropped from work coverage would be vulnerable.
- Economic uncertainty has increased joblessness. The public health safety net organizations have less at the same time. Demand is increasing while supply is decreasing.
- There is increased use of services but decreased funding to Federally Qualified Health Centers, County Health Departments, and rural hospitals, making it more difficult to provide primary care services.
- Economic uncertainty is a treat to safety net service providers and those who use the services.
- As of January 1, 2014, Medicaid expansion will make a huge impact on health care coverage and the types of populations covered.
- There are not enough providers and shortages are increasing, especially for dentists.
- Use of telemedicine expands the opportunity to deliver services. For example, child protective agents are linked, and using real time technology may allow for more immediate assessments such as bruises from child abuse.