

HEALTH DEPARTMENT

The Health Department Fund accounts for the collection of local ad valorem property taxes and the subsequent distribution to the Pinellas County Health Department to fund health-related services to County residents. The majority of their budget comes from the State. The Health Department promotes and protects the health of citizens and visitors to Pinellas County through programs of disease prevention, diagnosis and treatment of disease, and environmental monitoring. Clinical services of the Health Department include child health, maternity, family planning, refugee screening, and communicable disease services. Services are available in St. Petersburg, Clearwater, Pinellas Park, Largo, and Tarpon Springs. The maximum millage rate that can be levied is 0.5 mills.

0202 HEALTH DEPARTMENT FUND

Department Revenues by Fund / Account		FY11 Budget	FY11 Projection	FY12 Request
0202	AD VALOREM REVENUES*	3,450,170	3,439,260	3,284,490
	INTEREST EARNINGS	38,080	10,000	5,000
	SUBTOTAL HEALTH DEPARTMENT REVENUE	3,488,250	3,449,260	3,289,490
	BEGINNING FUND BALANCE	390,380	449,350	291,480
	TOTAL REVENUES & FUND BALANCE	3,878,630	3,898,610	3,580,970

Millage Rate 0.0622 0.0622

**Ad valorem revenues reflect a 4.5% reduction in taxable values per Property Appraiser's June 1st Estimates*

Department Expenditures by Cost Center		FY11 Budget	FY11 Projection	FY12 Request
0202	3701000 AID TO GOVERNMENT AGENCIES	3,607,130	3,607,130	3,509,350
	HEALTH FUND RESERVES	271,500	-	71,620
	SUBTOTAL EXPENDITURES	3,878,630	3,607,130	3,580,970
	Less Reserves	-271,500	0	-71,620
	TOTAL EXPENDITURES W/O RESERVES	3,607,130	3,607,130	3,509,350

Personnel Summary

Total Permanent Positions 0 0

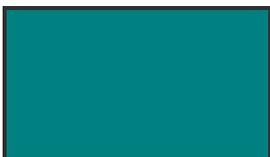
Target Reconciliation

FY12 Budget Request Target Not Applicable
 County support of the Health Department is funded by a separate property tax levy apart from the General Fund.

HEALTH DEPARTMENT TOTAL BUDGET	FY11 Budget	FY12 Request
County Portion (above)	3,607,130	3,509,350
Direct State Support	13,153,230	TBD
Federal/Grants/Fees/Misc	32,764,440	TBD
Total Budget	49,524,800	TBD



PINELLAS COUNTY HEALTH DEPARTMENT FY 2011-2012 BUDGET PRESENTATION



OUR MISSION

- *Promote, protect and improve the health of all people in Pinellas County.*



Our Four Strategic Focus Areas



1. Prevention

- Reduce overweight/obesity
- Reduce tobacco use
- Reduce deaths from unintentional injuries

2. Access to Health Care

- Increase access for the uninsured
 - Reduce black infant deaths
 - Reduce low birth weights for black infants
 - Reduce STDs in women of child bearing age
- 

Our Four Strategic Focus Areas



3. Disaster Preparedness

- Pandemic Flu preparedness
- Improve immunization coverage
- Decrease food and waterborne diseases
- Complete communications plan

4. Organizational Excellence

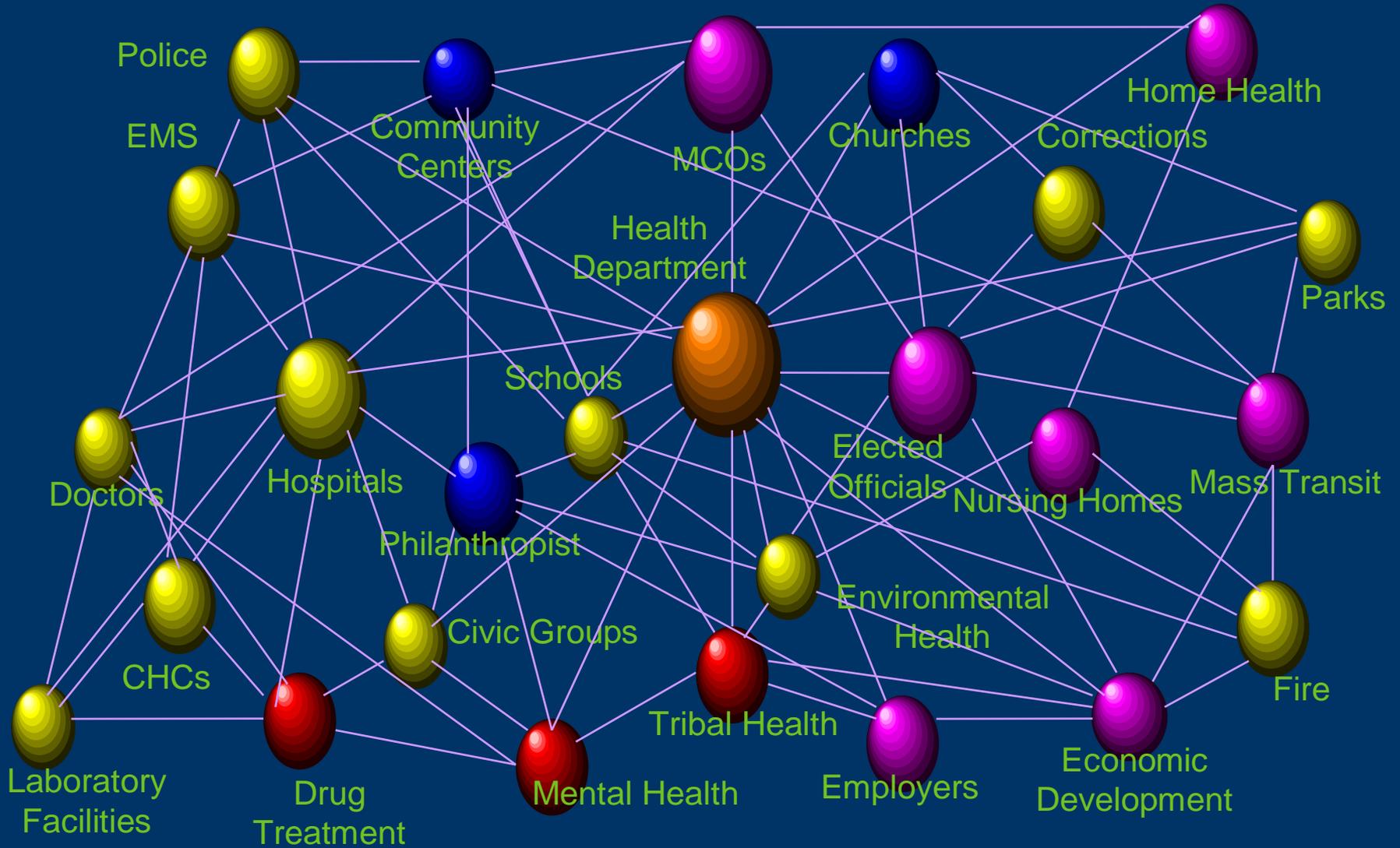
- Improve customer satisfaction
 - Improve employee satisfaction
 - Improve clinical quality and effectiveness
- 

CORE FUNCTIONS OF PUBLIC HEALTH



- **Assurance**
 - *Link or Provide Care*
 - *Enforce Laws*
 - **Assessment**
 - **Policy Development**
- 

The Public Health System



PUBLIC HEALTH IN FLORIDA

- Chapter 381, F.S., establishes the Department of Health as the agency responsible for Florida's public health system.
- It also requires that the system be operated in partnership with county government.
- Chapter 154, F.S., states, “To strengthen this partnership, the Legislature intends that the public health needs of the several counties be provided through contractual arrangements between the state and each county.”

