

**Healthy  
communities  
for a healthy  
Florida**

**The Florida Department of Health ■ 2001–2003 in Review**

A photograph of a woman and a young girl smiling and interacting in shallow water. The woman is on the right, leaning towards the girl on the left. They are both looking at each other with joyful expressions. The water is clear and shows ripples. The entire image has a warm, reddish-orange tint. A solid reddish-orange vertical bar is on the left side of the image, containing the text.

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It has been my honor to serve as Florida's Health Secretary since 2001. Since then, I have had ample opportunity to get a first-hand look at employee dedication, passion and self-sacrifice to ensure our mission: to promote and protect the health and safety of all people in Florida.

I watch with pride as our DOH teams confront each and every challenge that threatens public health and safety. I see their commitment to the people of Florida as they dedicate time and personal resources to support and promote healthy communities. For example, during the 2002 Florida State Employees Charitable Campaign, DOH employees gave nearly \$471,000 to hundreds of local community organizations throughout the state. Employee commitment to our state's youth and youth organizations was evident by the 6,300 hours of community service during a nine-month period through March 2003.

Overall, the Florida Department of Health provides the state's primary infrastructure for preparing and responding to acute and chronic health threats and for promoting optimum health for Floridians. The department's central offices, county health departments (CHDs) in each of the state's 67 counties, and partnerships throughout the health care community, work toward a common goal of serving the public's well-being.

Floridians have been at the forefront facing many unprecedented public health challenges and our responses are visible to the world. Recent challenges have

included developing the state's smallpox vaccination plan that created a safety net of first responders if an outbreak were to occur; monitoring the state's arboviral activity to aid in the control of the growing threat of West Nile and other mosquito-borne viruses; responding to the country's intentional release of anthrax; helping to reduce and discourage youth tobacco use; reducing the number of hepatitis cases; and continuously offering education for the health care community to help spread awareness of health consequences associated with obesity that plague our nation and state.

We also recognize the importance of reading and that it is instrumental for growth and learning about health issues. We proudly sponsor the Read for Health Initiative that incorporates reading into department services. Mentoring is an important aspect of health promotion, and the hundreds of employees who volunteer as mentors recognize their contributions dramatically influence the behavior and attitudes of youth throughout the state.

It is rewarding to work each day with colleagues who strive to make a difference for others. ■



John O. Agwunobi, M.D., M.B.A., Secretary

It is my vision that this department be widely acknowledged as the best department of its kind in the world. In this vision, employees have immense pride working here because they know their contributions directly influence the health of the state and its residents.



# Governor's initiatives— tied to the overall health of the state

**J**ust Read, Florida! One Florida, and the Mentoring Initiative illustrate the commitment to improve life for all Floridians. The Governor believes wholeheartedly in the power and responsibilities of families as the first and most important influences for their children and communities. Governor Bush's initiatives are based in part on five promises that all of us owe the children in Florida. Our obligation, says the governor, is to assure that all young Floridians have in their lives, the following:



- **Caring adults—as parents, mentors, tutors and coaches.**
- **Safe places with structured activities in which to learn and grow.**
- **A healthy start and healthy future.**
- **An effective education that equips them with marketable skills.**
- **An opportunity to give back to their communities through their own service.**

**JUST READ, FLORIDA!** Governor Bush believes that reading is the most powerful skill a child can learn, as it influences success in school and improves the overall quality of life. The department's Read for Health Initiative was created to work in conjunction with the Governor's initiative, as well as to help foster the relationships between doctors and parents of young children.

Many county health departments already provide readers for children in waiting rooms. Employees donate books and promote reading through events, sharing grant opportunities and participating in national reading programs such as Born to Read and Reach Out and Read. Some Women, Infants, and Children's (WIC) clinics schedule appointments for three- and four-year-olds simultaneously so that children can also participate in reading groups. Other units have agreements with local libraries that provide them with packets and books to give to children during well-baby visits.

In a joint effort with the Governor's Mentoring Initiative, employees donated more than 800 books to schools, youth organizations, and Read for Health sites; or more than 40 percent of all books collected during the Governor's 2002 holiday book drive.

**MENTORING** The Governor's Mentoring Initiative recognizes the impact of mentoring on the life of a child. In fact, it has been shown to make the difference whether a student stays in school or drops out to face a life without the education to help him or her succeed. State employees have the opportunity to use one hour a week of administrative leave to serve as mentors or to volunteer with local human services-based community organizations.

From July 2, 2002, to March 31, 2003, more than 450 Department of Health (DOH) employees, or 3 percent of all employees statewide, chose to mentor or volunteer. Only half the reported 6,300 hours of community service was taken as administrative leave. Many more hours were completed during lunch hours, after work, and on weekends.

Employees mentored at 58 elementary schools; 16 middle schools; 22 high schools; through special programs such as Take Stock in Children, Guardian Ad Litem, Big Brothers Big Sisters; and with the DOH Read for Health Initiative. Employees also volunteered with more than 100 community organizations across the state, including domestic violence shelters, homeless shelters, food banks, libraries, substance abuse programs, neighborhood free health clinics, 4-H, Scouts, Boys and Girls Clubs, Special Olympics, youth sports leagues, hospices, Habitat for Humanity, Civil Air Patrol, the American Red Cross, United Way and numerous other health-related charitable organizations. Over the past several years, some DOH employees also have taken

Reading is instrumental for growth and learning about health issues.

their volunteer efforts internationally through medical missions to such locations as Nepal, Jamaica and other Caribbean islands.

**ONE FLORIDA** The department is committed to improving access and use of minority vendors in its purchasing and contracting activities to reflect the full diversity of Florida's citizens. In support of Governor Bush's "One Florida" campaign, the department diversified expenditures and participated in numerous workshops this year. DOH documented disbursements of \$27.4 million to Certified Minority Business Enterprises (CMBE) during the fiscal year 2001–2002, which represents minority expenditures of 196 percent above the department's goal. Diversifying expenditures among all business ethnicities remains a priority for the department. The 2002–2003 CMBE goal is \$23.1 million. ■



Significant progress has been made controlling childhood vaccine-preventable diseases.



## Public health— protecting & improving the human condition

**T**he Florida Department of Health, together with 67 CHDs, Children's Medical Services (CMS) clinics, and

several regional health service centers, is charged by the Legislature with the responsibility to promote and protect the health and safety of all people in Florida through the delivery of high quality public health services and health care standards. Our overall vision is that healthier people live in a healthier Florida.

### The 10 Essential Public Health Services

The department joins other health agencies across the country that share the vision of "Healthy People in Healthy Communities," recognizing public health's three core functions—assessing information, developing policy, and ensuring that public health services are provided. These core functions are defined as "The 10 Essential Public Health Services."

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the state and communities
- Inform, educate and empower people about health issues
- Mobilize state and community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and ensure the provision of health care when otherwise unavailable
- Assure a competent public health and personal workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Significant progress already has been made in Florida on critical public health issues—controlling infectious diseases such as tuberculosis and AIDS; establishing enhanced surveillance and response capabilities; controlling childhood vaccine-preventable diseases; improving access to medical care for children and pregnant women; expanding dental health care; preventing and reducing tobacco use through partnerships and awareness programs; and also in operating the department effectively and efficiently. ■



**Florida's 67  
county health  
departments—  
reaching out, serving the  
public**

**F**lorida's county health departments work to improve the health status of communities and are dedicated to providing the 10 essential public health services on a daily basis.

## Primary Responsibilities of County Health Departments (CHDs) and Select Accomplishments

**PREVENTION & CONTROL** Prevent and control the spread of acute, chronic and infectious diseases. The success of these activities relies on extensive surveillance of evident public health threats and risk factors for potential outbreaks in a community. Health department teams have prevented disease outbreaks because of their extensive tracking activities. Essential monitoring data is obtained from a variety of sources: data trends of key health status indicators (e.g. infant mortality, teen pregnancy, smoking patterns); inspection of onsite sewage disposal systems, private water wells, group-care living facilities (such as daycare centers and nursing homes), and sanitation and groundwater contamination investigations undertaken with the Department of Environmental Protection; seasonal monitoring of such things as mosquito populations, regional arboviral sentinel flocks, red tide algae blooms, available levels of key vaccines. For example:

- Through a combination of outreach and service provision activities, records indicate more than 85 percent of children in Florida are fully immunized by age two. In 2001, there were no confirmed cases of haemophilus influenzae type B in a child under age five; no confirmed cases of measles in children under 19 years old; and two confirmed cases of rubella—a remarkable achievement for a state with more than one million preschool aged children.
- Aggressive HIV/AIDS prevention and treatment provided through the department has contributed greatly to the reduction of new AIDS cases in Florida—from 59.66 per 100,000 in 1994 to 32.03 per 100,000 in 2001.

- In addition to serving the majority of people in Florida with active tuberculosis, CHDs provide screening services to high-risk populations and preventive therapy to those exposed to TB. These services and active outreach and awareness efforts have contributed to the decline in TB cases in Florida from 12.49 per 100,000 in 1994 to 7.0 per 100,000 in 2001.
- Staff provide clinical family planning and abstinence services to nearly 200,000 people each year. Teenage clients are particularly targeted for pregnancy prevention services. Florida has seen a drop in the teen birth rate during the past decade, from 66.7 in 1991 to 50.4 in 2001 per 1,000 teens ages 15 to 19.
- CHDs are primary providers of Healthy Start care coordination and special education services to high-risk pregnant women and infants. Efforts by Healthy Start have resulted in a drop in infant mortality rate in Florida, from 8.9 per 1,000 live births in 1991 to 7.3 per 1,000 live births in 2001.

**PREPAREDNESS** Coordinate and ensure adequate readiness and response to natural and man-made disaster. County health departments have played a significant role in preparedness activities throughout history (e.g. hurricanes, disease outbreaks). New challenges in public health, such as those posed by the threat of terrorism, require a close examination to determine additional competencies needed for addressing disaster preparedness.

- The Florida public health system received national recognition for responding effectively to a variety of public health threats in recent years including encephalitis, meningitis, West Nile Virus, rabies, anthrax, and a multitude of sanitary issues.
- CHDs, as part of Florida's frontline defense against natural and man-made disasters and emergencies, have manned and coordinated emergency shelters for special needs shelters, spearheaded new training and awareness techniques for the health care profession, and enhanced surveillance efforts in recent years.

**INTERVENTION** CHDs provide health care services and promote public health in the community through various educational efforts. Staff treat minor illnesses and injuries, provide prenatal care and family planning guidance, well-child services, school-based health care and dental health care. Health departments are directly or indirectly involved in the treatment and/or follow-up of the majority of the state's reportable infectious disease cases. When providing any of these health care services, health education is provided to prevent additional health risks to each client. In addition to this in-house education, CHD staff partner with other local health care providers, local medical societies, and many other community partners to educate the public about important public health issues.

- About one million people are served annually. Approximately 75 percent of those clients have family income below the federal poverty level.
- Prenatal care and Healthy Start care coordination services are provided to more than 130,000 high-risk pregnant women and infants annually.
- Nutrition services to Women, Infants, and Children (WIC) are offered to more than 300,000 women and children monthly.
- The Department of Health and CHDs provide HIV/AIDS patient care services to more than 30,000 people each year. More than 200,000 HIV counseling and testing services are completed each year.

**POLICY DEVELOPMENT** Advocate for the creation and maintenance of effective health policies. CHDs work to change policies at the local and state levels by setting public health policies, being a part of county commission meetings, functioning as a leader and/or key partner in local issue coalitions and councils, and advocate for public health issues with local legislators to improve access to care, service delivery and tracking mechanisms.

- Nutritionists and health staff have prompted local school districts to improve school lunch menus and vending machine offerings.

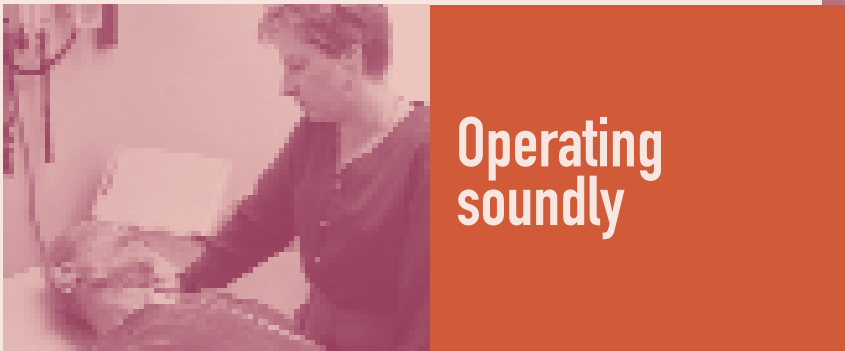
- County SWAT teams (Students Working Against Tobacco) were instrumental in convincing 26 county governments and 28 cities in the state to adopt product placement ordinances that required convenience and grocery stores to locate all tobacco products behind sales counters.
- CHDs coordinate with local health care providers in the effort to maintain accurate record of reportable diseases for tracking purposes and to avoid potential outbreaks. Several new waterborne and food-borne pathogens have been added in recent years to the list of reportable diseases.

#### FUNDING & EXPENDITURES

- Department of Health services result from state and local partnerships. Health departments enter into an annual contract with Boards of county commissioners that specifies funding sources and services to be provided in the specified year.
- Public health activities are supported by a variety of revenues including state funds, county funds, federal funds, fees, Medicaid, grants and contracts. Approximately 41 percent of county health department funding from October 2001 to September 2002 came from state sources. ■



About one million people are served annually in Florida's county health departments.



Operating soundly

The Department of Health infrastructure is the core that maintains continuity throughout the state by providing guidance for local implementation of state and national health initiatives and general public awareness of health issues facing citizens.

### Office of Performance Improvement

The office provides organizational tools, professional development opportunities and technical guidance on quality management practices to staff of health departments, CMS clinics, and headquarters. The Office of Performance Improvement's emphasis on core processes and development results in a well-trained workforce, improved processes and solid business results. Best practice models are shared for statewide replication.

**WORKFORCE DEVELOPMENT TRAINING** Current advances in distance learning have resulted in online coursework for new employee orientation, basic supervisory training, and primary preparedness information for general audiences. New in 2003, supervisors may now participate in leadership development by completing a 360 assessment and developing a subsequent individual development plan.

