

Florida Health Advocates

Recommendations for Consideration by the Legislature with Respect to Reorganization of the Department of Health

HB 5311 was passed by the 2010 Florida Legislature and approved by the Governor. Section 34 of the bill requires the Florida Department of Health (DOH) to conduct an “evaluation and justification review” of each of the department’s divisions as currently established and to make recommendations for restructuring the agency. The department’s report is due to the Governor and legislative leaders no later than March 1, 2011.

This paper offers a number of principles and recommendations for legislators to consider as they work to ensure the provision of sustainable, quality public health services for Florida’s residents and visitors.

Public health services provided by DOH and its county health departments (CHDs) protect Florida’s residents and visitors from disease and illness. At any given time there are 40 million residents and visitors in the state; all require protection from natural and man-made disasters and infectious diseases, ranging from hurricanes to bioterrorism. A strong public health infrastructure is absolutely necessary to make our state safe for residents and visitors, and to create and maintain an economic engine that will ensure sustainable growth.

Public health is community health, and like other examples of public infrastructure, public health services are provided through a partnership of Florida’s state and county governments. A formal contract is negotiated annually between DOH and each Board of County Commissioners. The contract identifies state, county and other revenues for each CHD and defines those services to be offered by the CHD. Any organizational changes to DOH should respect and improve upon this relationship and should provide necessary flexibility to assure responsiveness and efficiency consistent with private sector business principles and practices.

Reorganization of DOH should be undertaken for the sole purpose of strengthening the state’s public health system and improving its efficiency and effectiveness. Care must be taken to avoid unintended consequences that reduce capacity and performance of county health departments, state laboratories, and central office programs.

Good public health promotes healthy communities. By working with planners, businesses and other local leaders, county health departments can provide expertise to help ensure growth and development take place in a way that reduces sprawl and promotes healthy behaviors such as walking, bicycling and other recreation. This healthy community design attracts business and investment, creates jobs and provides additional economic benefits.

Local entities including schools and law enforcement agencies seek and receive accreditation to help assure the provision of quality services in their communities. Similarly, by advancing the quality and performance of our county health departments, the state will be well positioned for national public health accreditation, assuring citizens and visitors that Florida’s communities are healthy communities.

Among its many important responsibilities, Florida's public health system:

- Ensures the safety of food and drinking water through on-site inspections and laboratory analyses
- Prevents and controls outbreaks of infectious disease including influenza, tuberculosis, encephalitis, dengue fever, dysentery, HIV and STDs
- Immunizes children against infectious diseases
- Responds to natural disasters such as hurricanes, floods and red tide
- Responds to man-made disasters including bioterrorism (e.g. anthrax), oil and other hazardous material spills, and nuclear events
- Performs laboratory analyses including screenings for all newborns, analyses of clinical samples from CHDs and private practitioners, and analyses of environmental (air, water and soil) samples
- Provides health care, dental and nutrition services for many of the state's pregnant women, infants and children
- Ensures safe and sanitary practices in schools and other public settings
- Educates Floridians about living healthy lifestyles to avoid costly and life changing chronic diseases including diabetes, stroke and heart disease

Public Health Principles

The following public health principles as described in the *Turning Point Model Public Health Act* should be used to guide any restructuring of Florida's public health services.

The *Act* can be found at:

http://www.turningpointprogram.org/Pages/pdfs/statute_mod/MSPHAFinal.pdf

- (1) **Public health purpose.** The exercise of any public health authority or power shall further or support improving or sustaining the public's health by accomplishing essential public health services and functions.
- (2) **Scientifically-sound practices.** Whenever possible, a state or local public health agency shall exercise its authorities or powers through procedures, practices, or programs that are based on modern, scientifically-sound principles and evidence.
- (3) **Well-targeted intervention.** A state or local public health agency shall strive to design and implement interventions that are well-targeted to accomplishing essential public health services and functions. An agency should avoid using compulsory power in a manner that is over-broad (applying to more individuals than is necessary for the public's health).
- (4) **Least restrictive alternative.** A state or local public health agency shall employ the least restrictive alternative in the exercise of its authorities or powers, especially compulsory powers. This means that where the agency may exercise one or more of its authorities or powers to accomplish essential public health services and functions, it shall, to the extent possible, employ the policy or practice that least infringes on the rights or interests of individuals. Employing the least restrictive alternative does not require the agency to adopt policies or programs that are less effective in protecting the public's health or safety.
- (5) **Nondiscrimination.** State and local public health agencies shall not discriminate in an unlawful manner against individuals on the basis of their race, ethnicity,

nationality, religious beliefs, sex, sexual orientation, or disability status.