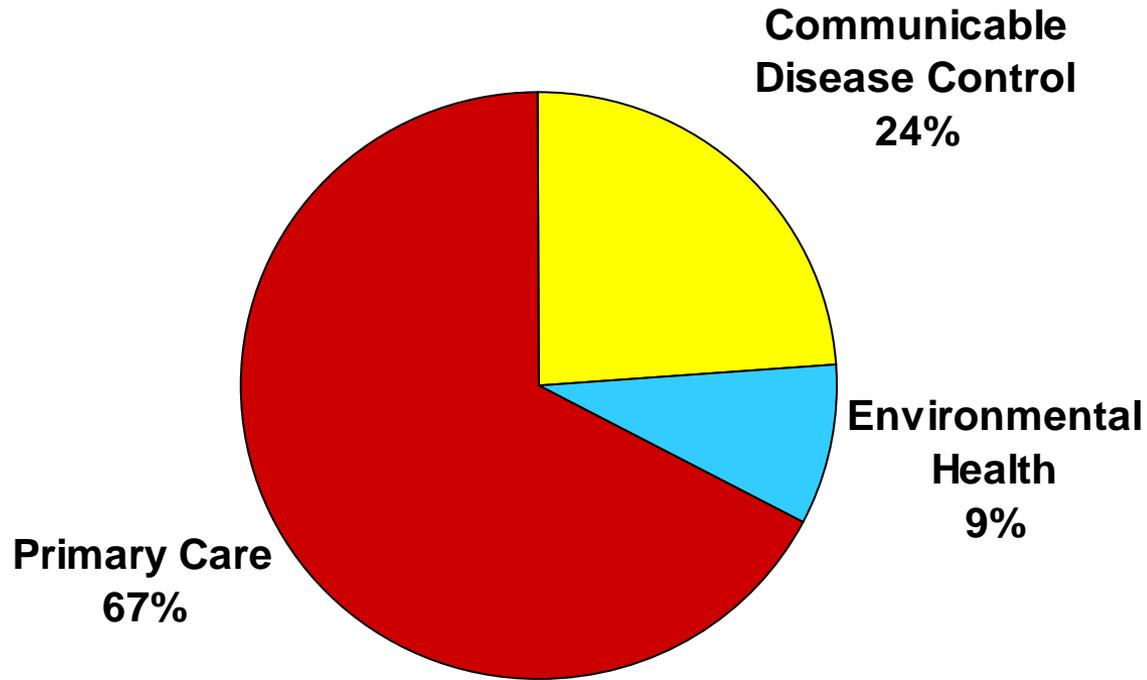


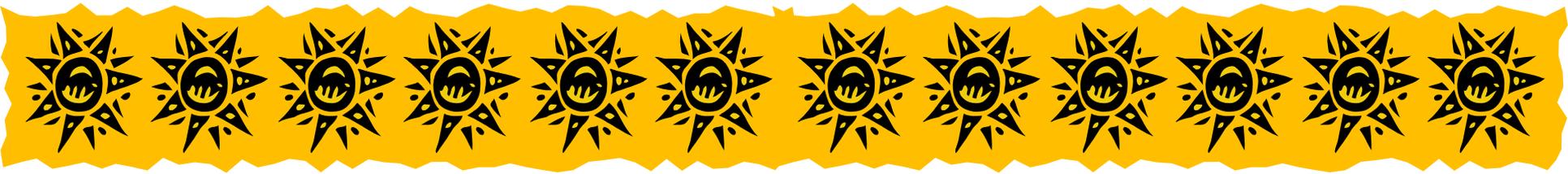
PUBLIC HEALTH IN FLORIDA

- Chapter 154, F.S. requires County Health Departments to provide three Levels of Service:
 - ***Communicable Disease Control***
 - ***Environmental Health***
 - ***Primary Care***



SOURCES OF REVENUE FY 2010-2011 BY SERVICE LEVEL





- Since FY 2009-2010, the Board of County Commission Core Contract allocation was budgeted for Primary Care services as defined by Chapter 154.
- None of the County allocation was spent for Environmental Health or Communicable Disease Control.
- This allocation was included in the Pinellas County Intergovernmental Transfer as match for the Low Income Pool.