The training team was responsible for the department's CDC Public Health Preparedness

Cooperative Agreement education and training focus area. In addition to coordinating a statewide one-month smallpox vaccination training program for “Operation Vaccinate Florida,” the Preparedness Education and Training team provided instructional design expertise, multimedia WMD/All Hazards content, coordinated statewide training events and supported statewide preparedness.

**QUALITY MANAGEMENT** Continuous quality improvement, be it processes or staff development, heighten the effectiveness of the agency. The Sterling Challenge was conducted in 2002, which is a micro-review of department key business processes. The review identified strengths and opportunities for improvement and resulted in key strategies for long-range planning.

Each year, employee satisfaction is measured through surveys—by either a sample survey or of the entire workforce. Employee Satisfaction Survey results help shape strategic planning efforts.

In 2002–03, 11 work units received funding to implement a Quality Management Demonstration Project. These projects serve as models for replication throughout the department, increasing the overall efficiency of the agency. The Second Annual Quality Management Showcase is a forum for sharing these best practice models. In 2002, more than 250 department employees attended the Showcase.

**QUALITY IMPROVEMENT TEAM** The QI team provides CHDs ongoing technical assistance to improve processes. The team completes an average of 18 county health department reviews per year. In 2002, the team facilitated the design of a new CHD QI review process for implementation in 2003-2004. The new CHD QI review process is more efficient and will facilitate internal improvement where needed. CHDs will have more accountability and improvement will be more measurable at the state level.

## Office of Communications

The office functions as a dynamic external affairs entity for the department. The Office of Communications provides public information services, including the coordination of media relations and health communication projects. In addition, the office acts as liaison with coalitions, the Governor’s Office, the Centers for Disease Control (CDC), the Association of State and Territorial Health Officers (ASTHO) and other entities with a need for information on public health activities; writes speeches; handles requests for information and media inquiries; and ensures the public is informed in the event of a natural or man-made disaster.

## Service First

The department has successfully conducted peer evaluations and made bonus determinations based upon input. Further, the department revised and updated human resource policies to incorporate Service First changes, implemented broad banding, and transitioned 1,900 career service employees into select exempt service during July 2001. DOH became the first large state agency to develop a 360-degree management performance evaluation tool.

## Office of Planning, Evaluation and Data Analysis

The Office of Planning, Evaluation and Data Analysis performs a series of functions to support the goal of improving public health. The office collects, analyzes, and disseminates statistical information including health status data and county health department data; develops and main-

tains performance measurement systems; coordinates reporting systems to assure optimum program integration; provides data and guidance related to strategic planning, operational planning, and community health assessments; and designs and supports county health department clinic management systems including client registration, appointment scheduling, patient health care management, and patient/third-party billing. Also included is the Vital Statistics Office, which oversees the collection and registration of vital records such as a birth, death, fetal death, marriage and divorce certificates. The Office of Planning, Evaluation and Data Analysis permits the department to use data to identify health problems, evaluate the effectiveness of intervention efforts, and improve the efficiency of operations.

## ACCOMPLISHMENTS

- The office is upgrading the CHD clinic management system, a system designed by the Office in partnership with CHDs. The system consolidates and integrates client registration, disease control, and family health systems and databases into a single platform.
- The office played a critical role in establishing and maintaining the billing, client management, and payout distribution process associated with the Healthy Start Medicaid Waiver—directly contributing to an additional \$15 million for maternal and infant health services.
- The office worked with other units and developed successful grant applications resulting in more than \$50 million. These grants support high-speed connectivity, equipment and planning for emergency operations, electronic laboratory reporting and improved epidemiological surveillance of diseases and conditions. Most recently, the Office successfully coordinated the development of the Bioterrorism Grant Application.
- The office is aligning community health data needs with public health indicator data to establish new, improved sets of community health assessment data.
- The Vital Statistics Office has worked to facilitate data exchange between the Department of Health, the Department of Children and Families, the Department of Revenue, the Social Security Administration, funeral directors, medical examiners, FDLE, physicians, and clerks of the courts. These improvements support child custody hearings and child support services, help locate missing children, and assist in the determination of eligibility for benefits.
- The office undertook a review to identify internal and external customers to understand how our products and services are used. In response, staff designed a searchable index of information and reports so that users can select the needed item and receive a list of linked locations and reports.
- The office joined in the administration of the CHD Medicaid Cost Based Reimbursement rate setting process. The process includes interpretation of policy, clarification of instructions, training on methodology, and the development of a Salary Report that distributes salary/fringe to the Medicaid cost centers. The effort was the recipient of a Davis Productivity Award.
- The office coordinated the migration of three legacy software systems that support daily CHD operations from the DCF mainframe to Department of Health PC Servers. This resulted in annual savings of \$400,000. Related improvements enabled an annual data entry contract of \$200,000 to be eliminated.
- The office, in partnership with the Bureau of Immunizations and a CHD Users Group, implemented an Immunization module in 2000. The module enables automated tracking of childhood immunization for all clients receiving vaccines in all CHD clinics.
- The office established electronic reporting processes for the delivery of information through the Department of Health Intranet and Internet web sites. The automated, electronic reports save time and money by bypassing manual report running processes, printing, duplication and postage.

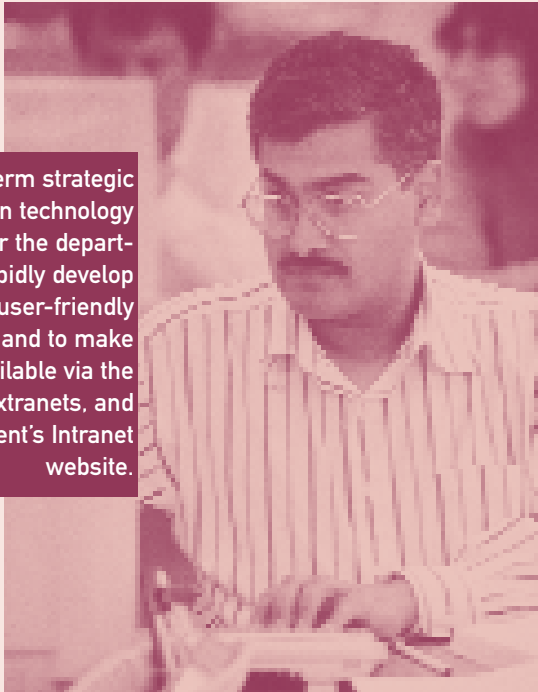
## Division of Information Technology

The Division of Information Technology (IT) provides information technology systems and solutions to support the department's mission and business functions. The director serves as the agency-wide Chief Information Officer (CIO) and reports to both the Health Secretary and state CIO.

Within Information Technology are four bureaus: Strategic Research and Development; Application Development and Support; Infrastructure and Support; and Planning and Quality Assurance. The Bureau of Strategic Research and Development identifies, adopts, and implements standards and methodologies for development, data access, data administration, and systems integration. The Bureau of Application Development and Support provides computer software systems consulting, development, maintenance and support for the department as well as project and contract management for contracted software development and maintenance projects. The Bureau of Infrastructure and Support provides cost-effective, reliable, and secure network and computer infrastructure. The Bureau of Planning and Quality Assurance ensures the best quality planning and management of the Department of Health's information systems and technology resources by coordinating, monitoring, managing, and promoting agency information security and division compliance and accountability.

The long-term strategic information technology direction for the department is to rapidly develop high quality, user-friendly applications and to make them available via the Internet, Extranets, and the department's Intranet website. Other major initiatives have included:

- **Development and implementation of a three-tiered governance structure and process governing the development, acquisition, and use of information technology resources.**
- **Establishment of a project management office (PMO) within the Division of Information Technology to provide sound project management practices across DOH IT projects.**
- **In cooperation with the Technology Review Workgroup, agreed to participate in a pilot for implementing a tool set for service level management based upon determination of business focused provisioning requirements.**
- **Establishment of the Software Engineering Processing Group to provide guidelines, templates and best practices for software development across DOH IT projects. This group implements industry best practices and promotes the concept of re-use of program codes.**
- **Development and support of a Service Oriented Architecture to facilitate data sharing across the agency's legacy systems and current web-based information systems. This architecture also facilitates developing protocols to integrate HIPAA compliant electronic billing and eligibility data.**



The long-term strategic information technology direction for the department is to rapidly develop high quality, user-friendly applications and to make them available via the Internet, Extranets, and the department's Intranet website.

## Office of Legislative Planning

The Office of Legislative Planning promotes and facilitates the legislative agenda of the department through legislative analysis and advocacy. It directs the department's legislative agenda, develops the department's annual legislative bill package, responds to inquiries from legislators and provides legislative mandated report coordination. As well, the office provides coordination on federal legislation, analyzes and tracks all legislation affecting the department, and coordinates ongoing multi-faceted grassroots lobby initiatives with 67 county health

department directors, 33 CMS clinic directors, and numerous advocacy and interest groups.

Laws enacted in 2003 that affect Department of Health programs and services are as follows:

**SERVICES FOR VICTIMS OF SEXUAL BATTERY, CS/CS/SB 144** Intended to improve the availability of statewide sexual assault victim services. It requires anyone convicted of certain crimes, such as stalking, battery and assault, pay a \$151 fee as a condition of probation, community control, or other court-ordered supervision. Courts will retain \$1 of the \$151 fee as a service charge, with the remainder deposited in a DOH trust fund. DOH is required to contract 95 percent of the funds received from this fee to provide statewide sexual assault recovery services. No more than 15 percent of the fee is to be used for statewide initiatives, and no more than 5 percent is to be used for administrative costs by the contracted entity.

**STEPHANIE SABOOR GRIEVING PARENTS RIGHTS ACT, SB 2082** Requires health care practitioners and facilities

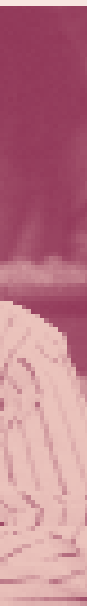
to notify women who experience a spontaneous fetal demise after a gestation period of less than 20 completed weeks of the availability of burial or cremation for remains. The Department of Health will develop forms for health care practitioners and the Agency for Healthcare Administration will develop forms for health care practitioners to provide to women.

**DRUG PRESCRIPTIONS, CS/SB 2084** Requires that a written prescription for a medicinal drug issued by a health care practitioner licensed by law to prescribe such drug be legibly printed or typed and contain certain information. Pharmacists who are unable to read a practitioner's handwriting often must call the health care practitioner for explanation, or—at worst, provide the wrong drug, wrong strength, or wrong directions for use to the patient.

**DISTRIBUTION OF PRESCRIPTION DRUGS (PHARMACEUTICAL WHOLESALERS), CS/CS/SB 2312** Intended to help prevent the sale of counterfeit and diverted drugs in Florida through stronger regulation of the wholesale drug market. The bill amends the Florida Drug and Cosmetic Act that regulates prescription drug wholesalers by 1.) increasing permit requirements for wholesalers, 2.) making certain prohibited acts criminal, 3.) and creating audit trails when wholesalers purchase drugs from one another wholesaler.

**PATIENT RECORDS DISPOSAL/PHARMACY, HB 207** Requires the Board of Pharmacy to promulgate rules assuring patient confidentiality in the disposal of pharmacy records.

**HEARING AIDS/SALES/REFUNDS, HB 761** Stipulates criminal penalties for the seller of a hearing aid for failure to refund monies within a specified time period to the purchaser. It also defines and expands the definition of the term "seller" to include any person who signs a sales receipt and the business organization. ■





## Preparing for public health, safety threats & everyday emergencies

**P**reparedness in the event of natural or man-made disasters and everyday emergencies is essential to the department's mission to protect public health and safety. Preparedness touches upon all aspects of public health, and the Department of

Health works tirelessly to anticipate the needs of a changing environment.

Public health preparedness efforts include implementing Florida's voluntary smallpox vaccination program (Operation Vaccinate Florida), providing information and guidance to minimize transmission of infectious diseases, such as Severe Acute Respiratory Syndrome (SARS), responding to suspected cases of SARS, and enhancing the state's public health and private sector health infrastructures. In 2003, recognizing the need for long-term coordination of preparedness efforts, the department created the Division of Emergency Medical Operations. The new division combines the Office of Public Health Preparedness, the Office of Emergency Operations, and the Bureau of Emergency Medical Services.

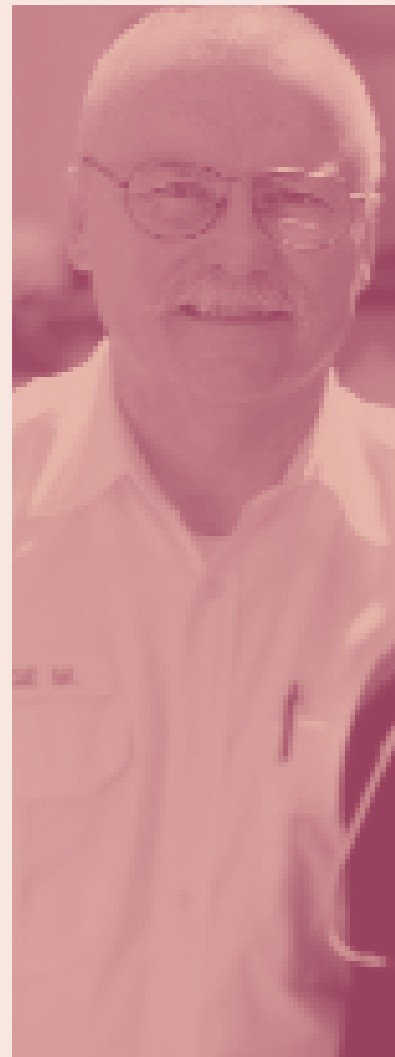
**THE OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)** This office was created in January 2002 to coordinate public health planning and program development in conjunction with the Florida Domestic Security Task Force and other state agencies that protect public health from the effects of man-made terrorism incidents and naturally occurring emergencies. Funding for the Office of Public Health Preparedness is provided through a CDC grant for public health infrastructure enhancements and from the Health Resources and Services Administration for hospital bioterrorism preparedness. In 2002–03, OPHP received \$47 million to support state efforts primarily in strengthening the state and county health department public health infrastructure.

