

Response to the Health & Human Services Transition Team Report Recommendations to Governor-Elect Rick Scott

The Florida Public Health Association has serious concerns with the Report of the Health & Human Services Transition Team. Our first concern developed with the selection of the team reviewing the Department of Health. While each team member has excellent credentials, not one of the DOH Transition Team members has a public health background. All of the members come from private sector medicine or private business and we feel the report reflects a lack of understanding public health and public health services and focus more on primary care and sick care services which is a small part of the programs and services provided.

The Report noted, and FPHA agrees, that the lack of leadership has lead DOH to this point. However, FPHA believes it is not the structure of the organization that is the problem. Good leadership will find efficiency, establish accountability, downsize and eliminate waste. Before DOH is reorganized, it might be wise to find where the lack of leadership has failed the agency and then begin with new leadership to align their mission of Public Health.

FPHA agrees there is a need for system improvements in public health. With the desire of the Administration to achieve efficiency and smaller government, it is important to be strategic in the plans to improve DOH without a negative impact on important public health services. However, as noted in a paper developed by a group of longtime public health leaders and external stakeholders (FPHA was included), the "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." (see attached paper) FPHA recommended to the Transition Team that the Florida Department of Health performance, impact, budget, etc should be benchmarked against that of other states rather than simply considered in isolation without a reference that is relevant. This was not done and is reflected in the recommendations.

FPHA believes recommendations by the Transition Team to bring in additional programs creates a super agency and will not be conducive to the level of efficiency to which we all aspire, and does not give the Department a laser like focus. (See the Table of Organization recommended) Yes there are some functions shared across agencies and we need to address whether they should be moved from DOH into another state agency or vice versa. However, we do not agree that combining and/or moving programs like the Agency for Persons with Disabilities/ Elder Affairs/Long Term Care/Mental Health/Substance Abuse, and even AHCA, into a new super department is best for the state and the provision of services. This needs careful study to ensure this is part of the 10 Essential Public Health Services and the Mission of the Department. This recommendation creates a Department similar to the former Department of Health and Rehabilitative Services (HRS), which in 1996 was dismantled by the State Legislature for being too large, inefficient, not having common purposes, etc. We would hope that the Team would have looked at that former structure and could see where they are recommending a return to what did not function well in the past and relegated public health services to a back seat, both financially and administratively. The focus, problems and funding in HRS was always on the "RS" programs. This new recommended structure creates that same problem.

FPHA disagrees with the recommendation in Summary #1 and believes the Secretary/State Health Officer should be one person and should be a physician who is recognized as a credible, experienced public health practitioner and leader. If one looks at the history of Department of Health since its' inception in the 1880's, you will find that the physician Director added credibility to the Health Agency

and each Director brought with them a special expertise and uniqueness based on their public health experiences. The proposed structure puts the State Health Officer over limited services and does not even connect with a dotted line to the Essential Public Health Services which the Team has under a Deputy Secretary. Additionally, there is no relationship between the State health Officer and the County Health Departments.

This report seems to emphasize that there is a lack of standardization of programs in DOH and that is misleading. (page 7) You only need to look at the WIC Program, Accounting Practices, Family Planning program, Environmental Health Program requirement, Report Requirement, etc. to see there is standardization from DOH to the CHD's. Yes, there is always room for improvement. The new Administration must understand that each CHD is unique and they have programs and services mandated by their county governments based on county needs as well as those from the State and from the Federal Government. DOH does work with CHD's on those programs and services designated by the State. However in the final reorganization structure, there needs to be a better organizational relationship between DOH and the CHDs where the information flow both down to the CHD and back to DOH comes from and through one administrator at the state level.

In the bigger picture, public health is and always will be about assessing community need and responding to urgent health concerns. Addressing the specific health conditions and disease surveillance is a base function that needs to be done at the state level where the "big" picture can be seen. Community collaboration through the CHD's is the hallmark of public health in each community. We must be careful not to reduce the capacity at the local level because of changes made at the state level.

FPHA looks forward to working with the Governor-Elect to make the delivery of public health as efficient as possible. However, we remain concerned that the creation of a super-agency as proposed by the Transition Team will not be conducive to the level of efficiency to which we all aspire and does not give the Department a laser like focus