FY 2010-2011* • FINANCIAL RESOURCES

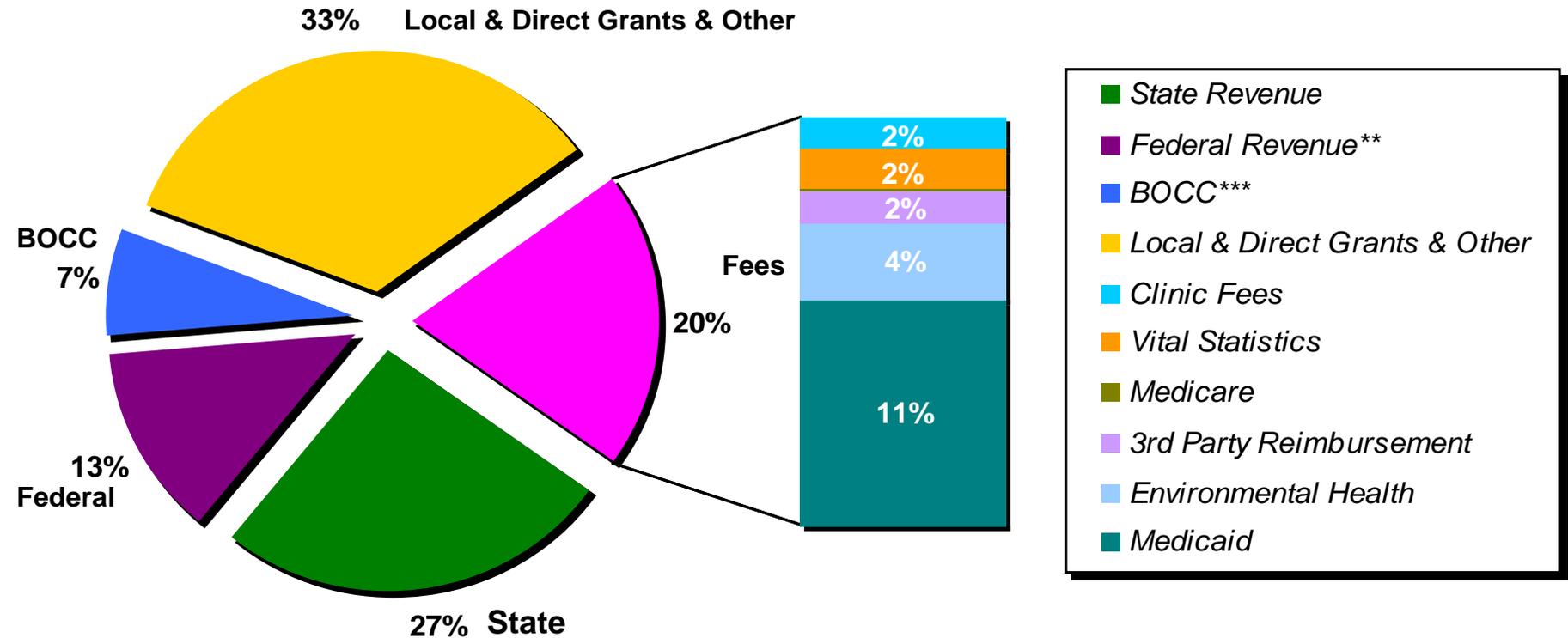
\$49,914,897

Leveraging Resources/ Assets

Financial Resources

Leveraging Resources/ Assets

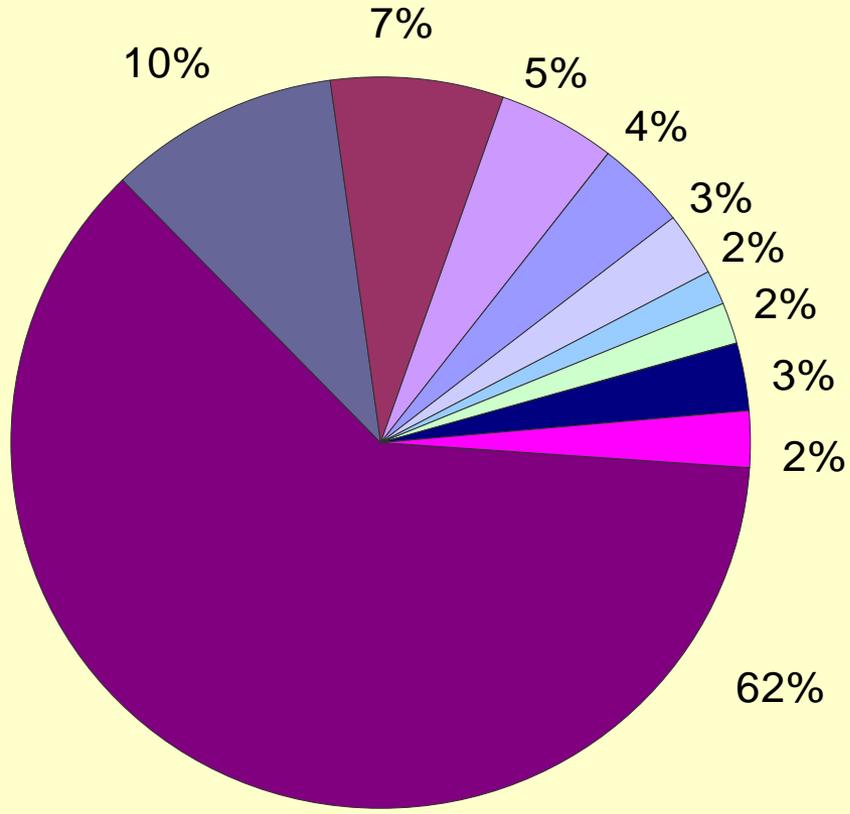
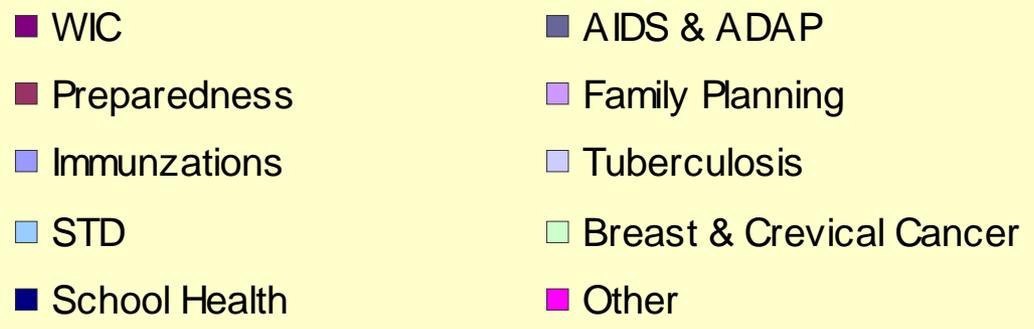
Pinellas County Health Department financial resources are provided through multiple sources. These include fees, grants and budget allocations from the County, State and Federal governments. Historically, State, and Federal support had been the largest parts of the budget however one third of the budget is now generated by Local & Direct Grants to the health department.



Federally Funded Programs

\$6,205,269

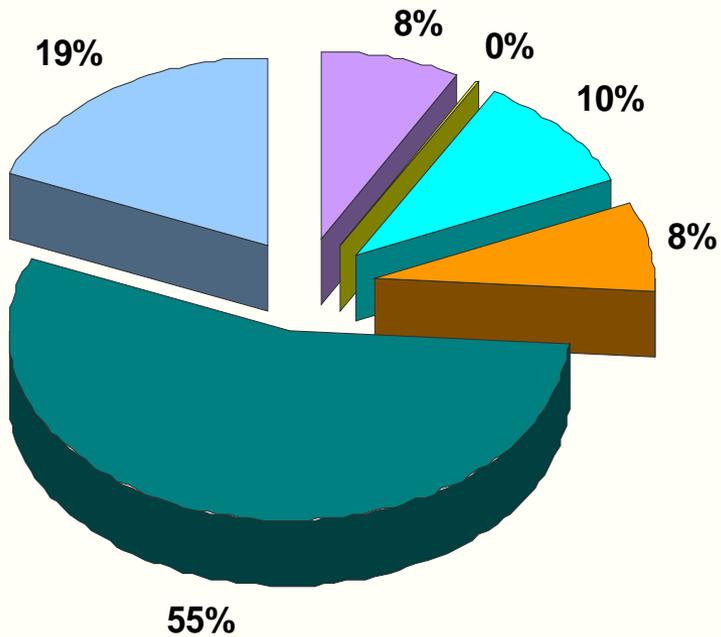
- **WOMEN, INFANTS AND CHILDREN (WIC)**
- **AIDS PREVENTION AND DRUG ASSISTANCE PROGRAM (ADAP)**
- **FAMILY PLANNING PROJECTS AND TITLE X**
- **TUBERCULOSIS**
- **SCHOOL HEALTH**
- **PUBLIC HEALTH PREPAREDNESS**
- **IMMUNIZATIONS**
- **HEALTHY START PROGRAMS**
- **STD**
- **BREAST & CERVICAL CANCER**
- **RAPE PREVENTION & EDUCATION**
- **COASTAL BEACH MONITORING**
- **HEALTH PEOPLE HEALTHY COMMUNITIES**
- **REFUGEE HEALTH**



*ONE-TIME FEDERAL FUNDING FOR H1N1 VACCINATIONS IS NOT INCLUDED FOR FISCAL YEARS 2009-2010 AND 2010-2011.

FY 2010-2011

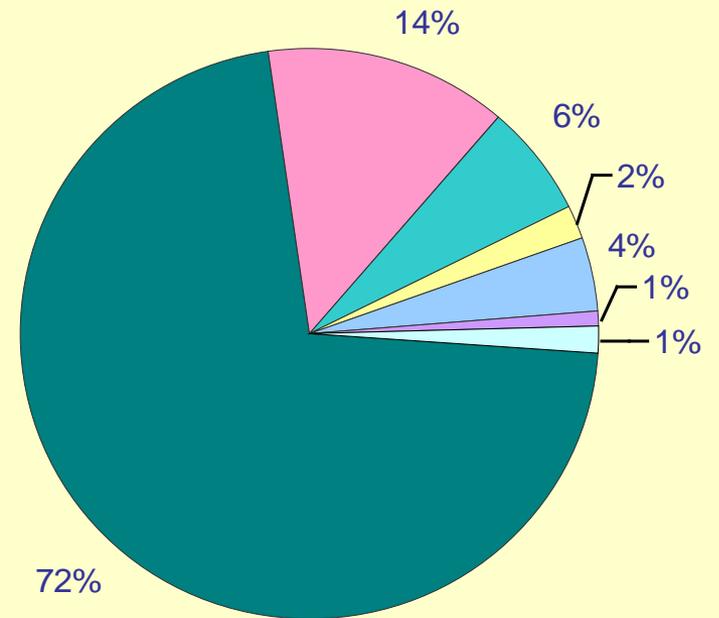
FY2010-2011* • Fee Revenue \$9,920,875



- Medicaid
- Environmental Health
- 3rd Party
- Medicare
- Vital Statistics
- Clinic Fees

Medicaid Reimbursement \$5,495,437

- Dental
- LIP
- Family Planing
- STD
- Maternity
- Comp. Adult
- All Others



FY 10-11*• Grants and Other Resources

\$17,060,145

**33%
OF
TOTAL
BUDGET**



* Projected FY 10/11

- **HEALTHY START FEDERAL**
- **HEALTHY FAMILIES PINELLAS**
- **HEALTHY START COALITION**
- **COMMUNITIES PUTTING PREVENTION TO WORK**
- **COMPREHENSIVE YOUTH SUPPORTS PROGRAM**
- **SCHOOL CLUSTER INITIATIVE**
- **RYAN WHITE DRUG ASSISTANCE**
- **PINELLAS COUNTY HEALTH & HUMAN SERVICES: PRIMARY CARE & MOBILE MEDICAL UNIT**
- **TEEN PREGNANCY PREVENTION**
- **PINELLAS COUNTY LICENSING BOARD**