**THE OFFICE OF EMERGENCY OPERATIONS (OEO)** This office staffs the State Emergency Operations Center and provides leadership and coordination in time of emergency for the department's response efforts. It helps train and exercise county health department personnel for WMD events. It has responsibility for contact with CDC officials who control the Strategic National Stockpile. The office works with the Bureau of Pharmacy Services in coordinating and monitoring the State Pharmaceutical Stockpiles that were established to augment local stockage levels, including those for chemical agent antidotes and potassium iodide (KI) for radiological incidents.

**THE BUREAU OF EMERGENCY MEDICAL SERVICES (EMS)** The Bureau of EMS is responsible for the statewide regulation of emergency medical technicians (EMTs) and paramedics, their training programs, and licensure of ambulance services including their vehicles. The Bureau of EMS also operates specialized safety and injury prevention programs for children (EMS-C) and the elderly (FLIPS).

The bureau assists local communities through the following activities and actions:

- Providing grants to local EMS entities for equipment and training. Rural EMS entities are eligible for grants funded by specific legislative appropriations.
- Coordination of distribution of personal protective equipment to all trained personnel to respond to a Weapons of Mass Destruction attack.
- Coordinating regional training and service needs as described in the 2002 Regional Domestic Security Task Force Bioterrorism Needs Assessment.



- Participation in four regional disaster exercises.
- Participation on the statewide CDC and HRSA Grants Bioterrorism Preparedness Advisory Committee and the State Domestic Preparedness Working Group.

The Trauma Section, separated in early 2003 from the Bureau of Emergency Medical Services, has responsibility for trauma services planning, certification of trauma centers, inspections of trauma centers to ensure compliance with trauma center standards, and operation of the trauma registry. It works closely with the Florida Committee on Trauma to identify problems and develop potential solutions to these problems.

**OPERATION VACCINATE FLORIDA** Smallpox vaccination planning began in June 2002. At the request of the CDC, DOH submitted two smallpox plans to the federal government in December. A “pre-event” smallpox vaccination plan involving voluntary participation led to distribution of smallpox vaccine and implementation of the Stage I vaccination program of public health and hospital volunteers that led the nation. A second, “post event” plan was also submitted to the CDC. This “post event” plan also was implemented in the event of a smallpox outbreak anywhere in the world, and will utilize the full resources of public and private health care providers across the state.

In the voluntary smallpox vaccination campaign, DOH officials worked closely with federal, state and local officials, insurance representatives and those in the private sector. Florida’s Regional Domestic Security Task Force Health Co-Chairs played prominent roles in the planning and deployment of the vaccination campaign.



## Other preparedness efforts within the Department of Health

**THE DIVISION OF ENVIRONMENTAL HEALTH** The division is developing a proposal for the CDC to complement bioterrorism response efforts. Within the division, bureaus with specialized efforts enhance the state’s preparedness and response efforts.

- The bureaus of Environmental Epidemiology and Water Programs participated in training sessions on water infrastructure security and on waterborne disease terrorist threats.
- The Bureau of Radiation Control (BRC) trained approximately 300 first responders for Weapons of Mass Destruction-related transportation accidents. The bureau also conducted radioactive training for the Capital City Police, several CHDs and regional task force members.
- The Bureau of Radiation Control revised DOH Standard Operating Procedures for Radiation Emergencies in June 2002. Procedures now include response to terrorist nuclear or radiation dispersal events.
- The Divisions of Disease Control and Environmental Health in January 2002 prepared a bioterrorism surveillance annex or supplement to the DOH Disaster Plan. The Division of Environmental Health also prepared a chemical terrorist event supplement for the disaster plan. This plan describes surveillance and epidemiology requirements for pre-, mid- and post-event strategies.

**THE BUREAU OF LABORATORIES** The bureau ensures adequate and secure laboratory facilities to rapidly detect and correctly identify biological agents likely to be used in a bioterrorism incident by developing operational plans and protocols for its five laboratory facilities.

The Bureau of Laboratories completed a capability survey of all potential Level A laboratories in the state that would be critical in the event of an emergency. The labs are enhancing biological agent detection and identification capabilities, and are developing operational relationships with hazardous materials (HazMat) teams, law enforcement, the 44th Civil Support Team (Florida Army National Guard) and the FBI to provide laboratory support for their responses to a bioterrorism event.

**THE BUREAU OF EPIDEMIOLOGY** The bureau initiated a bioterrorism surveillance program in 20 emergency rooms across the state. The surveillance system is simple, cost-effective and requires little time commitment from participating hospitals. Surveillance is based on a comparative analysis of emergency department registrations. Statistical analyses are used to identify significant aberrations in the registration counts for each hospital. Aberrations are red flags, which the bureau and CHD staff investigate.

The Bureau of Epidemiology received accolades for its leadership during the investigation of the 2001 intentionally released anthrax in the Palm Beach area. Collaboration among state, county and federal health officials, enabled quick identification and response. The investigation led to the rapid testing and protection of more than 1,100 possibly exposed employees in the building where anthrax was discovered. In the course of the investigation, The Bureau of Epidemiology also led efforts to educate the public about anthrax; set up a toll-free hotline that handled 25,000 phone calls from concerned residents and visitors; developed and disseminated an anthrax clinical package with important information to all Florida physicians; and was instrumental in implementing statewide surveillance for anthrax in hospitals, laboratories and medical examiner offices.

The Bureau of Epidemiology employs strategies that include surveillance for diagnosed cases and positive laboratory results; medical management of cases; tracing of contacts and others at risk; epidemiological analysis of surveillance and outbreak information; and educating the medical community and the general public about public health threats, risks and prevention techniques.

The bureau continues to develop and distribute a variety of educational and training materials, including an algorithm for the diagnosis of smallpox and bioterrorism warning notices, including DOH contact information. The Bureau of Epidemiology continues to provide education and consultation to doctors and CHDs in dealing with anthrax, botulism, tularemia, brucellosis and viral fevers—all diseases thought to be associated with bioterrorist activities.

The Bureau of Epidemiology published the state-level “Interim Smallpox Response Plan and Guidelines” in December 2001, providing the state with overall guidance on responsibilities and responses.

The Bureau of Epidemiology employs strategies that include surveillance for diagnosed cases and positive laboratory results; medical management of cases; tracing of contacts and others at risk; epidemiological analysis of surveillance and outbreak information; and educating the medical community and the general public about public health threats, risks and prevention techniques.

The Bureau of Epidemiology is responsible for the reporting, analysis and response to more than 60 specific communicable diseases and other conditions. Bureau staff works closely with CHDs, others within the department and also with external partners to develop,

implement and maintain a highly efficient strategic approach to disease intervention.

During 2002–2003, the bureau led the department response to three public health challenges: adverse events resulting from smallpox vaccinations; Florida’s threat from the international outbreak of Severe Acute Respiratory Disease Syndrome (SARS); and the threat of an outbreak of Monkeypox in the state. In each of these efforts, the bureau coordinated the activities of other organizations in the department using a classic disease intervention model. The bureau also produced satellite broadcasts to augment education on smallpox-threat training, management of smallpox adverse events, SARS, and use of EpiCom—the department’s emergency notification system. As a result of the overall DOH response, none of these challenges has constituted an ongoing threat to Florida’s residents and visitors.

The Bureau of Epidemiology also has enhanced the capability of its Merlin disease reporting and analysis system to support sophisticated epidemiologic analysis of disease, enabling more timely and accurate identification of disease clusters. Along with the Department of Health’s Bureau of Laboratories and the Division of Information Technology, the bureau developed the capacity for the Merlin system to accept laboratory results electronically from the state lab. This saves considerable time compared to the paper-based method. The bureau also developed a communications and outbreak reporting system, called EpiCom, which is patterned after the CDC’s Epi-X system. Epi-Com will provide an emergency notification system as well as a forum for communication among public health professionals, allowing instantaneous communication about potential biological events and outbreaks.

The bureau developed emergency contact lists for more than 1,000 key constituents, including staff of CHDs, law enforcement, hospital emergency rooms and infection control staff. The bureau also implemented “blast fax” technology, which allows a single message to be sent by fax to several constituents within minutes. The blast fax has been used several times to send CDC “Health Alert Network” emergency messages.

The enhanced arbovirus surveillance systems, coordinated by the Bureau of Epidemiology, detected the state’s first occurrence of West Nile Virus in July 2001. Medical alerts were issued in areas where viral activity was deemed high to encourage residents and visitors to protect themselves against exposure to mosquitoes. The bureau developed a West Nile virus surveillance and response plan that outlines agency actions and statewide incremental responses to surveillance data.

#### OTHER BUREAU WORK INCLUDES:

- **Dead bird surveillance program began in 2000.** This simple and effective system includes on-line reporting and a toll-free hotline number. The program complements the state’s existing sentinel chicken and equine arboviral reporting systems. Surveillance information is used to determine the need for an Arboviral Medical Alert.
- **Established the Florida Epidemic Intelligence Service (EIS).** Florida’s EIS is modeled after the CDC program and is intended to provide CHDs with resources to conduct disease surveillance and epidemiology programs, provide field training and establish a group of highly trained and experienced epidemiologists to meet the state’s needs.
- **Completed the 2002 Florida Youth Tobacco Survey.** The survey is an evaluation component of the Florida Youth Tobacco Use Prevention Program. The Departments of Education and Children and Families and other agencies helped develop the annual survey, which asks thousands of middle and high school students about their tobacco use and smoking cessation. The 2002 survey targeted more than 60,000 students and received a response rate of nearly 70 percent.
- **The Florida Pregnancy Risk Assessment Monitoring System (PRAMS) received federal funding in April 2003 to continue the project another year.** PRAMS is a random stratified population-based surveillance project. Florida samples about 2,750 women who, within the previous two to five months, gave birth to a live-born infant. Florida PRAMS maintains a 76 percent overall survey response rate. The weighted data is analyzed and disseminated for planning and evaluating prenatal health programs. PRAMS data supplements state data gathered from vital records. It also allows comparisons among states in the development and assessment of programs and policies for women and children. ■



In an effort to reduce the enormous health care costs and the health burdens for residents, the state aggressively addresses the issues of chronic disease with prevention awareness.

**T**he Bureau of Chronic Disease and Prevention builds awareness of health issues and promotes lifestyle choices that reduce the risk of chronic disease.

Chronic diseases such as coronary heart disease, arthritis and diabetes are among the most prevalent, costly and preventable of all health problems. According to the CDC, seven in 10 Americans die each year of a chronic disease. The consideration of deaths alone, however, severely understates the burden of chronic disease. The prolonged course of illness and disability from chronic diseases results in extended pain, suffering and diminished quality of life for thousands of Floridians and their families. In an effort to reduce the enormous health care costs and the health burdens for residents, the state endeavors to aggressively address the issues of chronic disease with prevention awareness.



**Inspiring  
healthy  
behavior**

**CHRONIC DISEASE COMMUNITY INTERVENTION PROGRAMS (CIP)** These programs address chronic disease and health disparities for at-risk communities. Seventeen programs covering 23 counties were provided initial funding through the Preventive Health and Health Services Block Grant (PHHSBG). The pilot program ended June 30, 2002, but 16 of the programs continued services through the CHD and/or community partnerships. One of these projects, for example, received national recognition. Collier County Health Department's Generation Excellence Program received the National Association of County and City Health Officials (NACCHO) 2002 Confronting Health Disparities Award. The program is now part of the Community Cardiovascular Health Program and called "The Next Generation."

**CARDIOVASCULAR HEALTH PROGRAM** The Bureau of Chronic Disease Prevention partnered with the Florida Affiliate of the American Heart Association to develop a comprehensive statewide cardiovascular strategic plan. Representatives from all areas of cardiovascular health—promotion, treatment and rehabilitation—are involved in plan development.

**CDC GRANT AWARDED FOR CARDIOVASCULAR HEALTH PROGRAM** Cardiovascular disease is the number one killer in Florida and the nation. In July 2002, the CDC awarded Florida its first categorical funding to address cardiovascular disease. The CDC awarded the department \$1 million annually in comprehensive funding through June 30, 2007, and will further fund actions to complete the comprehensive strategic plan. Cardiovascular coordinators will be estab-

lished in four regions of the state. Regional programs will focus on strategic environmental changes within communities, schools and worksites. Such changes will help create healthier infrastructure that may include establishing policies for healthy nutrition in schools; developing worksite wellness programs; and encouraging construction of community walking trails and community gardens.

**THE WOMEN & HEART DISEASE TASK FORCE** Created in 2000 by the Legislature to identify ways to increase public awareness of the risks of heart disease in women. The task force was charged with improving coordination of agencies and institutions involved in research and treatment, and suggest ways to help decrease the number of women who suffer from heart disease. In response, the task force initiated a public awareness campaign that included billboard advertisements and educational packets mailed to more than 9,000 Florida physicians and 2,000 beauty salons in the state. Findings and recommendations were submitted to the Governor in January 2002. The report is available on the Department of Health website.

**COMMUNITY CARDIOVASCULAR HEALTH PROGRAMS (CCHPS)** In July 2002, 11 CHDs covering 12 counties were awarded funding to address cardiovascular disease and risk factors at the local level. Counties selected for funding met the following criteria: high age-adjusted death rates for coronary heart disease, stroke, diabetes and smoking-attributable deaths, with a certain percentage of the population living at poverty level. All 11 programs address cardiovascular disease and prevention at the community level through policy, environment and social change. The programs are scheduled to receive \$100,000 to \$145,000 annually through 2006.

**THE FLORIDA ARTHRITIS PREVENTION & EDUCATION PROGRAM** This program works to reduce impairment and activity limitation due to arthritis and other rheumatic conditions through partnerships, implementation of evidence-based interventions, health communications campaigns, public and professional education, data analysis and strategic planning with stakeholders.

Arthritis Prevention and Education Program Arthritis is an important public health issue. as arthritis/chronic joint symptoms affect nearly one-third of Florida's adult population. Early diagnosis, appropriate treatment, and self-management may reduce the impact of many types of arthritis.

