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Florida: Promising Practices in Coordination of State and Local Public Health

With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.

FLORIDA'S PUBLIC HEALTH SYSTEM

Florida's public health system operates under a system of shared authority for public health governance. The Florida Department of Health (DOH) protects and promotes the health of all Floridians through organized public health efforts at the state and community levels. DOH operates 67 county health departments (CHDs) that implement programs locally through a cooperative agreement with the state—governance for public health is the shared responsibility of local and state officials. County health department staff are employees of the state, and local health officers are appointed by the state but approved by local officials. While local health departments are staffed by state employees, funds for local public health come from the federal, state, and local levels, as well as from Medicaid reimbursement. Local governments have the authority to establish taxes for public health, establish fees for public health services, and issue public health ordinances. Revenue from taxes and fees goes to the state-operated local health departments, and the Board of County Commissioners may determine how those funds are designated within each local health department.

OVERVIEW

Florida's shared governance public health system provides the opportunity for cooperative engagement between the state department of health and the county health departments. Representatives from the state department of health and the Florida Association of County Health Officers work together to consider and resolve public health issues in the state. This is achieved through ad hoc discussions and special advisory committees that bring together representatives from the state and local levels.

DOH employs approximately 16,000 public health staff; 4,000 of these employees are located in the central office and 12,000 work in county health departments. Of the approximately 4,000 staff within the central office,

about 1,500 employees work at the regional level, primarily to coordinate programs such as preparedness, epidemiology, and HIV, among others. Depending on the program, these regional staff may cover multiple counties.

THE STATE-LOCAL RELATIONSHIP IN FLORIDA

Florida's shared state-local system lends itself to an open, cooperative relationship between state and local public health entities. Within this structure, the central office provides direction for public health by setting broad policies and initiatives that are implemented locally by the county health departments through a cooperative agreement with each county's Board of County Commissioners. The agreement takes the form of an annual contract, maintained by DOH, which describes the flow of funds for public health between the state and the county, as well as the specific responsibilities of both the state and local entities. One local health department administrator described the state-local relationship as a "unique partnership in every county." This approach helps ensure that county health departments are responsive to local needs. The county health departments also benefit from being part of a coordinated state system, which can be particularly helpful in responding to public health emergencies.

Organizational Strategies

DOH hosts weekly conference calls with the county health departments. These calls serve as a venue for DOH to brief health officers on legislative updates, budget allocations, and other relevant information. Local health officers are provided the opportunity to engage in discussion and ask questions of DOH, as well. Call participants include DOH executives, DOH division directors, county health officers, and other key staff from local health departments, for upwards of 200 individuals on each call.

To encourage synergy among the county health departments in Florida and to foster communication with the central office, the Florida Association of County Health Officers (FACHO) engages health officers from each of the 67 county health departments in the state. The Association's objectives are to provide public health education—to legislators, commissioners, state and local representatives, and the community—and to provide health officers with leadership development training and opportunities. FACHO serves as a venue for health officers to communicate and work more closely with DOH, and while it is not the exclusive venue for communication, it is "the most official and most noted carrier of messages to and from," according to one local health department director.

FACHO's Board of Directors and DOH senior leadership meet regularly to discuss important public health issues and also engage in frequent ad hoc discussions. DOH frequently requests meetings with FACHO's Board of Directors to receive feedback and advice, or to ensure that they have local health officer support on certain issues. In this way, FACHO's Board serves as a "sounding board" for DOH on certain topics or decisions. Often, these ad hoc discussions are held in advance of the weekly calls hosted by DOH, and the FACHO President will inform local health officers, via email, of the Board's ad hoc discussion topics with DOH prior to the call. This helps to increase buy-in from the local health departments because DOH is able to vet the message with a smaller group and gain advice on the best way to frame announcements. Once a month, FACHO coordinates the weekly call with all of the county health departments and sets the agenda. This provides county health departments the opportunity to hold independent discussions, but they may request DOH participation if desired.

FACHO's Board of Directors also works closely with central office to organize committees around public health issues that require in-depth discussion. Currently, many of these committees focus on identifying efficiencies in the delivery of public health services in Florida. When DOH is looking to form an advisory committee, they will

either request participation from FACHO leadership, or request that FACHO solicit participation from local health officers. Often, when establishing these committees, DOH will work to ensure even representation based on size of county health department, or they will ensure that representatives are from geographically diverse areas of the state.