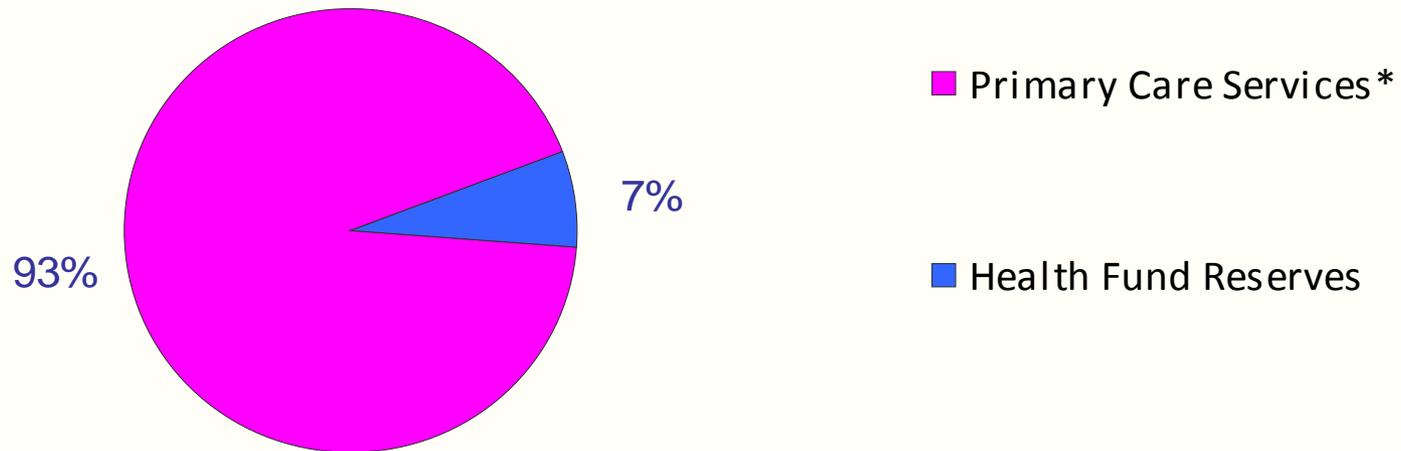
County Resources

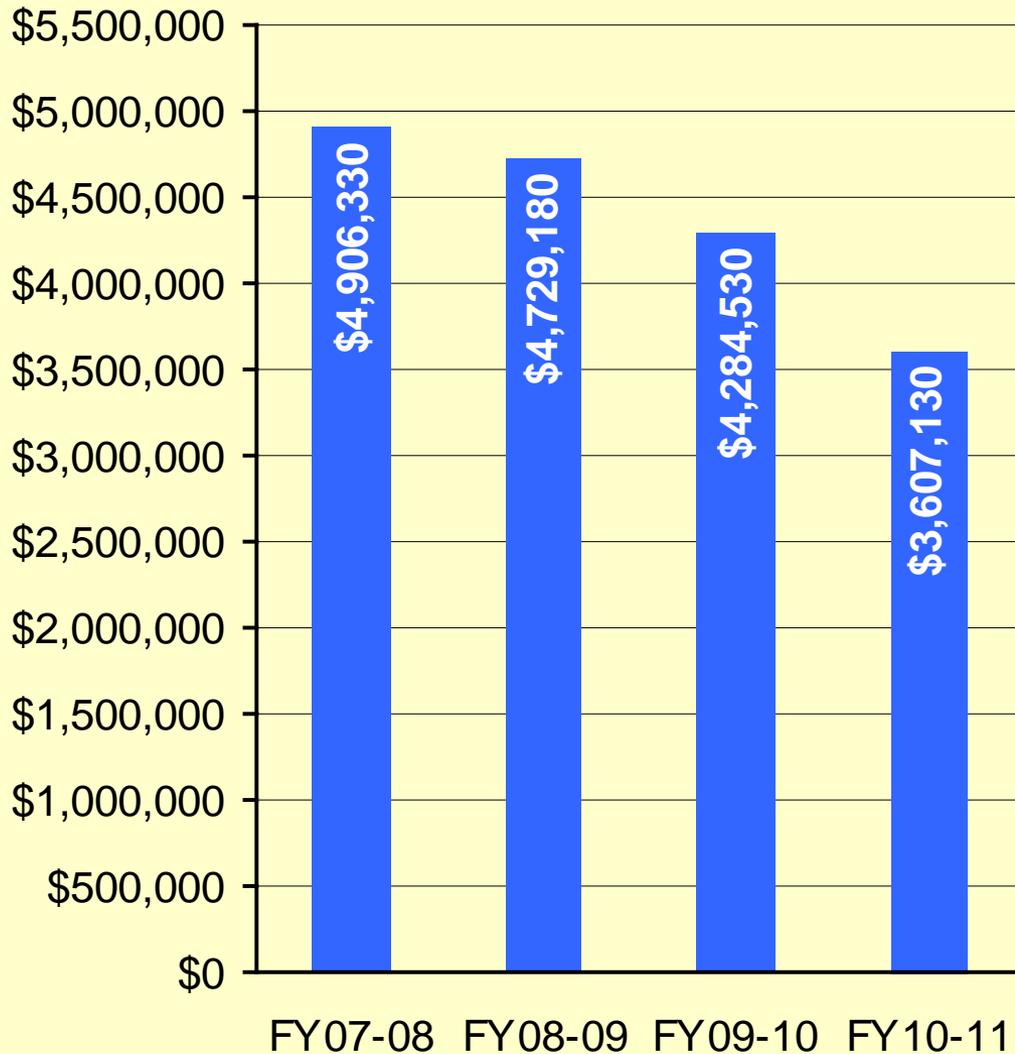
Resources are provided by the Board of County Commissioners (BCC) in accordance with F.S. 154 through a core contract agreement for programs approved in the annual County budget. In recent years, the BCC has attempted to limit reductions in the public health budget however the budget has declined by 26% since FY 2007-2008.

FY 2010-2011

Board of County Commissioners

\$3,878,630





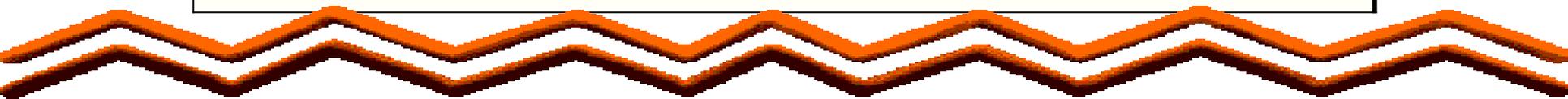
❖ **BCC Program Priorities**

- ❖ **Reduce total Black infant death rate**
- ❖ **Reduce percentage of overweight adolescents**
- ❖ **Reduce the rate of bacterial Sexually Transmitted Diseases in women**