The Arthritis Foundation, Florida Chapter, and the Department of Health co-sponsor the Florida Arthritis Partnership (FLAP). Since its creation in November 2001, more than 120 FLAP members and partner organizations implement activities outlined in the Arthritis Strategic Plan to manage arthritis pain. Recent activities and interventions of the program focused on:

- **Research and development of Spanish arthritis publications for those with low literacy levels**
- **Application of the Spanish Arthritis Self-Management Program in the Spanish speaking community of Hialeah**
- **Application of a faith-based, African American arthritis self-management project in Jackson County, Florida**
- **Education in-service sessions on arthritis for nurse case-managers**
- **The training of arthritis self-management leaders, and subsequent implementation of the Arthritis Self-Help Course in cooperation with the Arthritis Foundation, Florida Chapter. Self-management projects were established in Charlotte, Pasco and Volusia CHDs**
- **Participation in a national Collaborative Project to improve the quality of care for osteoarthritis and rheumatoid arthritis patients in a primary care setting**
- **Development of lupus seminars to be delivered in several Florida cities, in cooperation with the Lupus Foundation, Greater Florida and Southeast Florida Chapters**

**COMPREHENSIVE CANCER CONTROL PROGRAM** Cancer is the second leading cause of death in Florida. Incorporating healthy behaviors into daily living can help prevent many of these deaths. The CDC awarded funding to implement a comprehensive cancer control program that focuses on the leading cancer killers: lung, prostate, colorectal, skin, and ovarian (note: breast and cervical cancers are managed through a separate CDC funding opportunity). The program initiated a statewide plan, through collaboration with the Governor-mandated Cancer Control and Research Advisory Council (CCRAB), the Florida Comprehensive Cancer Control Initiative, the National Cancer Institute and other statewide partners, that will incorporate prevention messages across multiple risk factors, promote the expansion of research, and coordinate other activities for comprehensive cancer control efforts.

A notable initiative was the allocation of state general revenue to implement a prostate cancer awareness program. A task force, endorsed by the department and CCRAB, created and televised a prostate cancer awareness public service announcement and disseminated material to CHDs to promote skin cancer awareness and prevention measures.

**OBESITY PREVENTION PROGRAM** The Obesity Prevention Program is a CDC-funded effort that implements statewide activities that promote physical activity and healthy nutrition for Florida's adult and youth populations. More than 54 percent of adult Floridians are overweight or obese. Obesity is a factor for diabetes, coronary heart disease, high blood pressure and certain cancers. The bureaus of Chronic Disease Prevention and Epidemiology released "The Obesity Epidemic in Florida" report in October 2001. The report identifies strategies and guidelines for promoting physical activity and nutrition. The Partnership for Promoting Physical Activity and Healthful Nutrition includes interested individuals and organizations throughout Florida, and has guided the strategic planning process and plan development for the Obesity Prevention Program. The program aims to empower and enable youth, families, schools and communities to promote lifelong physical activity and healthy nutrition.

Three-year program goals include:

- **Slow the rise of overweight and obesity**
- **Increase lifelong physical activity**
- **Increase lifelong healthy nutrition**
- **Advocate for policies to reduce and prevent overweight and obesity**
- **Improve health outcomes among people who are overweight and obese**
- **Build and sustain the Partnership for Promoting Physical Activity and Healthful Nutrition**

**OSTEOPOROSIS PREVENTION AND EDUCATION PROGRAM** The program provides information to Floridians about how and why to maintain strong bones for lifelong health and independence. During fiscal year 2002–2003, the program implemented "Fit for Life," a health education and prevention curriculum for middle school students. The Osteoporosis Prevention and Education Program also provides the "Bone Zone" curriculum for elementary students and "Bone Builders" curriculum for adults. More than 23,000 people received information about prevention, risks and treatment options for osteoporosis throughout the year.

**EPILEPSY PROGRAM** The Epilepsy Program provided more than 413 presentations focusing on head injury prevention and the correct use of bicycle helmets. The program presentations reached more than 8,000 people. The Epilepsy Program established 19 Law Enforcement Partnerships and distributed more than 743 helmets to children and adults.

The department contracts with 11 Epilepsy Services providers throughout the state to provide client services, prevention and education activities. During 2003 services were offered to 3,585 clients, including 4,473 individual and group presentations and 888 awareness activities. The Department of Health provided more than \$3.5 million for these services.

**DIABETES CONTROL PROGRAM** The Diabetes Prevention and Control Program continues to improve the care that is delivered to more than a million people living with diabetes. During the fiscal year 2002–03, the program was recognized for its outstanding accomplishments and received a significant increase in federal funds from \$265,000 to more than \$647,000 per year for the next five years. This award will greatly increase prevention and control efforts that will enhance data and surveillance capabilities and overall evaluation. The greatest strength of the program continues to be partnerships among state and community-level organizations.

Community activities throughout the year included:

- Baker CHD created faith-based weight management and exercise programs that included Bible lessons with healthy messages about food, support and weigh-ins
- Osceola CHD, to bring diabetes awareness to minority communities, incorporated community outreach, education and screening through health fairs and speaking engagements to church and other community groups
- Manatee CHD is addressing race and ethnic disparities in its African-American and Hispanic populations with diabetes education and self-management training
- The Little Havana Senior Center in coordination with the Miami-Dade CHD implemented the Hispanic Elderly Diabetes Initiative, a project involving 13 Hispanic senior centers that provide diabetes awareness, prevention and self-management programs

A coordinated school health model consists of eight interactive components: health education, health services, family and community involvement, environmental health, nutrition services, psychological and social services, health promotion and physical education.

**COORDINATED SCHOOL HEALTH PROGRAM (CSHP)** The CSHP, a joint commitment of the Department of Health and the Florida Department of Education, is funded by the CDC to coordinate development of school health systems and delivery of education and health services to meet the diverse needs of Florida's youth.

A coordinated school health model consists of eight interactive components: health education, health services, family and community involvement, environmental health, nutrition services, psychological and social services, health promotion and physical education. Schools, under this model, are better prepared to help children and their families prevent or reduce behaviors that result in health problems and disparities.

Activities in 2001–2002 included:

- Provided leadership and assistance to identify best practices for implementing health-related policies in schools
- Supported implementation of the CSHP model in eight pilot schools across five counties
- Assisted school districts in implementing health education based on proven research
- Provided training to educators responsible for implementing health services and health education in the classroom
- Provided school districts, with the technical assistance to address prevention efforts directed to youth who are at risk for health problems ■



## Encouraging a tobacco-free lifestyle

**W**hile smoking has been proven detrimental to health, the department's prevention educators recognize the difficulties people can have in breaking their tobacco-use

habits. Education and outreach to Florida youth is necessary to change engrained cultural beliefs and eradicate this harmful habit.

### The Division of Health Awareness and Tobacco (DHAT)

As a part of the department since 1999, the Division of Health Awareness and Tobacco significantly reduced tobacco use among the state's youth through outreach and awareness campaigns. The following three goals have been maintained throughout the program's history:

- **Prevention**—Prevent initiation of tobacco use
- **Reduction**—Reduce tobacco use
- **Protection**—Protect from exposure to environmental (second-hand) smoke

**COMMUNITY PARTNERSHIPS** The Tobacco-Free Community Partnerships in Florida collaborate with key community groups, leaders and youth to plan and implement local-level tobacco prevention activities targeting specific community needs. Tobacco prevention coordinators work within communities to implement programs and coordinate partnerships. In 2002–2003 partnerships sponsored about 4,000 anti-tobacco activities and events to enhance advocacy and improve local policy.

**YOUTH DEVELOPMENT** The goal of youth development is to empower youth to live tobacco free and advocate for living tobacco free. Students Working Against Tobacco (SWAT), available made up of middle and high school students from across the state, carried the “truth” messages and the deadly facts about smoking and other tobacco products.

**DIVERSITY INITIATIVES** Demonstrating commitment to cultural diversity, the division funded 40 minority organizations through community partnerships during 2002–2003. These groups combined resources to sponsor culturally specific, anti-tobacco events and activities for African American, Asian/Pacific Islander, Hispanic American and Native American youth statewide.

**EDUCATION & TRAINING** To help remain tobacco free, the Education and Training component continues to offer programs targeting pre-kindergarten children through college-aged adults to help students remain tobacco free. The program reached more than 1,500 K–12 teachers and approximately 100,000 students through teacher and training and classroom curricula in the previous year.

**RESEARCH & EVALUATION** Program evaluation and assessment includes data collected from three statewide, Florida Youth Tobacco Surveys, the Florida Anti-tobacco Media Evaluation, and the Florida Cohort Study. Recent data analysis reveals several important findings. Mainly, cigarette use declined among Florida youth between 1998 (the first FYTS survey) and 2002. Results indicated 50 percent fewer middle school youth and 35 percent fewer high school youth reported smoking cigarettes on one or more of the past 30 days in 2002 than in 1998. This translates to nearly 117,000 fewer youth smokers in the state.

**ADULT TOBACCO PREVENTION AND CONTROL, THE FLORIDA QUIT-FOR-LIFE LINE** The Chronic Disease Tobacco Control Program launched the Florida Quit-For-Life Line in December 2001. The statewide telephone-based cessation service is provided through a contract with the American Cancer Society. In the first six months, 1,650 people called the Quit-For-Life Line, including smokers and smokeless (“chewing”) tobacco users and others seeking counseling or information. Callers ready to set a “quit date” can receive counseling, self-help materials and community referrals. Coupons for discounted cessation products are available. The Quit-For-Life Line initially provided services for adults but has since expanded to include youth cessation assistance. The American Cancer Society will submit reports on success rates. ■

**T**o ensure a healthy future for Florida, the department offers health insurance for children through KidCare, the program that provides support for families that are unable to afford private health insurance.

Florida KidCare, created by the Florida Legislature in 1998, is a national model combining several child health insurance programs under one umbrella. Families can apply for four KidCare components in one step, using a simplified, mail-in application. KidCare’s four components—Children’s Medicaid, MediKids, Florida Healthy Kids and CMS Network—provide low- or no-cost comprehensive benefits to children not covered by other insurance. Cost to families for participation is based on income and other eligibility factors. For CMS Network families, the Behavioral Health Network provides mental health and substance abuse services for children ages five to 18 with severe behavioral health needs.

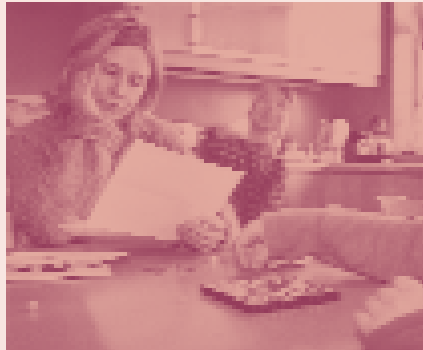
**KIDCARE ENROLLMENT** More than 1.3 million children from birth to age 18 were enrolled in Florida KidCare as of July 1, 2002.

**KIDCARE INFORMATION** Information is made available through a multiple language toll-free help line, 1-888-540-KIDS, and the website, [www.floridakidcare.org](http://www.floridakidcare.org).

**FAMILIES ASSISTED** KidCare’s website documented more than 1.7 million applications since inception. Approximately 89,770 English applications, 7,720 Spanish applications and 371 Haitian Creole applications have been downloaded from the site. The statewide toll-free KidCare information line assists families with general questions and enrollment procedures. On average, the help line receives 22,000 calls per month and has an annual call volume of approximately 312,000 calls. Between July 2001 and June 2002, assistance was provided to families through the 17 statewide KidCare regional projects. A total of 26,646 families received assistance from staff at the state and local levels, not including inquiries to the toll-free KidCare call center. Of these, 26,393 were handled at the local level by regional project coordinators.

- 58.6 percent were calls for general KidCare information
- 31 percent were calls from families that required assistance after completing an application

On average, the KidCare help line receives 22,000 calls per month and has an annual call volume of approximately 312,000 calls.



One less worry  
for parents —  
health insurance  
for children



- 10.4 percent were calls for assistance completing an application
- 309 outreach sheets were completed for families who had complicated issues requiring resolution

KidCare funded 12 special projects to provide service support to underserved and uninsured families. Outreach workers, in partnership with 2,750 community-based organizations, visited 41,501 families of African American, Hispanic, Native American, Haitian, South and Central American, Asian, Russian and Lithuanian descent. ■



**B**y providing information, education, outreach, and access to high quality health care, the department offers all Florida families the opportunity to live healthier lives. Family health programs cover many aspects of basic health care for families, pregnant women and children.



## Focusing on family health

**HEALTHY START PROGRAM** Florida's Healthy Start program targets high-risk infants and their mothers to reduce infant mortality and increase positive health outcomes.

In 2002, more than 1.8 million Healthy Start services were provided to 151,600 women and more than 813,000 services were provided for 65,977 infants. A collaborative effort, among the department, the Agency for Health Care Administration and Healthy Start Coalitions, led to a Medicaid 1915 (b) waiver for Healthy Start. This waiver enabled the program to increase services for pregnant women and infants. The waiver provided more than \$10 million for Healthy Start services for Medicaid recipients and allowed for the creation of MomCare, a risk screening and care management service for pregnant women. It is estimated that this waiver will provide nearly \$15 million in services during the next year.

**WOMEN, INFANTS, AND CHILDREN (WIC) & NUTRITION SERVICES** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) served more than 345,000 clients on a monthly basis during the fiscal year July 2002 to June 2003. This is an increase of more than 20,000 women, infants, and children served since June 2001. WIC is a \$211 million program funded by the U.S. Department of Agriculture and administered by the department.

WIC serves eligible women who are pregnant, breastfeeding and postpartum, and children under age 5. WIC provides clients with a combination of supplemental nutritious foods, nutrition education and counseling, breastfeeding promotion and support, and makes referrals to other health and social service programs. It is available in all 67 counties at approximately 300 WIC clinic sites, including CHDs and many community health centers. Numerous studies have documented WIC's effectiveness in preventing and improving nutrition-related health problems



within its target populations. WIC participation has positively affected children's intake of protein, iron, vitamin B-6, folate and zinc—nutrients important for healthy development.

The WIC/Farmers' Market Nutrition Program completed its fifth successful year in 2002. WIC participants can purchase fresh, locally grown fruits and vegetables at authorized farmers' markets. In 2003, the program expanded to provide services to more than 30,000 WIC clients in 15 counties and farmers will receive payments of more than \$250,000.

WIC spearheaded the "Mooove to Low Fat or Fat Free Milk" statewide, nutrition education initiative that began in March 2002. The campaign encourages healthy adults and children two years of age and older to drink low fat (1 percent) or fat free (skim) milk, instead of whole or reduced fat (2 percent) milk. This modest dietary change can help reduce the incidence of overweight and obesity in Florida.