Additional State-Local Communication Venues

Many county health departments in Florida have developed consortia with neighboring health departments. For example, the West-Central area consortium is an eight-county group that consists of two large metro counties and a mix of large and medium counties. The consortium was initially begun, with encouragement from the state, to help new health officers share ideas, discuss common issues, and gather assistance from established health officers within the consortium. The county health departments continue to communicate regularly, hold regular meetings, share legal services and best practices, and coordinate their communication efforts with the state. DOH representatives often participate in consortium meetings.

Accomplishments

As noted above, DOH forms advisory groups on an ad hoc basis in response to public health issues that require more in-depth discussion. Frequently, FACHO will assist DOH in organizing these advisory groups. One such group, the Fiscal Management Advisory Council (FMAC), convenes state and local public health representatives to discuss issues in public health financing, such as funding allocations for each county. Recently, FMAC prepared recommendations for DOH in response to a proposed 20 percent, across-the-board reduction in state funding for local public health. FMAC proposed and presented alternatives to DOH, and many of the recommendations were accepted during budget negotiation.

FMAC allows DOH to discuss potentially contentious issues with a smaller, representative sample of local health officers. FMAC committee members include individuals from each of the four size categories of health departments in Florida—small, medium, large, and metro. They serve a three-year term, and representatives are replaced at the end of their term by an individual from a health department within the same size category. One local health officer explained that FMAC is helpful in dealing with financial issues because “It affords [local health officers the] opportunity to provide input while the state health office, in actuality, could decide that all on their own. It’s a great way for them to get feedback from the field.” Local health officers who do not currently sit on FMAC are still invited to listen in on FMAC’s regular calls with DOH. Committee members sometimes receive emails from their colleagues at other health departments during the calls and convey those questions or opinions to the group. This gives non-members the opportunity to have a voice in the deliberations. These regular calls are usually chaired by the deputy secretary of DOH and include other DOH administrators.

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Another committee organized by DOH and FACHO is tasked with identifying efficiencies within the public health system and providing recommendations for central office. This committee was formed in response to House Bill 5311, passed by Florida’s state legislature in 2010, which requires an administrative review of DOH. The committee, which includes DOH staff, eight county health department representatives, and several internal and external stakeholders, developed a 167-page document that outlines efforts through which DOH might become more focused, streamlined, and efficient. These recommendations have been presented to and reviewed by the state legislature in Fall 2011. One such recommendation is to pilot the consolidation of certain services for public health (e.g., human resources, finance, and accounting) in no more than ten counties. The committee

recommended developing process measures—for example, the number of days for processing paperwork—in order to understand the impact of consolidation in these counties, to see if they save money, and to track any unintended consequences.

CHALLENGES, LESSONS, AND OPPORTUNITIES

Because of economic constraints in Florida and the need to identify efficiencies within the public health system, communication between the state and county health departments has become increasingly important. One local health officer noted that the DOH central office must keep in mind the unique impact that new policies and initiatives have on each county health department, and remember the “nuances and variability” that exist at the local level. Acknowledging the unique local needs and impact is key for maintaining a strong relationship between local government and the state. In discussing potentially contentious policy or program changes, such as funding, it is important for representatives at the state and local levels to maintain positive working relationships, to understand the personalities and approaches of the individuals they work with, and to feel comfortable with one another to speak openly.

One local health officer described a helpful strategy for approaching difficult discussions. If the state anticipates that a health officer is likely to be a strong opponent in a certain topic, the central office can hold a one-on-one discussion with this individual, thus allowing him or her to air opinions in a private setting. It may then be possible to reach a compromise position prior to discussing the matter with the group as a whole. This approach has been used by FMAC to communicate decisions to the other county health officers in Florida. The local health officer who described this approach explained that by talking to a health officer ahead of time, “you don’t [have to] have a big ugly debate in front of everyone. Many times you can adjust the process and make different recommendations. It’s a matter of understanding the people you’re working with and being comfortable enough to call people up.”

Finally, FACHO representatives noted that their organization may be able to play a stronger role in advancing state and local collaboration. While historically FACHO had not always played a central role in state-local communications within Florida, the organization is in a stronger position to do so now that it has been able to increase its stature and establish a stable funding source. The Association decided to increase dues and implement a tiered fee structure to generate sufficient funds to hire an executive director, who began coordinating regular meetings and charged FACHO with establishing a strategic plan and organizing clear objectives. With structured leadership, dedicated staffing, and a sound mission for public health within the state, FACHO can play a more prominent role as a convener or facilitator of communications between local health officers and DOH central office staff.

FOR MORE INFORMATION

About the Florida Department of Health:

- www.doh.state.fl.us

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