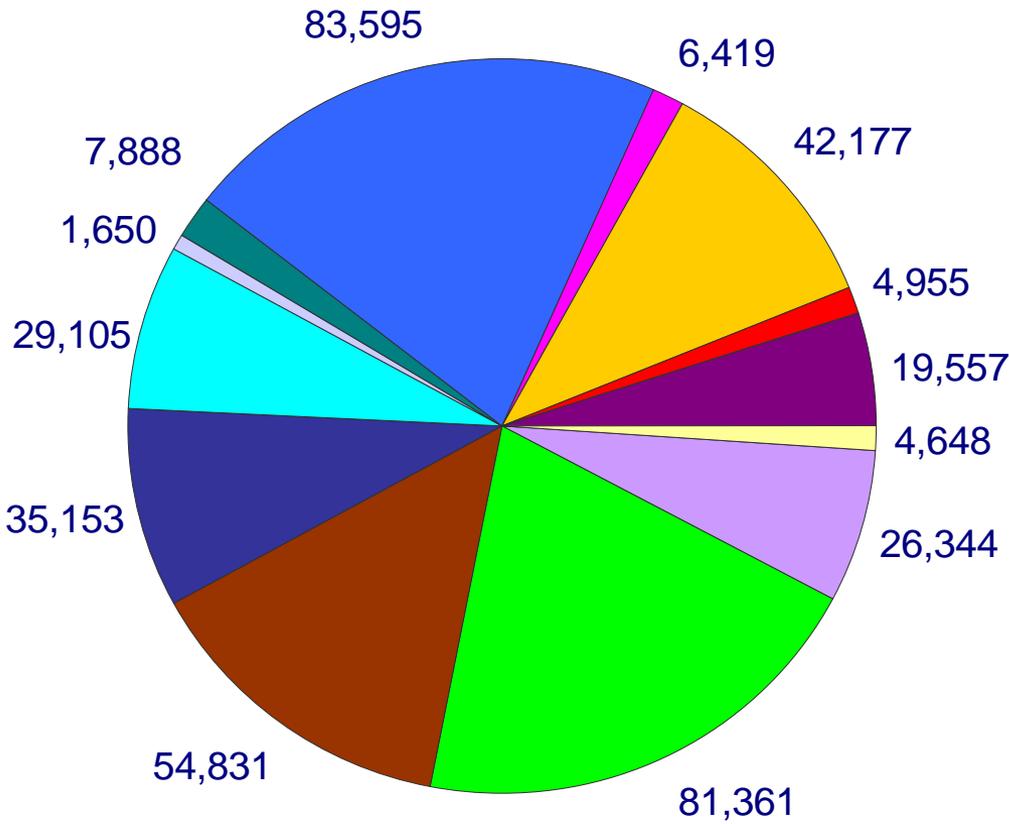
* BASED ON COUNTY FISCAL YEAR OCT 1ST – SEPT. 30TH (EXCL. HEALTH FUND RESERVES)

Unduplicated Clients by Program

	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10
Immunizations	31,310	30,104	22,1801	24,767	25,139	21,0492
WIC	28,233	24,262	47,126	32,413	30,097	30,526
School Health	NA	NA	NA	NA	NA	NA
Dental Health	7,114	6,074	8,345	10,026	11,007	11,768
Family Planning	13,907	16,137	15,333	15,889	17,235	15,983
AIDS	1,609	877	1,106	1,166	1,695	1,243
Hepatitis & Liver Failure Prev	1,823	2,768	3,671	9,889	10,307	5,657
Healthy Start	13,812	13,487	12,009	11,828	11,146	10,085
Maternal Health	1,381	1,366	1,292	1,296	1,373	1,369
Adult Health	4,852	5,658	5,711	6,377	13,601	14,824
Tuberculosis	2,424	2,292	1,692	1,514	1,214	1,021
Sexually Transmitted Diseases	7,898	8,325	9,912	11,560	12,306	12,288
Child Health Services	2,481	2,704	2,393	2,127	2,195	2,230
Total	<u>116,844</u>	<u>114,054</u>	<u>130,770</u>	<u>128,852</u>	<u>137,315</u>	<u>128,043</u>
1 New child immunization requirements; 2 H1N1; 3 Source: WIC Dispatch Sys; 4 Data Unavailable						



397,683 Visits in Fiscal Year 2009-2010



- Immunizations
- WIC
- School Health*
- Dental
- Family Planning
- AIDS
- Hepatitis & Liver Failure
- Healthy Start
- Maternal Health
- Adult Health
- Tuberculosis
- Sexually Transmitted Disease
- Child Health Services

**Comprehensive Schools only*

Proposed County Allocation FY 2011-2012

- **PRIMARY CARE** (Comprehensive Adult Health, Comprehensive Child Health, Family Planning, Women's Health)
 - **\$3,509,350**
- **HEALTH FUND RESERVES**
 - **\$71,620**
- **TOTAL BUDGET: \$3,580,970**



OTHER REVENUE REDUCTIONS

- \$ Reduction in Medicaid Cost Based Reimbursement Rate—**(\$1,017,119)**
- \$ Reduction in State Non-Categorical General Revenue—**(\$1,804,302)**
- \$ Additional State General Revenue Reduction (maximum possible)—**(\$310,567)**
- \$ TOTAL LOST REVENUE including County Allocation—**(\$3,429,648)**



WORK FORCE REDUCTIONS

- **38 Vacant Career Service positions** have been eliminated from next year's budget.
- **27.5 Other Personal Services positions** have been eliminated from next year's budget.
- **21 Contracted Staff positions** have been eliminated from next year's budget.
- Work Force Reduction Plans for Lay Offs is in process.



Reduction Management

- Manage lapse of non-medical positions.
- Eliminate inefficient systems or processes.
- Convert vacant high level examiner positions to mid-level examiner positions.
- Reduce expenses and contractual services categories.
- Release temporary, probationary employees, and Select Exempt Service supervisory employees.
- Lay off permanent Career Service employees.





Your Pinellas County
HEALTH
Department

Florida Department of Health County Health Department

Contract Management System

**Variance Report
Pinellas County for Report Period 10/2010 to 4/2011**

Run date: 05/15/2011

Program Component / Title	F T E S			Clients or Units			Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	24.08	25.85	-6.85	10,985	14,744	-25.49	22,219	35,385	-37.21	\$1,141,091	\$1,374,256	-16.97
2 Sexually Trans. Dis.	37.64	38.73	-2.81	7,132	7,608	-6.25	32,124	38,274	-16.07	\$1,266,281	\$1,357,159	-6.70
3 AIDS	22.60	20.20	11.88	889	750	18.51	11,436	9,459	20.89	\$1,169,693	\$1,249,551	-6.39
4 Tuberculosis	15.18	13.63	11.37	893	590	51.42	4,996	3,244	54.03	\$660,940	\$656,385	0.69
6 Comm. Dis. Surv.	6.16	6.64	-7.23	154	0		3,365	2,949	14.12	\$259,129	\$310,633	-16.58
9 Hepatitis	5.53	4.68	18.16	3,031	3,244	-6.55	5,344	5,897	-9.38	\$223,756	\$213,716	4.70
16 Public Health Preparedness and Response	9.30	9.87	-5.78	0	0		584	410	42.48	\$519,824	\$449,001	15.77
80 Vital Records	11.26	11.51	-2.17	26,747	29,192	-8.38	75,475	76,917	-1.88	\$362,708	\$404,145	-10.25
Communicable Disease Total	131.75	131.11	0.49	49,831	56,127	-11.22	155,543	172,535	-9.85	\$5,603,423	\$6,014,847	-6.84
10 Chronic Disease Prevention Pro	6.96	4.36	59.63	545	1,179	-53.79	513	133	286.61	\$652,860	\$192,705	238.79
12 Tobacco Use Intervention	3.12	3.42	-8.77	0	0		429	295	45.49	\$132,904	\$144,918	-8.29
21 WIC	78.90	84.11	-6.19	24,464	21,059	16.17	153,789	198,664	-22.59	\$2,628,095	\$3,253,601	-19.23
23 Family Planning	63.74	69.49	-8.27	10,321	10,321	0.00	54,000	58,503	-7.70	\$2,417,917	\$2,760,289	-12.40
25 Improved Pregnancy Outcome	10.82	11.31	-4.33	824	708	16.43	7,563	7,667	-1.35	\$431,743	\$476,256	-9.35
27 Healthy Start Prenatal	52.22	52.60	-0.72	4,263	4,423	-3.62	59,288	55,436	6.95	\$2,022,495	\$1,924,750	5.08
29 Comprehensive Child Health	16.04	17.15	-6.47	1,487	1,474	0.86	8,513	8,256	3.11	\$541,563	\$771,308	-29.79
31 Healthy Start Child	115.04	119.02	-3.34	2,564	3,538	-27.54	143,571	143,013	0.39	\$3,852,132	\$4,303,143	-10.48
32 Healthy Start Interconception Woman	0.00	0.00		0	0		0	0		\$1,031	\$0	
34 School Health	18.08	20.37	-11.24	0	0		531,511	330,256	60.94	\$1,174,917	\$1,132,612	3.74
37 Comprehensive Adult Health	92.55	78.31	18.18	8,779	9,436	-6.96	43,579	44,231	-1.47	\$3,739,138	\$3,387,626	10.38
40 Dental Health	52.92	53.87	-1.76	8,652	8,256	4.79	63,361	64,872	-2.33	\$2,499,764	\$2,696,739	-7.30
Primary Care Total	510.39	514.01	-0.70	61,899	60,395	2.49	1,066,117	911,325	16.99	\$20,094,558	\$21,043,947	-4.51
44 Occupational Health	0.00	0.11	-100.00	0	0		0	0		\$0	\$4,228	-100.00
45 Community Environmental Health Projects	0.30	1.16	-74.14	0	0		44	0		\$12,235	\$50,527	-75.79
46 Injury Prevention	2.25	1.13	99.12	0	0		120	708	-83.04	\$77,083	\$51,474	49.75
47 Coastal Beach Monitoring	0.71	0.58	22.41	448	8	5326.09	465	436	6.55	\$45,529	\$41,860	8.76
48 Food Hygiene	8.73	9.60	-9.06	407	812	-49.88	3,047	3,114	-2.15	\$335,444	\$378,035	-11.27
49 Body Art	0.57	0.66	-13.64	9	16	-43.48	38	156	-75.69	\$43,714	\$26,476	65.11
50 Lead Monitoring Services	0.07	0.08	-12.50	4	2	126.09	7	2	196.74	\$3,132	\$4,270	-26.64
51 Group Care Facility	23.06	24.14	-4.47	515	1,190	-56.70	2,962	4,246	-30.24	\$887,028	\$949,992	-6.63
52 Migrant Labor Camp	0.01	0.00		0	0		2	0		\$352	\$0	
53 Housing & Pub. Bldg.	0.00	0.02	-100.00	1	1	69.56	9	19	-52.31	\$168	\$580	-71.13
54 Mobile Home And Park	1.16	1.50	-22.67	163	159	2.37	360	330	9.01	\$39,364	\$54,041	-27.16
55 Storage Tank Compliance Servic	9.18	9.41	-2.44	350	464	-24.49	1,871	2,158	-13.32	\$420,580	\$474,446	-11.35