Florida WIC funded the Pasco County Dietetic Internship—a recruitment strategy for enticing nutritionists into state employment. In May 2003, 16 dietetic interns graduated from the program, totaling 131 since the internship implementation in 1996.

**FAMILY PLANNING PROGRAM** This program conducted a statewide needs assessment to identify barriers and quality issues in accessing services. A total of 832 surveys were completed. The program office solicited input from county health department administrative and family planning clinic staff and representatives from community resource to obtain information to assist in planning needed resources.

Survey comments identified diversity issues, better integration of reproductive health care in overall health care, training for providers to assess needs during well health exams, and the need to streamline processes as issues of concern.

The program office intends to coordinate training to address diversity issues through special training. In addition, individual contraceptive information booklets are being translated into Spanish, Haitian, Creole and Vietnamese. "Train the Trainer" sessions will be arranged to provide family planning clinicians resources and guidance on effective interaction with other clinicians when addressing client reproductive needs.

**"THE HEALTH OF FLORIDA'S CHILDREN AND YOUTH—A DATA BOOK OF KEY STATUS INDICATORS, GOALS, AND OBJECTIVES FOR CHILD HEALTH"** The Bureau of Maternal and Child Health led the development of a child health data book and website document as part of the ongoing strategic planning process for child health. These tools were designed through the joint efforts of public health stakeholders, individuals, public and private agencies, and state and national health research and policy partners. The data book and website document on child health is available at [www.doh.state.fl.us/family/childhealth](http://www.doh.state.fl.us/family/childhealth).

**CHILDHOOD LEAD POISONING PREVENTION** The Bureau of Maternal and Child Health (MCH), the Division of Environmental Health, and the Bureau of Environmental Epidemiology work cooperatively to provide intra-agency coordination of lead poisoning issues. MCH also participates in the Childhood Lead Poisoning Prevention Program's Advisory Council.

**CHILDHOOD ASTHMA PREVENTION** The Bureau of Maternal and Child Health’s child health program provides childhood asthma resources Healthy Start coalitions and CHDs to educate staff, health care providers, children and families about the disease and how asthma is affected by environmental conditions. CHD and Healthy Start staff members address reduction of tobacco smoking among mothers of young children, and maximize opportunities to talk to parents about harmful effects of secondhand smoke on children. Healthy Start tobacco education and awareness programs, and smoking cessation initiatives are examples of statewide programs that impact the respiratory health of Florida’s children.

At a February 2003 Regional and State Asthma Summit, Maternal and Child Health, Environmental Health, community and health care agencies, and medical and academic leaders shared information about asthma as a leading chronic disease in children. The summit resulted in development of workgroups to develop strategies to reduce children’s asthma-related hospitalizations and re-hospitalizations.

**FETAL ALCOHOL SYNDROME (FAS)** Since September 2001, the department’s Bureau of Maternal and Child Health led coordination of the FAS Interagency Action Group. The action group develops and implements strategies for improving prevention, intervention and support efforts related to FAS.

The group’s vision is to reduce the incidence of FAS and alcohol-related neurobehavioral effects and to provide the tools necessary to reduce long-term damage. The action group has developed a strategic plan and identified the following objectives:

- **Access the current system and make suggestions for its improvement**
- **Provide support for existing initiatives**
- **Develop assessment methodologies**
- **Coordinate educational awareness campaigns for general public and professionals**
- **Provide assistance with addressing FAS from a policy perspective**

**SEXUAL VIOLENCE PREVENTION PROGRAM** The program received national attention in 2002 for its award-winning “Watch Your Drink! Stay Safe from Club Drugs” public awareness cocktail napkins campaign. The campaign was part of the larger public awareness campaign: “Rape is a Crime. Always.”

The program also:

- **Provided rape prevention education to more than 104,000 individuals**
- **Provided sexual assault victim services to over 2,309 individuals**
- **Implemented the Sexual Assault Data registry that combines information from victims about crimes, perpetrators and outcomes from the judicial system**
- **Helped establish 29 rape prevention education and referral hotlines in communities statewide with the Florida Council Against Sexual Violence**

**DOMESTIC VIOLENCE PROGRAM** The department has been involved in several recent initiatives to increase domestic violence screening by health care providers. In collaboration with the Florida Coalition Against Domestic Violence, the department developed new technical assistance guidelines and a screening assessment form for use during client visits to CHDs. All females 14 year of age and older, pregnant teens, and all males who exhibit signs of domestic violence will be asked two initial screening questions. Based on responses, a more thorough assessment and appropriate referrals are provided. Using the “Train the Trainer” model, department staff worked with local domestic violence shelters to train county health department staff on domestic violence, techniques for screening and assessment, and guidance in referring victims to appropriate sources.

The Domestic Violence Program is now a part of the Sexual Violence Prevention Program, which will provide and encourage collaboration among victim service agencies.

**BREAST & CERVICAL CANCER PROGRAM** The Florida Breast and Cervical Cancer Treatment Act mandated screening eligible women through the Florida Breast and Cervical Cancer Early Detection Program. Through this effort, 56 women were diagnosed with breast cancer, and seven were diagnosed with cervical cancer (or precancerous lesions) between July 2001 and June 2002. All were enrolled in Medicaid for treatment. Services provided during the year to 7,032 women included mammograms and Pap smears.

**ABANDONED NEWBORNS** The department collaborated with the Florida Healthy Start Coalitions Association, Inc., and A Safe Haven for Newborns to develop a statewide outreach campaign targeting women in their teens through age 30. The goal of the outreach campaign is to educate the target populations and the general public about options for women who give birth to unwanted infants. Florida Statue, Section 383.50, provides that a parent may leave their newborn infant, three days old or younger, at a hospital, fire station or an emergency medical services station.

**INCREASING COMMUNITY CAPACITY** The department worked with Healthy Start Coalitions and CHDs in the seven largest Florida counties to develop and deploy a March of Dimes grant analyzing fetal and infant mortality. The partnership used the Perinatal Periods of Risk Analysis (PPOR) developed by the World Health Organization to help communities analyze local data and identify high-risk populations. The next steps include mobilizing the community and recommending future actions based on the findings of the PPOR.

**SAFE SLEEP INITIATIVE** There is growing concern within the state about the number of children who die each year from suffocation. Data from the past two years shows an increase in cause of death as “suffocation in bed” while co-sleeping in adult beds or on other unsafe surfaces, such as sofas, chairs and pillows.

Pregnancy Risk Assessment Monitoring System (PRAMS) data also shows a large percentage of babies are not being put to sleep on their backs. In response, the Department of

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Health, Health Families Florida, and the Florida Department of Children and Families developed a brochure providing information on safe sleeping environments for infants. In addition, training was developed for home visitors on how to communicate this information to families. Training also will be available to Healthy Start coalitions staff.

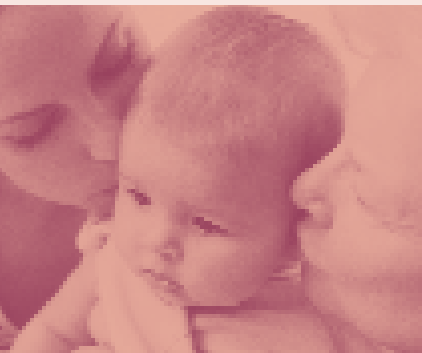
**SHAKEN BABY SYNDROME** The department developed and maintains a supply of shaken baby syndrome brochures and posters to increase awareness of this important public health issue. The department provides these materials to all Florida hospitals, birthing facilities and home birth providers that have maternity and newborn services. Its goals are that all parents of newborns have this information regarding the dangers of shaking babies and young children. ■

**T**he Bureau of Immunization, through the reduction and eventual elimination of vaccine preventable diseases through the immunization of children and adults, promotes and protects the health of children and adults in Florida.

A statewide survey of the two-year-old population for 2002–2003 indicates immunization levels in children 24 months increased from 63 percent in 1991 to 85.3 percent in 2002. More than 94.9 percent of children in childcare facilities were appropriately immunized for their age, and 96.6 percent of children entering kindergarten were fully immunized. The Vaccine for Children Program distributed more than 3.1 million doses of childhood vaccines to approximately 2,000 public and private health care providers at a value of nearly \$48 million.

**FLORIDA SHOTS** The Florida State Health Online Tracking System (SHOTS), the state computerized immunization registry, is fully operational in all Florida CHDs with more than 1.5 million records for children age birth to 22 available for access and updates. Children born on or after Jan.

1, 2003, are included in the Florida SHOTS using records from the Office of Vital Statistics. Full implementation of Florida SHOTS includes extending access to the private sector. Florida SHOTS was piloted at Orlando Regional Hospital and the application is near completion for extending access to other private physicians in Florida. Full implementation of Florida SHOTS will provide access to all authorized health care providers, schools and childcare centers.



## Reducing vaccine-preventable diseases

**FOCUSING ON INCREASED IMMUNIZATION LEVELS AMONG RACIALLY & ETHNICALLY DIVERSE POPULATIONS** Immunization is a leading health indicator, and vaccination of these populations will improve the overall health of all Floridians. In the 2002–2003 fiscal year the number of “Closing the Gap” immunization projects climbed to seven in designated Front Porch and large minority communities.

To target the prevention of influenza and pneumococcal disease, the bureau provides funding for 16 Community Health Nurses in counties with the greatest number of residents over age 65 and for those at greatest risk of complications. Positions have been funded for the Women, Infants, and Children Program (WIC) to improve immunization rates through WIC and Immunization partnerships.

The Bureau of Immunization also has funded eight additional Perinatal Hepatitis B Prevention positions in high morbidity areas of the state. Personnel in these positions have undertaken an aggressive campaign to increase awareness and intervention efforts against perinatal hepatitis B infection. Results from the 2002 Perinatal Hepatitis B Screening and Policy Surveys found that 97 percent of expectant mothers were screened for hepatitis status prior to delivery. In 2002, 21 percent of the 378 infants born to women who tested positive for hepatitis B infection received their first dose of hepatitis B vaccine in the birthing facility—a considerable increase over the 12.5 percent that received their first dose in the birth facility in 2000.

**OPERATION VACCINATE FLORIDA (OVF)** The bureau was charged to develop and implement Stage II of OVF. The program targeted health and safety personnel throughout the state for smallpox vaccinations. During Operation Vaccinate Florida, the 67 CHDs played key roles in ensuring first responder groups received education about smallpox disease and vaccine benefits and risks. The safety of volunteer participants was always the number one concern. ■



## Bridging health resources

**P**artnerships, through program resources, implement health initiatives and make services available to families.

### Public Health Dental Program

The Bureau of Dental Health joined the “Brush Up on Healthy Teeth” campaign, led by the CDC’s Division of Oral Health, to educate parents with children under age six about good oral health practices. Florida expanded its efforts to provide educational information to childcare providers and to include prevention material about baby-bottle tooth decay.

County health department dental programs reached 91,000 people, a 15.8 percent increase over the past two years. The number includes 12,600 children between birth and age four and

47,400 children between ages 5 and 17. County health department productivity increased 5.6 percent along with a 7.2 percent decrease in the cost per service over the previous year. The CHDs implemented the Health Clinic Management System dental module. The module converted the manual system to an automated system, and positively affected reporting standardization and management capabilities.

The Public Health Dental Program created an Intranet site to provide CHDs access to county-specific treatment and school-based preventive activities. An additional Internet site, to increase awareness of oral health issues and availability of resources and information, is nearing completion.

Florida participated in the third National Governor’s Association Oral Health Policy Academy to develop an action plan for the oral health needs of Florida children. The state also received national recognition from the Association of State and Territorial Dental Directors, the CDC and the American Dental Association for its fluoridation efforts, including the following awards:

- **State Fluoridation Quality Award for maintaining fluoridating systems at optimal levels**
- **50 Year Awards for the City of Naples, U.S. Sugar Corporation (Clewiston) and Miami-Dade Water Authority water systems**
- **Community Initiative Awards for the City of Bartow, City of Chattahoochee, Orange County Utilities, Jefferson Communities and Martin County water systems authorizing fluoridation**

Escambia County, North Brevard County, and the cities of Eatonville, Boynton Beach and Wellington recently began fluoridating their water systems, to reach a current population of 400,000 people. In 2003, the department received the final third-year CDC award of \$100,000 to support the state’s fluoridation efforts.

## The Bureau of Child Nutrition Programs

The Bureau of Child Nutrition Programs administers the Child Care Food Program and two related programs, the After-school Snack Program and the Homeless Children Nutrition Program. During the fiscal year 2002–2003, these programs provided nutritious meals and snacks to more than 135,000 children daily at 5,500 different locations. The programs are funded entirely by the USDA Food and Nutrition Service. During the year, the programs expended approximately \$90 million for food and related services in local communities.

The Child Care Food Program reimburses childcare centers and family childcare providers for up to two meals and a snack per child per day. The After-school Snack Program reimburses after-school programs for snacks and the Homeless Children Nutrition Program reimburses homeless shelters and domestic violence shelters for up to three meals per child, per day.

Proper nutrition early in life promotes brain development and provides energy necessary for successful learning. Meals and snacks must meet nutrition standards established by USDA and are designed to meet one-half to two-thirds of the daily energy and nutrient needs of young children. Lunches and suppers must include milk, at least two vegetables and/or fruits, meat or alternate protein source and bread or an alternate grain product.