(6) **Respect for dignity.** State and local public health agencies shall respect the dignity of each individual under their jurisdiction, regardless of their nationality, citizenship, or residency status.

(7) **Community involvement.** Protecting the public's health requires ongoing public health education and outreach to encourage, facilitate, and promote community participation in accomplishing public health goals.

The "Ten Essential Public Health Services" (Attachment 1) describe those public health activities that should be undertaken in all Florida communities, and which every citizen has a right to expect.

Recommendations

Any reorganization of DOH should first do no harm to the state's county health departments and the important services they provide in partnership with county governments. Any reorganization should be "seamless" for county health departments ensuring no interruption in service provision. The existing cost sharing arrangement between the state and its counties leverages local resources, has worked well for many years and should not be disturbed.

The Legislature should provide CHDs and other DOH enterprises that directly support CHDs, including the statewide laboratory and pharmacy systems, with greater flexibility to take local circumstances into account when meeting community health needs. Until recently, CHDs were not required to comply with FTE cap or salary rate requirements. Having such flexibility previously maximized nimble community responsiveness and increased efficiency consistent with private sector business principles and practices.

In conjunction with existing statutory requirements, the Legislature and the Governor should ensure the DOH agency head is an accomplished physician who is a recognized, credible, experienced public health practitioner and leader. This individual needs to be well versed in the management of large, complex organizations and must understand how to work with high-level public and private sector entities and individuals.

The Legislature and the Governor should ensure that the actual power and authority of the department is transparent to the public and vested only in the agency head, who has direct access to the Executive Office of the Governor. The individual with primary responsibility for the health of the public cannot be required to work through an opaque labyrinthine process via the agency's chief of staff or some other subordinate to obtain access to the Governor and other key decision makers.

Any reorganization of DOH should flatten the organizational structure and reduce the number of boxes in the Table of Organization, particularly at the deputy secretary level. The agency structure should be streamlined and managed by competent, experienced public health professionals, and DOH should be divested of

functions that are not a good public health fit – examples include the Correctional Medical Authority and the Division of Disability Determination.

The Legislature should give consideration to alternative forms of public health governance that have proven effectiveness. Other states operate under varying organizational structures including state boards of health, local boards of health and local public health advisory councils to help ensure that public health is truly guided by community interests.

The Legislature should establish a blue ribbon panel on Medicaid. The panel should identify ways to improve the state’s ability to draw down all available federal funds, explore requesting a waiver for prevention services, find efficiencies, and reduce fraud. The state public health pharmacy and laboratories, as well as CHD based pharmacies and laboratories, need to maximize Medicaid revenues so that this resource can be assured and sustained.

A high-level interdepartmental statewide health council that includes pertinent state agency members should be created. In Florida, like other states nationwide, public health functions reside in a number of state agencies. The council would improve collaboration, identify methods of using General Revenue to leverage and maximize Florida’s share of federal funding, improve disaster response, improve efficiency and effectiveness and serve to positively impact economic development and job creation.

The current designation for the DOH agency head, “Surgeon General”, should be discontinued and replaced with the designation, “State Health Officer” or “Secretary and State Health Officer”. The federal government recognizes the term, “state health officer” as the accepted title for each state’s public health leader and this term is currently used throughout the Florida Statutes.

Health impact assessments should be performed prior to any reorganization of DOH. These assessments will identify how such reorganization would impact the provision of public health services so that unintended consequences are minimized.

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Attachment 1

The Ten Essential Public Health Services

The “Ten Essential Public Health Services” describe the public health activities that should be undertaken in all communities. The Ten Essential Services are the culmination of work initiated by findings of the Institutes of Medicine (IOM) in their 1988 report, *The Future of Public Health*. The Ten Essential Services provide a working definition of public health and should be used as a framework for establishing the responsibilities of state and local public health systems.

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.