Florida Department of Health County Health Department

Contract Management System

Variance Report

Pinellas County for Report Period 10/2010 to 4/2011

Run date: 05/15/2011

Program Component / Title	F T E S			Clients or Units			Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
56 SUPER Act Services	0.62	0.72	-13.89	98	106	-7.68	177	222	-20.18	\$26,584	\$33,849	-21.46
57 Limited Use Public Water Systems	0.39	0.35	11.43	21	18	14.87	108	92	17.39	\$24,615	\$22,821	7.86
58 Public Water System	0.15	0.22	-31.82	0	6	-100.00	73	6	1137.82	\$6,851	\$7,388	-7.28
59 Private Water System	0.03	0.02	50.00	0	0		6	0		\$1,031	\$922	11.83
60 Pools/Bathing Places	10.63	8.96	18.64	1,736	1,592	9.02	4,678	3,656	27.94	\$387,118	\$368,580	5.03
61 Onsite Sewage Treatment and Disposal	3.30	3.38	-2.37	353	399	-11.45	1,003	1,320	-24.04	\$130,199	\$140,276	-7.18
62 Public Sewage	0.01	0.00		0	0		5	0		\$233	\$0	
63 Solid Waste Disposal Service	0.00	0.00		0	0		0	0		\$69	\$0	
64 Biomedical Waste Services	2.53	2.17	16.59	1,046	941	11.13	1,086	1,106	-1.79	\$104,079	\$96,129	8.27
65 Sanitary Nuisance	0.07	0.32	-78.13	12	9	35.65	35	38	-8.70	\$2,664	\$10,678	-75.05
66 Rabies Surveillance	0.12	0.34	-64.71	156	389	-59.92	395	1,056	-62.58	\$4,355	\$13,713	-68.24
67 Arbovirus Surveil.	0.00	0.01	-100.00	0	0		0	0		\$284	\$695	-59.14
68 Rodent/Arthropod Control	0.02	0.04	-50.00	0	0		0	1	-100.00	\$815	\$2,032	-59.91
69 Tanning Facility Services	0.63	0.61	3.28	39	44	-11.83	97	133	-26.90	\$24,582	\$25,729	-4.46
70 Water Pollution	0.01	0.00		0	0		0	0		\$0	\$0	
71 Indoor Air Toxics	2.42	2.31	4.76	0	0		2,114	1,928	9.62	\$101,536	\$100,902	0.63
72 Radiological Health	0.25	0.02	1,150.00	0	0		62	25	150.30	\$8,042	\$1,802	346.19
73 Toxic Substances	0.01	0.00		0	0		0	0		\$558	\$238	134.03
Environmental Health Total	67.23	67.86	-0.93	5,358	6,156	-12.96	18,764	20,753	-9.58	\$2,688,239	\$2,861,685	-6.06
115 Environmental Health Surcharge	0.00	0.00		0	0		0	0		\$18,982	\$54,839	-65.39
	0.00	0.00-999,999.00		0	0-999,999.00		0	0-999,999.00		\$18,982	\$54,839	-65.39
Grand Total	709.37	712.98	-0.51	117,088	122,678	-4.56	1,240,424	1,104,613	12.29	\$28,405,201	\$29,975,318	-5.24

PINELLAS COUNTY HEALTH DEPARTMENT

2011 – 2012 BUSINESS PLAN

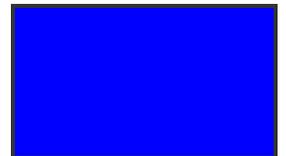
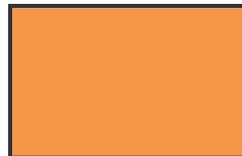
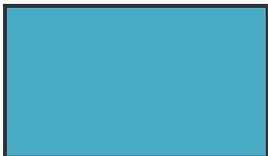
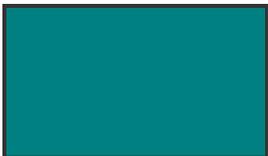


TABLE OF CONTENTS

Introduction

Foreword	3
Purpose	4
Functions of a Local Health Department	5
Expectations of a Local Health Department	6

Our Vision

Mission, Vision & Values	7
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Our Work

Clients, Visits and Services	9
Community Needs & Expectations	10
Strategic Focus Areas	11
Community Opportunities and Threats	13
Selected Outcomes Related to Identified Community Needs	13
Community Partnerships and Alliances	16
Community Partners	17

Our Resources

Financial Resources	18
State Resources	19
Federal Resources	20
County Resources	21
Fee Revenue	22
Grants and Other Resources	23

Foreword

The Pinellas County Health Department provides a range of services to the residents of our community – from promoting healthy lifestyles, and protecting the health of our residents through immunizations and disease investigation to serving as the provider of last resort for certain services such as dental care.

The 2011-2012 business plan outlines our purpose, the priorities for the year and how we will deliver them for the benefit of the public. Importantly, this plan builds on what we have learned and experienced as an agency over the past years.



The recent economic downturn has presented unique challenges to our Health Department. While the demand for our services is increasing, the revenue streams we rely on have been decreasing. Despite these challenges, we strive to maintain quality, high-level services, live up to the expectations of our community and continue to prepare for a changing landscape. This necessitates that we continually assess the value and impact of services, find new approaches for carrying out our work, identify new resources, strengthen our collaborations and maximize efficiencies.

We recognize that we are not alone in working to assure the health of the public. Public health depends on partnerships, and as a community, Pinellas County has demonstrated a commitment to build and maintain a strong public health network. We have many examples of community coalitions that work together to improve health and quality of life for our residents.