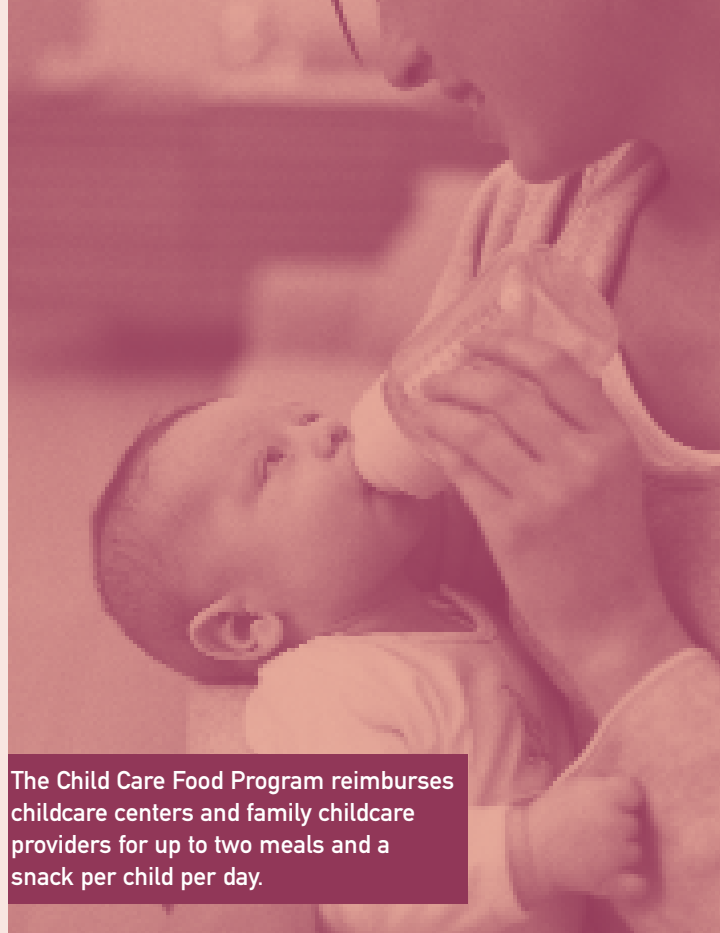
Goals of the bureau are:

- **Improve program access**—participation has grown steadily at about 8 percent a year
- **Improve program integrity**—the bureau has been a national leader in utilizing computer edits, extensive monitoring and a sanctions system to ensure program compliance
- **Promote good nutrition and physical activity**—the bureau has developed many nutrition education materials, held workshops, worked with caterers, and provided professional nutrition guidance to childcare providers on a variety of subjects including infant feeding practices and planning healthy meals
- **Improve efficiency and effectiveness through technology**—the bureau has developed a web-based claims payment and information system that is used each month by some 1,200 program contractors to submit claims; the system provides significant management information and provides all information necessary for federal reporting purposes

## School Health Services

The School Health Services Program partners with the Florida Department of Education to provide health services to nearly 2.6 million students in the state's public schools grades K–12. During the 2001 to 2002 school year, to ensure students were healthy and ready to learn, about 1,192 registered nurses, 560 licensed practical nurses, 1,800 health aides, 260 social workers, and many other health care practitioners provided the following services:

- **14.7 million health room visits**
- **6.4 million doses of medication administered**



- 2.3 nursing assessments and counseling
- 2.7 consultations with parents and school staff
- 132,682 health education classes
- 241,560 complex medical procedures for students with special needs
- 825,552 immunization follow-ups

**SCHOOL NURSE CERTIFICATION** The Department of Health, for the third year, sponsored the Preparation for School Nurse Certification Program to help eligible school nurses achieve national certification in school nursing. The increasing number of children with complex health problems requires a high level of professional school nursing expertise, and national certification recognizes this higher standard. Under the program, more than 300 Florida school nurses have received national certification since 2001.

**NURSING GUIDELINES FOR DIABETES** The School Health Program, together with the Florida Department of Health Diabetes Control Program, the Governor-appointed Diabetes Advisory Council, the Florida Camp for Children with Diabetes, other department programs and stakeholders, developed “Nursing Guidelines for the Delegation of Care of Children with Diabetes in Florida Schools.” The extensive publication meets the requirements of existing laws, keeps school nursing within the Nurse Practice Act, and meets the health needs of the growing number of children with diabetes.

**HEALTHY SCHOOL INITIATIVE** This program focuses on juvenile obesity prevention in full service schools. The program’s implemented Body Mass Index Screening will become the standard growth and development screening method for all schools during the 2003-2004 school year.

**VOLUNTEER SCHOOL NURSE PROGRAM** The program was initiated in 2000-2001 to recruit retired and non-working nurses to supplement health services for 11 projects in 14 counties. A full-time volunteer nurse coordinator manages each of the projects. During the 2002–2003 school year, 230 volunteer school nurses provided more than 11,820 hours of service valued at nearly \$300,000.

**FLORIDA ABSTINENCE EDUCATION PROGRAM** The goal of the Abstinence Education Program is to reduce teenage sexual activity, teenage pregnancies and sexually transmitted diseases. The abstinence education projects provide health education in schools, interpersonal counseling, peer mentoring, and a variety of after-school activities. Abstinence programs focus on building teens’ self-esteem by assisting them in developing decision-making skills and goal-setting skills.

During the fiscal year 2002-2003, the birth rate for teenagers between the ages of 15 to 17 in Florida was 23.4 per 1,000—better than the predicted rate of 32.4 per 1,000.

There are 25 public and private abstinence education projects in the state, and 30 abstinence-only education contracts throughout the state that served 87,817 teens and 5,531 parents during the past fiscal year. Approximately 47,400 (54 percent) of the teens served by abstinence projects are minorities. Abstinence projects in South Florida now offer bilingual services and specifically target Hispanic and Haitian teens.

Abstinence is promoted as an acceptable lifestyle choice for teens, through the “Great to Wait” regional conferences. About 740 teens and 200 adults attended the conferences during the year. The conferences provide opportunities for youth, parents, abstinence program staff and community members to share and discuss information about abstinence education. ■

**C**hildren's Medical Services (CMS) is a statewide, integrated system of care for children up to 21 years old with special health care needs. CMS promotes family-centered, coordinated care for children at risk for, or with, special needs and provides a comprehensive continuum of medical and supportive services, including prevention and early intervention programs, primary care, medical and therapeutic care and long-term care.

CMS operates as a public/private partnership where medical related services are purchased and delivered through a network of private sector providers. The vast network includes: physicians, multi-disciplinary health care providers, hospitals, medical schools and regional health clinics for full circle care as the child grows.



## Caring for special families

### CMS Network

The CMS Network is a health plan for children with special health care needs. The total number of clients served by the CMS Network during the state's fiscal year July 2001–June 2002 increased to 54,502, from 51,655 during July 2000–2001. This increase is attributed in part to enrollment activities of Florida's KidCare.

The CMS 2010 Workgroup was formed in response to the National Summit on Children and Youth with Special Health Care Needs and Their Families. The workgroup created a 10-year strategic plan to serve children with special health care needs and their families who currently are served by Title V agencies.

### Prevention and Early Interventions

The Division of Prevention and Early Intervention serves all Florida newborns, children from birth to age three with special health care needs and children who were allegedly abused or neglected. Services include prevention and early intervention, metabolic infant screening, newborn hearing screening, poison control centers and telemedicine communication. All services are provided statewide through contracts with private providers, institutions, and community-based organizations.

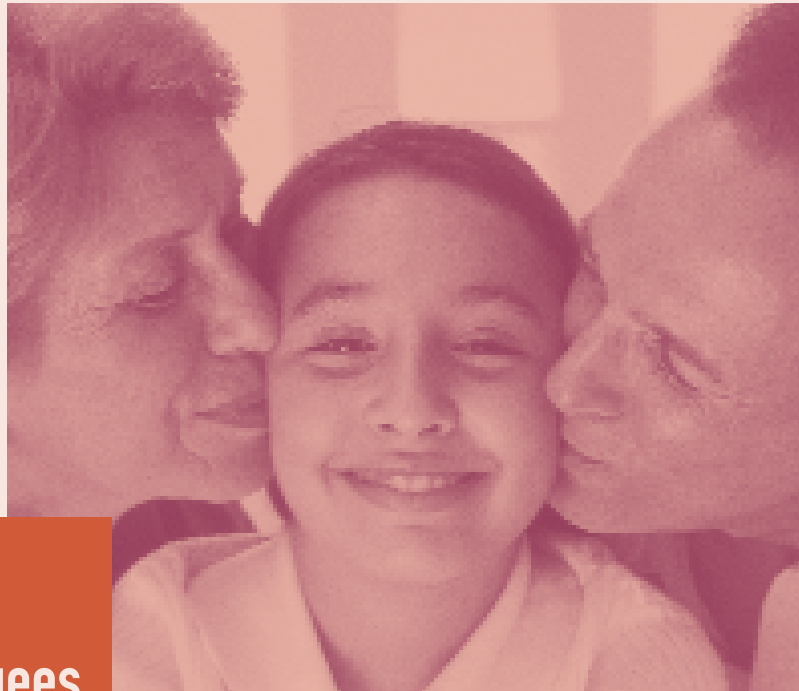
**EARLY INTERVENTION PROGRAM** The Early Intervention Program is a family-focused program that serves infants and toddlers, birth to age three, with developmental delays or who are at risk for developmental delays. The program served more than 37,000 patients in 2002, an 11 percent increase from the previous year. Sixteen contracted early intervention programs coordinate with community agencies and other providers for the delivery of needed services. During 2002, the program served 98 percent of the estimated eligible population.

The Early Intervention Program received a federal grant from the U.S. Department of Education in 2002 to address the training and personnel development needs for serving young children with disabilities and their families. The grant has expanded the capacity of five Comprehensive System of Personnel Development (CSPD) regional partnerships to identify, disseminate, and implement research-based educational or early intervention practices, while also developing personnel skills.

**CHILD PROTECTION TEAM PROGRAM** The CMS Child Protection Program provides medical

and multi-disciplinary assessment services, including examinations of children alleged to be physically or sexually abused. Twenty-two child protection teams provide multidisciplinary assessments to assist the child protective investigation staff of the Department of Children and Families (DCF). As part of the team, designated law enforcement staff members address the validity of abuse allegations and provide supportive documentation to ensure safety of children.

The program also developed a web-based statewide information system that tracks abuse reports, including cases referred to the Child Protection Team, and provides management of the data to evaluate contract compliance and quality assurance. ■



## Helping refugees

**R**efugees and their families face opportunity and challenge in a new country. The Department of Health's Bureau of Tuberculosis (TB)

and Refugee Health addresses some factors by offering screening for health risks, such as tuberculosis.

### Refugee Health Needs

In 2002, 19,242 refugees from 51 countries resettled in 31 of the state's 67 counties. Language assistance and health assessments are critical to identify potential risks of communicable diseases. The department provided health assessments to 15,359 (80 percent) of these new arrivals. CHDs were reimbursed more than \$4 million for the provision of health assessments and immunizations to newly arriving refugees. The health assessments identify health conditions for treatment that may impact a refugee's settlement, finding a job and attending school.

**TUBERCULOSIS** During 2002, 1,086 new cases (rate of 6.5 per 100,000 population) of TB were reported to Florida public health officials. This marked the eighth consecutive year of decline. Although public health interventions have been successful in decreasing the number of new TB cases in Florida, intervention is still needed to eliminate the disease. Risk groups such as those who are homeless, abuse substances are HIV-infected, and those from TB endemic countries continue to challenge Florida's TB Prevention and Control Programs and require the development of new methods to enhance prevention and control activities.

Teleradiology and the regionalization of TB programs are two methods of modern technology that maximize the use of resources. Incorporating the use of spoligotyping in the State Public Health Laboratory will advance TB surveillance, identifying patterns of transmission and cross-contamination.

**INTERPRETATION SERVICES** The Interpretation Services Program (ISP) continued its contract with McNeil Technologies, Inc. to provide linguistic services for refugees and new entrants. During a 21-month period, ISP connected 404 sites for telephone interpretation offering 150 interpreter training programs for more than 400 bilingual/multilingual employees in agencies and organizations serving refugees/entrants. ■



## Fighting modern diseases to keep communities safe

**F**lorida continues to battle infectious diseases through public education, particularly targeting the minority

populations that suffer disproportionately. The department promotes awareness of sexually transmitted diseases that threaten the public's health, such as hepatitis and syphilis.

## HIV/AIDS

The Florida Department of Health estimates that 88,000 to 102,000 Floridians are living with HIV infection; this equates to approximately one in 46 blacks, one in 176 Hispanics, and one in 346 whites. As a result, the department continues its commitment and resources to address the disproportionate impact of the HIV/AIDS epidemic on minority communities. Numerous innovative interventions, strategies and initiatives, such as HIV/AIDS summits, collaborations with minority community-based organizations and specialized outreach efforts, reflect commitment from community members, legislators and public health officials. With the persistence of disparities concerning HIV/AIDS among minorities, the department considers it an urgent priority to seek further interventions to reverse this unacceptable trend.

The Bureau of HIV/AIDS, in collaboration with many dedicated community-based organizations and individuals throughout the state, has been fighting this epidemic on many fronts, tracking HIV and AIDS case numbers, implementing a comprehensive prevention strategy, and providing care and treatment for those already infected. A result of successful intervention strategy is that newborns of infected mothers who received early testing and therapy now have a 2 percent chance of acquiring HIV from the mother. Lack of intervention increases the likelihood of mother-infant HIV transmission to 30 percent.

**EARLY INTERVENTION** In 2002, the Bureau of HIV/AIDS and the Office of Maternal and Child Health collaborated to organize a series of 13 perinatal community integration meetings. These meetings brought together health and social service professionals who work with pregnant women to identify service provision barriers. The integration meetings were held in areas with the highest rates of perinatal HIV transmission and areas with emerging cases of HIV/AIDS in

women of childbearing age. As a result of the meetings, multiple projects at both the state and community levels were initiated to address the issues identified. The projects encompass enhanced provider trainings on HIV/AIDS, the development of formalized linkage systems between agencies and providers to facilitate client referrals, outreach to high-risk populations such as incarcerated pregnant women and development of streamlined client systems of care.

The Minority AIDS Initiative (MAI) was initiated in 2002 to achieve 100 percent access to quality care and 0 percent disparity in health outcomes for minority persons in Florida. Eight projects are currently funded with the primary objective of locating HIV-infected persons not in care and linking them with medical and support services. These projects have been very successful in improving length and quality of life for many Floridians with HIV/AIDS.

**COUNSELING & TESTING** In 2002, more than 294,000 HIV tests were conducted at Florida's registered testing sites, representing a record high 8.5 percent increase (about 23,000 tests) over the previous year. The large increase was comprised entirely of confidential tests, as anonymous testing actually decreased. Substantial increases in testing occurred among blacks and Hispanics, and in all groups above the age of 13. The number of positive HIV tests increased by 2.3 percent, while the overall rate of infection (2.3 percent) remained virtually unchanged.

**PATIENT CARE** The Patient Care section protects the health of persons who are already infected, and includes: pharmaceuticals, medical care and laboratory services, insurance assistance, housing assistance, dental care, mental health services, case management and other support services.

In 2002, the Florida AIDS Drug Assistance Program (ADAP) was awarded the National ADAP Award as the best ADAP program in the country for low overhead, sound fiscal management and efficient use of resources. The ADAP currently serves approximately 13,000 clients and sponsors 56 medications for HIV, associated side effects, and opportunistic infections. Additionally, the AIDS Insurance Continuation Program (AICP) now serves over 1,600 persons in Florida IT, which pays private insurance premiums, co-payments, and deductibles for every person living with AIDS who cannot afford the expense. This program provides the client with \$5 in medical care services for every \$1 spent, and prevents the client from having to access costly health care through emergency services.

**PREVENTION** The prevention section maintains a comprehensive community planning process and collaborates with local CHDs, community-based, non-profit organizations, and other entities to ensure uniform education and instructional methods for HIV/AIDS health education and risk reduction.

The Bureau of HIV/AIDS has 62 contracts with Community Based Organizations (CBOs) to provide HIV/AIDS prevention intervention services. Thirty-two of the 67 CHDs have HIV/AIDS prevention programs. Additionally, capacity building workshops were provided to 25 CBOs. Quality assurance and improvement was conducted in 24 CHDs. Technical assistance and monitoring was provided to all contracted agencies. A Men-Who-Have-Sex-With-Men (MSM) consultation was held in June 2002 and recommendations on how to best reach this population were published and distributed. Four HIV/AIDS Florida Community Planning Group (FCPG) meetings were held in 2002 to develop a comprehensive prevention plan for 2004-2006.

**SURVEILLANCE** As of December 31, 2002, 18 percent of the cumulative adult AIDS cases (down from 19 percent on December 31, 2001) were reported as No Identified Risk (NIR). Strategic plans are in place to further reduce this percentage. Furthermore, 36 percent of the cumulative adult HIV cases (down from 42 percent on December 31, 2001) were reported as NIR. Field-staff continue to work diligently to maintain and improve the completeness of HIV/AIDS

case reporting. The Bureau reporting for July–December 2002 had 79 percent of AIDS cases reported within six months of diagnosis, and 78 percent of HIV cases reported within two months of the HIV test, which exceeds the CDC standard of 66 percent within six months.

## Hepatitis

Viral hepatitis is an important public health problem. Based on national estimates, more than 270,000 Floridians are infected with hepatitis C. The disease can remain undetected due to a lack of symptoms. The incident rate of hepatitis B in Florida has remained at approximately 4.5 per 100,000 people since 1995, and outbreaks and increased rates of hepatitis A continue to be seen among several groups in Florida. To address this significant health issue, the hepatitis program provides the following initiatives:

- **Six counties (Broward, Collier, Miami-Dade, Monroe, Pinellas and Polk) are funded for the provision of comprehensive hepatitis services. Beginning in October 2002, limited funding was initiated for three additional county hepatitis programs (Escambia, Lee, and Seminole) providing support for a nurse and a clerk.**
- **The statewide Hepatitis C Hotline provides education and home testing information on hepatitis C and HIV testing for adults at high risk.**
- **Hepatitis A and hepatitis B vaccines are available for adults at increased risk for infection.**
- **Outreach, individual and group intervention, counseling and testing are provided in community-based organizations and methadone treatment centers in Duval, Escambia, Hillsborough, Orange, and Palm Beach counties by a contracted provider.**
- **From September–November 2001, the Hepatitis Program conducted a hepatitis and HIV/AIDS surveillance integration pilot project in three counties (Broward, Orange and Polk) with the purpose of enhancing surveillance activities.**

## Sexually Transmitted Diseases

The Bureau of Sexually Transmitted Disease (STD), Prevention and Control began training disease intervention partners, including those who conduct confidential disease investigations in various settings to identify people infected with, or at risk of having, a sexually transmitted infection. The outreach workforce is strategically located throughout the state and works with difficult-to-reach populations—those exposed to hepatitis, pregnant women, newborns, and persons with known exposure to food-borne hepatitis cases.

**TARGETED OUTREACH SCREENING** During 2002, outreach activities yielded 14,723 individuals tested for syphilis. Seventy-nine new cases were identified. In addition, nine phlebotomists were placed in five counties to test people in high morbidity areas. The staff screened an additional 4,080 people and identified another 34 cases of syphilis.

**TARGETED DISEASE INTERVENTION** The bureau continued to provide coordination and assistance to counties experiencing dramatic increases in STD infections during the year. More than 25 Disease Intervention Specialists (DIS) were assigned temporarily to seven different counties, lasting from three to 30 days, to help reduce additional transmission of these infections.

**STAFF DEVELOPMENT & TRAINING** The bureau operates two training centers for developing professional staff with diverse public health backgrounds. During 2002, centers located in West Palm Beach and Tampa provided more than 50 courses to almost 1,700 Florida health care professionals and included staff from five other southeastern states.



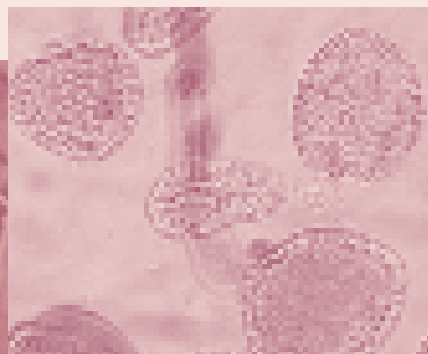
**SURVEILLANCE & REPORTING** During 2002, the STD Program staff visited more than 150 private health care providers including physicians, hospitals, HMOs and laboratories to improve surveillance capacity and reporting. In addition, the bureau conducted its biennial survey of licensed clinical laboratories in the state. The survey was sent to more than 700 laboratories to determine the type of tests, volume and number of positive or reactive tests for sexually transmitted diseases including hepatitis and HIV.

**PROGRAM LINKAGES & RELATIONS** The bureau and STD field staff continued to develop relationships with public and private health providers and expand relationships with community-based organizations. Reprints were made of the 2002 STD Treatment Guidelines from the CDC and mailed them to more than 25,000 public and private providers along with 10,000 wall charts.

**PARTNER REFERRAL SERVICES** To reduce the incidence of STDs in Florida, the STD program staff routinely offers partner notification to persons infected with an STD, including hepatitis B and HIV. In 2002, this service was offered more than 6,400 infected individuals, of which 6,100 requested assistance to notify their partners. This notification process resulted in 816 newly identified STD cases. ■



The Food and Waterborne Disease Surveillance Program has become a national model for its regionalized approach to surveillance and investigation of food and waterborne disease outbreaks and complaints.



## Ensuring safe land, water & food

The Department of Health's environmental impact is far-reaching. The Division of Environmental Health administers a variety of progressive programs to protect public swimming pools, drinking water, and food served to the public. The division's acclaimed monitoring and inspection services include checking facilities for proper equipment and sanitary

practices, installing and maintaining onsite sewage systems, examining drinking water wells for contamination, inspection for radioactive sources, and investigating food and waterborne disease outbreaks.

### Division of Environmental Health

Linking resources through continual innovation, the staff of Environmental Health works to prevent and reduce potential risks for Floridians and visitors. To respond effectively to public health needs, the division safeguards communities through aggressive education campaigns by disseminating information to the public when it is needed most.

**HEALTHY BEACHES** Florida has developed one of the premiere beach water monitoring programs in the United States, transforming a \$25,000 pilot program into a \$1 million statewide surveillance system. From 1999 to July 2002, more than 16,000 samples were collected with 3.1 percent of those in an unsafe range, indicating the need for further analysis. Coastal county health departments are working to expand the program's weekly sampling to involve more in-depth analysis of water samples at each site before the end of 2003.

To keep the public informed regularly, advisories and water sampling results are posted on DOH's Health Beaches Program website located at <http://apps3.doh.state.fl.us/env/beach/webout/default.cfm>. Information regarding advisories and warnings also are distributed to local newspapers and television stations to alert the public of potential health risks.



**EMERGENCY WATER SYSTEM NOTIFICATION RULE** To maximize resources and streamline efforts, the division's Bureau of Water Programs and the Bureau of Community Environmental Health collaborates with the Department of Environmental Protection (DEP) to strengthen Florida's ability to respond effectively to threats to its water system. The inter-agency coalition developed a DEP Emergency Water System Notification Rule to further improve and expand the protection of drinking water. The Division of Environmental Health has continued its preparedness efforts in other areas, expanding training, geographic information system capabilities and developing readiness plans at the local level.

**REGULATION OF ONSITE SEWAGE SYSTEMS** The division regulates 2.3 million onsite sewage systems, which serve 31 percent of the population and represent 10 percent of all onsite systems in the United States. An average of 37,000 new systems are permitted and installed each year. The average number of days for issuing onsite sewage system permits is tracked in the effort to ensure timely processing and greater efficiency. Over the past three years, the average number of days for issuing permits has remained at less than six days, well below the nine-day regulatory standard.

**FOOD & WATERBORNE DISEASE SURVEILLANCE PROGRAM** Environmental Health's Food and Waterborne Disease Surveillance Program has become a national model for its regionalized approach to surveillance and investigation of food and waterborne disease outbreaks and complaints. This unified system involves training for county health department personnel, other health care practitioners and to the public on various topics associated with food and waterborne disease prevention.

**HAZARDOUS WASTE SITE ASSESSMENT & EDUCATION TEAM** The Bureau of Community Environmental Health focuses its activities on protecting the environment and keeping the public safe from environmental disease. Integral to the bureau is the Hazardous Waste Site Assessment and Education team, which is recognized as a model by the National Agency for Toxic Substances and Disease Registry. By working in partnership with environmental health professionals and county health department staff, the team strategically coordinates efforts to ensure communities are safe. An example of this teamwork is the creation of the Physician's Arsenic Workgroup, which developed policies to address childhood exposure to chromated copper arsenate (CCA), a compound commonly found in treated wood used for playground equipment.

**PESTICIDE PROGRAM & TOXICOLOGICAL TEAMS** In addition to promoting safe pesticide use and improving reporting methods for pesticide exposure, these teams host outreach trainings such as the symposium, "Health Effects of Exposure to Cyanobacteria Toxins: State of



Science,” organized by the Bureau of Community Environmental Health in 2002 in South Florida. This event brought together leading scientists from around the world to address public health issues involving waterborne diseases. Through the Aquatic Toxin Program, the bureau also monitors naturally occurring toxins found in marine and fresh water.

**FLORIDA FISH CONSUMPTION ADVISORIES** A collaborative initiative between DOH, the Department of Environmental Protection and the Florida Fish and Wildlife Conservation Commission, yielded a new brochure entitled, “Florida Fish Consumption Advisories,” which identifies locations where consumers should limit their fish consumption because of high levels of mercury or other unsafe levels of toxins. The brochure is available on the DOH website by clicking on “Fish Consumption” under “subjects.” ■

**T**he department is committed to improving access to health care. Currently, more than 2.5 million Floridians are without health care insurance, and all of Florida’s 67 counties have identified areas referred to as Primary Care Health Professional Shortage Areas, encompassing the homes of 23 percent of Florida’s population.



## Expanding the scope of health care access

**AREA HEALTH EDUCATION CENTERS (AHECs)** AHECs are state-sponsored organizations located at Florida’s medical schools and are charged with developing community partnerships in medically underserved rural areas to improve health care access. During fiscal year 2001–2002, AHECs sponsored 5,689 medical residents and other health care related students who provided 868,123 hours of patient care through clinical rotations in community health centers, and other organizations serving uninsured and underinsured populations.

AHEC sponsored 47,974 hours of continuing education for licensed health care professionals working in rural and medically underserved areas. This service makes it possible for physicians, nurses, pharmacists and other professionals to maintain their licenses without having to travel outside their communities to obtain continuing education.

AHEC encourages minority students in middle and high school, and community colleges—especially those in rural and medically underserved communities—to enter the field of health care. Students are exposed to a variety of health professions and mentored as they progress toward obtaining the appropriate credentials.

**THE NATIONAL HEALTH SERVICES CORP (NHSC)** Working with the federal government, Florida recruited 111 health professionals from NHSC who are working in many of Florida’s rural and medically underserved communities. Health professionals benefit from participation through NHSC scholarships or educational loan repayment in exchange for two years of service in designated health shortage areas.

**J-1 VISA WAIVER PROGRAM** This program allows foreign physicians to remain in the United States after their Visas expire if they agree to work in federally designated medically underserved communities. There are currently 99 J-1 Visa Waiver Program physicians working in Florida.

**PRIMARY CARE FOR ADULTS & CHILDREN** Fifty-five of Florida's 67 counties directly provide some level of primary health care for adults and children. Eleven of the remaining counties contract for primary care services with private community providers. In fiscal year 2001, 48 percent of the 110,000 children and 74 percent of the 117,000 adults served did not have Medicaid or other health care insurance.

**RURAL HEALTH INITIATIVES** Thirty-three of Florida's 67 counties are considered rural by having less than 100 people per square mile. Access to health care is problematic for Floridians in rural areas due to the lack of practitioners, facilities and health care insurance coverage.

The department works with Florida's nine rural health networks serving 44 rural and urban counties to improve health care access through problem identification, solution development and planning.

**LOCAL HEALTH PLANNING COUNCILS** Local Health Planning Councils identify community health care needs, and assess the impact various health initiatives may have on the health care system in certain communities. Planning councils develop local policies for positive change. Councils also provide technical assistance, assist in locating funds for health care support, partner with communities for understanding complicated health issues and support the delivery of HIV/AIDS services.

**VOLUNTEER HEALTH SERVICES PROGRAM** The Volunteer Health Services Program facilitates recruitment of licensed health care providers and volunteers, provides technical assistance, trains and supervises volunteers, conducts quality assurance reviews and prepares annual reports. These licensed health care providers and volunteers are mostly physicians, dentists and nurses who volunteer their services and donate goods to serve uninsured eligible people. Service, available in more than 60 Florida counties, is provided through local clinics, community health centers and CHDs.

During fiscal year 2001-2002, more than 15,000 health professionals donated \$89 million in services and goods. This total represents an increase of more than \$3.5 million from the previous fiscal year.

**EXPANDING ACCESS TO PRIMARY CARE** CHDs and community health centers play a significant role in increasing health care access by serving a disproportionate share of Medicaid and uninsured patients. More than 53 percent of the patients served by community health centers in 2001 were uninsured; another 25 percent were enrolled in Medicaid. During the 2001-2002 state fiscal year, 48 percent of the 111,000 children and 74 percent of the 117,000 adults served by CHDs did not have insurance and were not Medicaid eligible. Together, the community health centers and CHDs provide a place for primary care to approximately 700,000 Floridians on a regular basis.