I am proud of our dedicated and highly trained public health workforce who is ready to respond to a range of emergencies – having responded repeatedly to hurricanes here and supporting neighboring counties, and during the past year with the H1N1 flu pandemic.

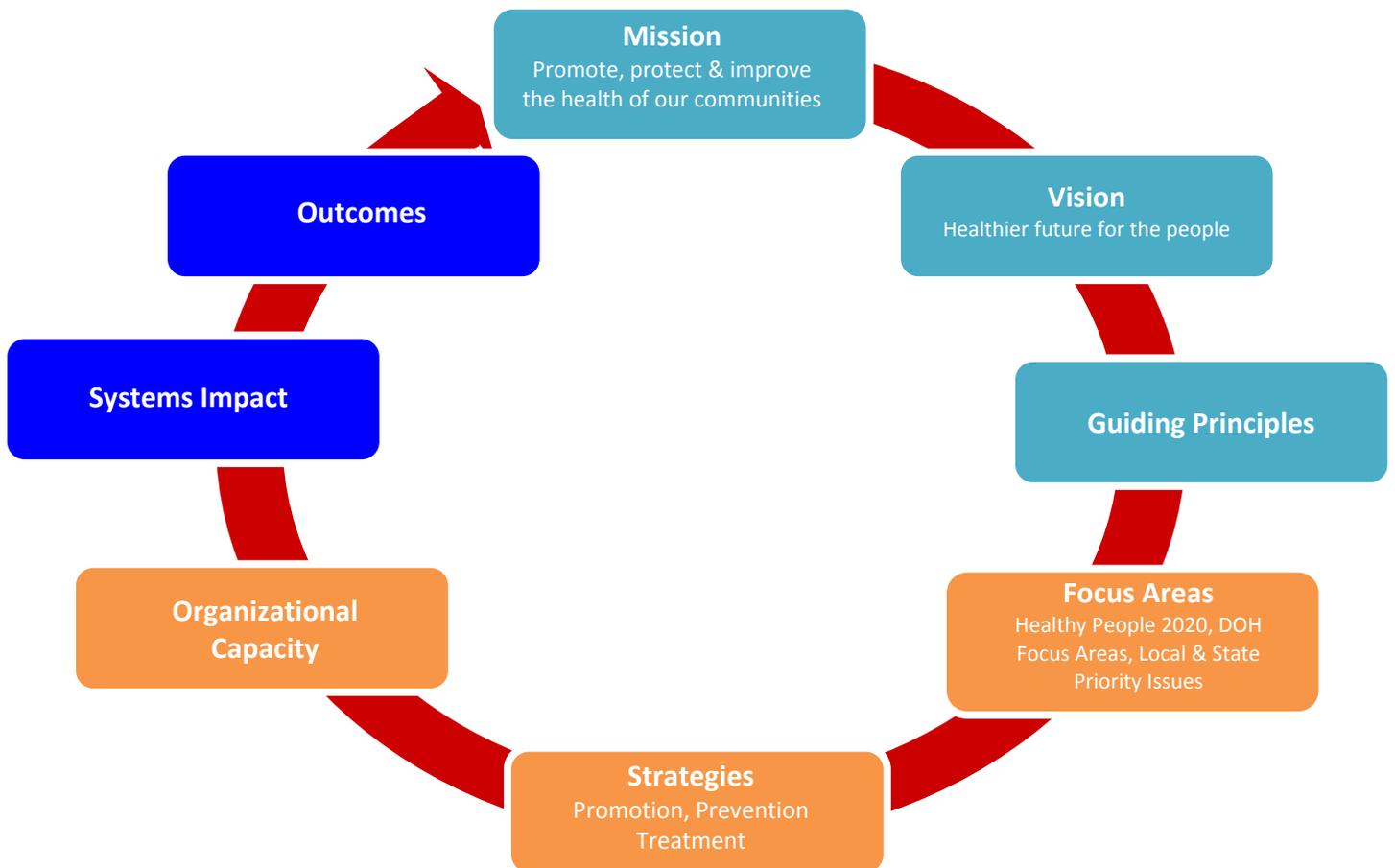
Looking forward, this Business Plan represents a challenging work program for the planning period, one that will deliver tangible benefits, offer the highest quality services to our community, and fulfill our role in the coordination of local public health functions.

Sincerely,
Claude M. Dharamraj, M.D., M.P.H., F.A.A.P.
Director
Pinellas County Health Department

Purpose

This business plan is intended to be used internally to manage our work and resources and present our purpose and commitments to external customers and stakeholders.

The business plan shows how the Pinellas County Health Department will use its people and financial resources to deliver a structured program of work to achieve our mission and respond to community needs and expectations.



Our business plan aligns with an outcome-oriented public health delivery model (above) which focuses on improving quality of life at the community level.

This business plan is not intended to serve as a policy or discussion document but as a practical, descriptive document designed to be used flexibly by managers to make decisions about resources and changing priorities.

Functions of a Local Health Department

Public health encompasses three core functions: *assessment* of information on the health of the community, comprehensive public health *policy development*, and *assurance* that public health services are provided to the community. Both distinct from and encompassing clinical services, public health's role is to assure the conditions necessary for people to live healthy lives.

How does this happen? Public health serves communities and individuals within them by providing an array of essential services. Adopted in 1994, the *Ten Essential Public Health Services* provide a common framework for public health and medical professionals, as well as grassroots workers and non-public health civic leaders, so they can work collaboratively towards fulfilling the vital mission of public health -- *to promote physical and mental health, and prevent disease, injury, and disability.*

At the local level, each community has a unique "public health system" comprised of individuals and public and private entities that are engaged in activities that affect the public's health. Public health is most successful when communities are working together and partnerships are strong. Local health departments play a pivotal role in assuring the health of communities, and the community should reasonably expect the local health department to fulfill certain functions.



(Center for Disease Control National Public Health Performance Standards)

Expectations of a Local Health Department

A functional local health department:

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate and act on the sources of public health problems.
- Coordinates the public health system's efforts in an intentional, non-competitive and non-duplicative manner.
- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status and meet the community's expectations.

(National Association of County and City Health Officials, Operational Definition of a Functional Local Health Department)

Our Mission

The mission of the Pinellas County Health Department is to **promote, protect** and **improve** the health of all people in Pinellas County by:

- Monitoring and preventing the spread of communicable disease
- Preparing and responding to emergencies affecting the public's health (hurricanes, wild fires, and outbreaks)
- Facilitating coordination among community health care providers
- Providing care as a last resort
- Planning and developing policy in support of community and individual health
- Conducting environmental health activities that have a direct impact on public health

Our mission critical activities are conducted within a framework that promotes excellence with rigorous measurement in order to guide the direction of our work efforts.

Our Vision

The vision of the Pinellas County Health Department is a healthier future for the people of Pinellas County.

Our Values

"I CREATE"

Integrity

Commitment of Service

Respect

Excellence

Accountability

Teamwork

Empowerment

OUR VISION

Integrity: Our guide for actions- which incorporates our commitment to honesty, fairness, loyalty and trustworthiness - is in the best interests of our customers and employees.

Commitment of Service: We dedicate ourselves to provide services unconditionally and without partiality.

Respect: We recognize and honor the contributions of one another in our daily activities and create an environment where diversity is appreciated and encouraged.

Excellence: We achieve and maintain quality results and outcomes through continuous performance improvement and learning.

Accountability: We take full responsibility for our behavior and performance.

Teamwork: We encourage active collaboration to solve problems, make decisions and achieve common goals.

Empowerment: We create a culture that encourages people to exercise their judgment and initiative in pursuit of organizational goals.