Working with the Agency for Health Care Administration, the Department of Health funded 10 federally qualified health centers to expand primary health care for low-income families under the Community Health Centers Access Program Act (s.409.91255, F.S.). Local governments contributed a portion of the costs for the projects, which will serve about 50,000 new patients. During 2001 (before these projects were in place), federally funded community health centers provided services for 467,000 patients in 128 clinic locations throughout Florida.

**BRAIN & SPINAL CORD INJURY** The Brain and Spinal Cord Injury Program is a statewide prevention, education, service and research program. It is designed to develop and administer

coordinated assistance to individuals with moderate-to-severe traumatic brain and spinal cord injuries. Program coordinators assist injured Floridians in obtaining resources for needed rehabilitation services within their communities through a statewide network of specialized case managers, technicians and CMS nurse case managers, and a system of designated trauma, rehabilitation and transitional living centers. The program expanded its range of services to include long-term support, through the Home and Community-Based Medicaid Waiver Program that serves up to 300 individuals (100 individuals more than the previous year) through contractual relationships. Other activities include:

- Established a contract with a non-profit community-based organization, Florida Alliance for Assistive Services and Technology (FAAST), to develop and maintain an infrastructure of credentialed professionals for home and vehicle modifications and other technologies needed by individuals with disabilities.
- Established two contracts with the Brain Injury Association of Florida (BIAF), a non-profit organization. The first contract is to develop and maintain a statewide resource center focusing on brain injury prevention, education, support services and advocacy. The second contract was established to ensure individuals with traumatic brain injury remain in their communities and not be institutionalized.
- Established a contract with the Florida Spinal Cord Injury Resource Center (FSCIRC) to develop and maintain a statewide resource center focusing on spinal cord injury prevention, education, support services and advocacy.
- Under a federal grant from the Health Resources and Services Administration, developed creative initiatives to promote awareness and prevention of brain injury and concussions from sports injuries. A series of commercials on sports concussions was developed and aired on the Sunshine Network TV station.
- Implemented another federal grant, "Partnerships for Community Living," to relocate as many as 45 individuals, previously served by the program, from nursing homes to community-based settings.
- Senator Wise of the BSCIP Advisory Council, promoted HB 295, which establishes an innovative and collaborative employment program for individuals with spinal cord injuries. Implementation began July 1, 2001.
- HB 287—Develops a motorcycle specialty license tag with 25 percent of proceeds going to BSCIP. Revenue is expected to be between \$250,000—\$500,000 per year.
- "Reaching Florida's Providers"—A project funded in April 2003 with \$150,000 to develop a traumatic brain injury home-study curriculum for nurses in rural areas of 14 Big Bend counties.

**INJURY PREVENTION** Injury was the fifth leading cause of death to Floridians in 2001. Florida demonstrated higher mortality rates than seen nationally for every age group except those age 65 and older. The state has significantly higher mortality rates for suicide, unintentional poisonings, pedestrian injury, pedal cycle injuries, motorcycle crashes and drowning than observed nationally. Prevention efforts include the following programs: SAFE KIDS Florida Coalition, Risk-Watch school curriculum, bicycle safety education and helmet distribution, rural injury, Public Information, Education and Relations (PIER), Child Passenger Safety and Traffic Safety. Other prevention activities include: development of Florida Injury Prevention Strategic Plan 2004–2008, continued development of Injury Surveillance Data System, Florida Suicide Prevention Task Force and Panhandle Drowning Study. ■

The Office of Public Health Nursing was reorganized in 2002 with a mission to enhance the state's public health nursing practice through education, research and evaluation. Nurses work in almost every division within the department and provide leadership with knowledge of health care, insight into patient care and awareness of nursing needs.

The issues surrounding nursing have gained national attention in recent years as shortages in the profession become more obvious. While the nursing crisis unfolds and health and medical professionals, educators and politicians address these issues, those in the field of public health nursing tackle the everyday demands.

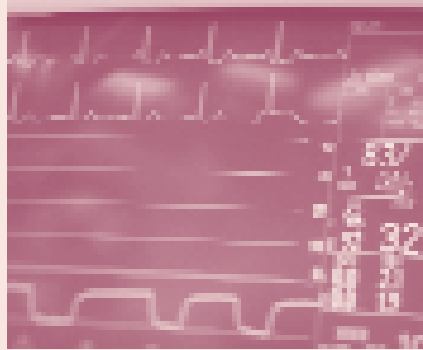
The Office of Public Health Nursing serves a key role in monitoring and developing the nursing industry in the state. The various responsibilities of the office include:

- Promoting retention and recruitment efforts
- Coordinating workforce development
- Conducting quality improvement
- Promoting political awareness
- Proposing legislation
- Representing Florida on a national level

**NURSING SHORTAGE IN FLORIDA** Governor Bush made a commitment to support nursing retention and recruitment solutions. In 2003, the Florida Center for Nursing (FCN) was established and charged by the Legislature to address nursing supply and demand. The Department of Health Chief Nursing Officer serves as a member on this board. In collaboration with the FCN, the Office of Public Health Nursing works with community stakeholders to coordinate efforts and strategies that address the nursing shortage.

At this time, the Office of Public Health Nursing is enhancing the comprehensive statewide grassroots retention and recruitment campaign by involving representatives and community partners. The strategic plan includes mentoring programs, public relations campaigns, managing the nurse loan forgiveness programs and workforce development. Salary, compensation and benefits are under review with the collective bargaining representatives. A comprehensive strategic plan addressing retention and recruitment of public health nurses will be presented to the Health Secretary by December 2003.

More information about nursing in Florida is available through a direct link to the Office of Public Health Nursing on the [www.myflorida.com](http://www.myflorida.com) web page.



## Enhancing the state's public health practice



**WORKFORCE DEVELOPMENT** The office provides consultation to the CHDs, CMS, and other regulatory bodies concerning public health nursing. Statewide nursing policies, procedures, standards and protocols are generated within this office. The office serves as a patient advocate, ensuring quality care, appropriate billing protocols and collaboration. It fosters professional development through standardized orientation, training and continuing education programs. It provides mentoring programs, internships and student nurse rotations. It provides up-to-date preparedness training for all public health nurses. The office develops leadership core competencies based on the 10 Essential Public Health Services.

**QUALITY IMPROVEMENT** The office coordinates with the Office of Performance Improvement for quality improvement peer reviews of all 67 Florida CHDs and provides statewide consultative services and training for nursing quality improvement, collects data, analyzes and shares evaluations. ■



## Ensuring high quality medical care

**T**he Division of Medical Quality Assurance (MQA) provides services to health care professionals and regulatory boards. MQA regulates and licenses health care practitioners, facilities and businesses; reviews and investigates complaints; and prosecutes cases resulting from these complaints. The department regulates more than 750,000 health care practitioners and facilities.

Over the past year, MQA increased productivity in the areas of training, programs, procedures and services. MQA continued to raise the bar in promoting quality health care standards for all Florida citizens. As the future presents new health care challenges, MQA is poised to address issues that promote quality customer service and healthy communities. MQA's commitment to quality is evident by its administrative and customer service improvements.

For almost 15 years, the Davis Productivity Award Program has encouraged excellence among state employees by spotlighting achievements that significantly improve services and reduce cost. Of the 36 recognitions that the Department of Health received, MQA received 16; these serve as a testament to MQA's hard work, initiative and creativity.

Data collection improvements give board staff the ability to closely monitor renewal results and make process adjustments as necessary. During renewal, the system reports the number of licensees who used the online services website to renew licenses, the percentage that renewed on time and the number of address changes made through the website. MQA expanded the imaging initiative by scanning the records of licensees so staff could retrieve licensee records online. The imaging process eliminates the need for staff to sort through microfiche documents.

Bureau of Management Services implemented a new collection policy in which past due accounts were transferred to a collection agency. Thus far, MQA has collected more than \$10,000 in past due accounts.

**IMPROVED SERVICES TO CONSUMERS** [www.doh-mqaservices.com](http://www.doh-mqaservices.com). MQA now offers cutting edge e-commerce services through its online services website. The online services website provides consumers convenience and more control over their own health care. Consumers can look up the license status of practitioners, review practitioner's profiles, request data and public records, or download a complaint form.

MQA's mission is to protect the health care of Florida citizens and visitors. To fulfill this mission, MQA improved and expanded services for consumers by:

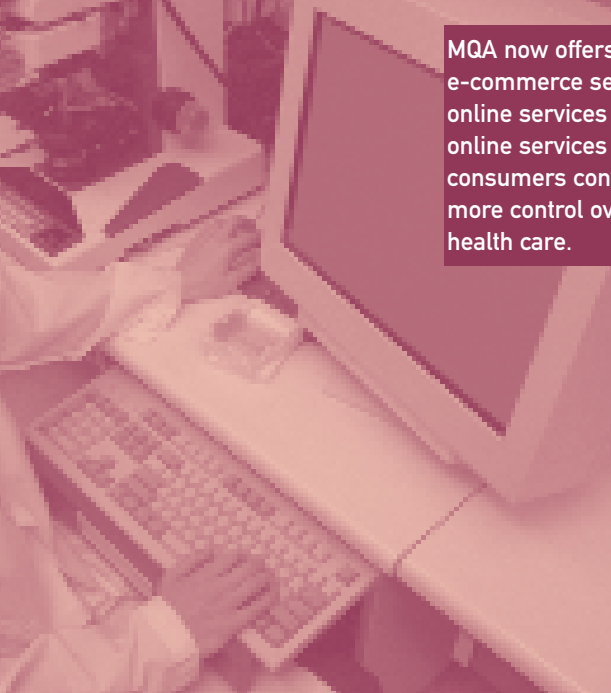
- **Enhancing the online discipline reports so that images of final orders can be viewed online. This offers consumers greater accessibility to practitioner discipline information.**
- **Improving the design and layout of the profile website so that it's more user friendly.**
- **Adding profile information for more than 9,000 Advanced Registered Nurse Practitioners to the profile website.**
- **Expanding the online services website to include e-commerce technology that allows users to request written license certification via credit card payment.**
- **Developing an unlicensed activity billboard campaign for the Dietetics and Nutritionist Council that warns consumers to seek diet and nutrition advice from a licensed professional.**
- **Promoting the online services website through a statewide radio campaign. The radio script encourages consumers to use the site to look up the license of their health care professional.**

**IMPROVED SERVICES TO HEALTH CARE PRACTITIONERS** The website offers licensees convenience and accessibility to their professional information. Licensees can renew their licenses and update addresses and profile information online. This speeds up the renewal process and gives licensees more control over their information. This year, several enhancements were added to the online services website to make it more customer-oriented.

MQA provided licensees with several quality customer service initiatives by:

- **Developing an online customer satisfaction survey to measure the effectiveness of online services for licensees. The survey, created for recently licensed individuals to complete as a measure of overall customer satisfaction, resulted in a 90.4 percent overall approval rating of the services board staff provided during the licensure process.**
- **Creating a delinquent letter notification project for licensees who failed to renew their license by the renewal expiration date. This additional notification alerts licensees that their license is currently in delinquent status and outlines the procedures to reinstate their license.**
- **Adding a testing location for dentistry and dental hygiene exams. More computer-based testing provides greater flexibility and convenience to candidates. Exams are administered simultaneously without additional staff requirements. Testing Services increased computer-based testing by 45 percent over the past year.**
- **Developing an online candidate information booklet for department-developed exams and posting an online testing schedule to the Testing Services website for convenience.**
- **Creating scannable renewal notices that capture all data entry changes on the front end. This improvement allows for a reduction in data entry errors and standardization of the renewal notice across all professions.**
- **Imaging the records of licensees so that practitioners can review their records online.**
- **Improved Services to Health Care Practitioner Boards—MQA works directly with the professional boards to regulate health care professions. MQA developed an electronic customer satisfaction survey to measure the effectiveness of customer service offered by the Executive Directors to the board members, and promoted the work of the boards through press releases. Involving the board members more directly in MQA's long-range planning gave them a greater role in developing policy and setting goals. ■**





MQA now offers cutting edge e-commerce services through its online services website. The online services website provides consumers convenience and more control over their own health care.



## Evaluating disability benefits for Florida's citizens

The Department of Health administers federal programs for disabled individuals. Responsibilities include efficiently and accurately determining eligibility and reviewing current beneficiaries for continued eligibility. Florida has the third largest Disability Determinations Service office in the nation, processing approximately 6.25 percent of all cases in the nation.

### Disability Determinations

The Division of Disability Determinations is responsible for making decisions regarding the medical eligibility of Florida's citizens applying for disability benefits under the federal Social Security and Supplemental Security Income programs and the state Medically Needy program. The division also reviews the files of claimants currently on the disability rolls to determine their continued medical eligibility. The Social Security Administration provides all funding for disability determination services. The Division of Disability Determinations operated on a \$82 million budget during the 2001–2002 fiscal year, with more than 900 positions located in Tallahassee, Jacksonville, Orlando, Tampa, and Miami. The Medically Needy Program includes 24 positions and had a budget of \$2.2 million this year.

In 1991, DDD received 138,028 claims for medical determinations; in 1995, the number had risen to 215,387; in 2002, the office received 253,283 claims. In calendar year 2001, estimated cash benefits of over \$5 billion were paid to 709,166 disabled Floridians.

The definition of "disability" is the same for all individuals applying for disability benefits under Title II or Title XVI, as well as claimants applying under the Medically Needy program. The Social Security Administration (SSA) law defines disability as: the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s)

which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

SSA set forth the Listing of Impairments that describe, for each major body system, impairments that are considered severe enough to prevent any gainful activity. Most of the listed impairments are permanent or expected to result in death; for all others, the evidence must show that the impairment has lasted for or is expected to last for a continuous period of at least 12 months. The Listing of Impairments includes the following body systems: musculoskeletal; special senses and speech; respiratory; cardiovascular; digestive; genitourinary; hemic and lymphatic; skin; endocrine; multiple body systems; neurological; mental disorders; neoplastic diseases; and the immune system. ■



For more information, visit [www.myflorida.com](http://www.myflorida.com)