Clients, Visits and Services

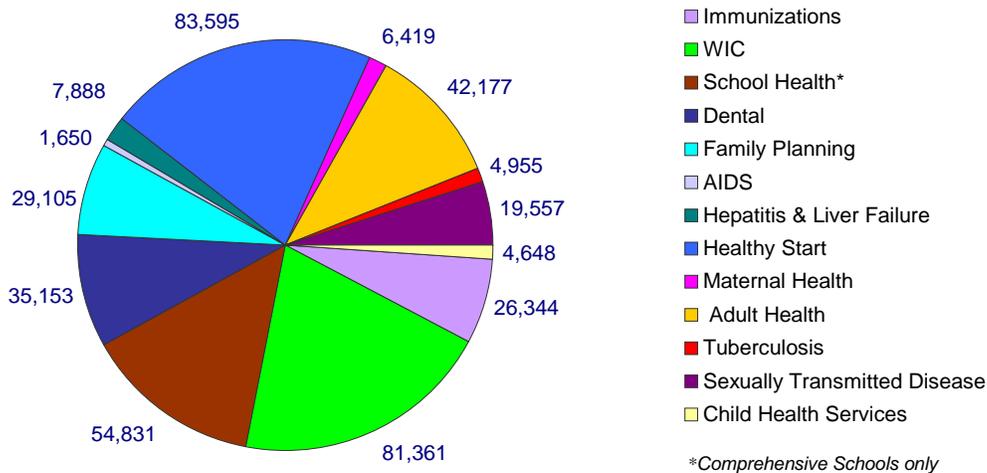
Clients
Visits
Services

The Pinellas County Health Department provides essential public health services throughout the county.

Unduplicated Clients By Program						
	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10
Immunizations	31,310	30,104	22,180 ¹	24,767	25,139	21,049 ²
WIC ³	28,233	24,262	47,126	32,413	30,097	30,526
School Health ⁴	NA	NA	NA	NA	NA	NA
Dental Health	7,114	6,074	8,345	10,026	11,007	11,768
Family Planning	13,907	16,137	15,333	15,889	17,235	15,983
AIDS	1,609	877	1,106	1,166	1,695	1,243
Hepatitis & Liver Failure Prev	1,823	2,768	3,671	9,889	10,307	5,657
Healthy Start	13,812	13,487	12,009	11,828	11,146	10,085
Maternal Health	1,381	1,366	1,292	1,296	1,373	1,369
Adult Health	4,852	5,658	5,711	6,377	13,601	14,824
Tuberculosis	2,424	2,292	1,692	1,514	1,214	1,021
Sexually Transmitted Diseases	7,898	8,325	9,912	11,560	12,306	12,288
Child Health Services	2,481	2,704	2,393	2,127	2,195	2,230
Total	116,844	114,054	130,770	128,852	137,315	128,043

¹ New child immunization requirements; ² H1N1; ³ Source: WIC Dispatch Sys; ⁴ Data Unavailable

397,683 Visits in Fiscal Year 2009-2010



Other Health Department Services						
	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10
Communicable Disease Surveillance Services	3,022	1,686	3,010	4,172	4,096	8,506
Chronic Disease Prevention	18,854	11,349	7,757	7,777	2,440	868
Environmental Health Services	36,222	38,799	35,923	37,952	34,975	36,546
Vital Statistics Services	*	*	*	112,165	109,401	118,306
Total Services	58,098	51,833	46,686	161,195	150,148	164,226

* Data Unavailable

Community Needs and Expectations

The Pinellas County Health Department strives not just to meet, but exceed, the standards of a functional health department, as established by the National Association of County and City Health Officials. We must also be able to respond to needs and expectations which are specific to our community.

On a regular basis, our health department makes a commitment to assess community health needs. A needs assessment provides a snapshot of where we are in the health of our community. It is a systematic gathering of information that will allow us to make positive changes and increase access to services that will benefit our community. Benefits obtained from participation in community assessment and improvement planning were an increase in partners, stronger partnerships, grant funding opportunities, an increased understanding of public health, policy creation, resolution of strategic issues and improved target indicators.

Community health surveys, data summaries available from the Florida Community Health Resource Tool Set (Florida CHARTS) and clinical data from our organization form this process. Our organization also relies on community input for determining need and has established strategies for gaining community input.

Pinellas County Health Department, in collaboration with our community partners, has identified the following as priority needs for Pinellas County:

- Chronic disease
- Obesity
- Mortality/Morbidity
- Racial disparities
- Teen birth rate
- Immunizations
- Communicable disease
- Tobacco
- Access to medical and dental care

Strategic Focus Areas

Strategic focus areas help our organization concentrate our activities in areas critical to achieving our vision of improving quality of life. These focus areas include:

- **Prevention**
- **Access to HealthCare**
- **Disaster Preparedness**
- **Organizational Excellence**

The following three pillars support our four strategic focus areas:

- **Community Partnerships**
- **An Equity Perspective**
- **CDC Life Stage Approach:**
 - Healthy People in Every Stage of Life
 - Healthy People in Healthy Places
 - People Prepared for Health Threats

The focus areas are stable and help us chart a path for the work that we do every day. However, we must also be prepared for developments happening at the local, state and national levels. Health care reform, natural disasters and the economy will impact our work and will require us to respond as a public health organization. It is imperative that our agency has capacity to adapt to changing circumstances and respond effectively.

Our strategic focus areas aligned with identified community needs, actions and anticipated outcomes can be seen in the table that follows. It is important to note that some community needs represent more than one strategic focus area, underscoring a need for our organization to work collaboratively across programs and divisions. As we work with the community at large to address these issues, we must also help identify linkages and facilitate cross-sector collaboration.

OUR WORK

Table: Community Needs, Aligned with Strategic Focus Areas, Action and Goals

Community Needs	Strategic Focus Areas	Actions to Address Need	Anticipated Outcomes
<ul style="list-style-type: none"> ▪ Obesity ▪ Tobacco ▪ Chronic disease ▪ Teen pregnancy ▪ Awareness 	Prevention	<ul style="list-style-type: none"> ▪ Participate in community planning ▪ Collaborate with community partners ▪ Educate policy makers, providers and residents ▪ Expand health education ▪ Supply educational materials in multiple languages ▪ Target high risk populations 	<ul style="list-style-type: none"> ▪ Increased awareness of how to maintain a healthy lifestyle ▪ Increased awareness and knowledge of prevention of disease ▪ Policy, systems and environmental changes
<ul style="list-style-type: none"> ▪ Morbidity/Mortality ▪ Uninsured and underinsured population ▪ Poverty ▪ Inadequate social support ▪ Transportation ▪ Racial disparities 	Access to HealthCare	<ul style="list-style-type: none"> ▪ Collaborate with community partners ▪ Explore opportunities for increased revenue ▪ Explore opportunities for service expansion ▪ Educate community on services/programs ▪ Increase outreach services ▪ Target high risk populations 	<ul style="list-style-type: none"> ▪ Increased availability of medical and dental care ▪ Decreased rates of chronic disease ▪ Increased knowledge of and enrollment in services/programs
<ul style="list-style-type: none"> ▪ Shelter for special needs population ▪ Immunizations ▪ Communicable disease ▪ Enteric disease 	Disaster Preparedness	<ul style="list-style-type: none"> ▪ Maintain a successful vaccination campaign ▪ Participate in community planning for disaster preparedness and response ▪ Improved communication system ▪ Increased disaster preparedness training 	<ul style="list-style-type: none"> ▪ A safe and prepared environment for residents of Pinellas County ▪ Increased immunization rates ▪ Decreased transmission of communicable disease ▪ Decreased transmission of enteric disease
<ul style="list-style-type: none"> ▪ Increased capacity for care ▪ Affordable care ▪ Efficient care 	Organizational Excellence	<ul style="list-style-type: none"> ▪ Monitor, evaluate and analyze customer satisfaction ▪ Monitor, evaluate and analyze employee satisfaction ▪ Monitor, evaluate and analyze productivity ▪ Streamline business practices ▪ Meet employee training and educational requirements 	<ul style="list-style-type: none"> ▪ Increased efficiency ▪ Increased capacity ▪ Reduced costs ▪ Satisfied employees ▪ Satisfied clients ▪ Prepared workforce

Community Opportunities and Threats

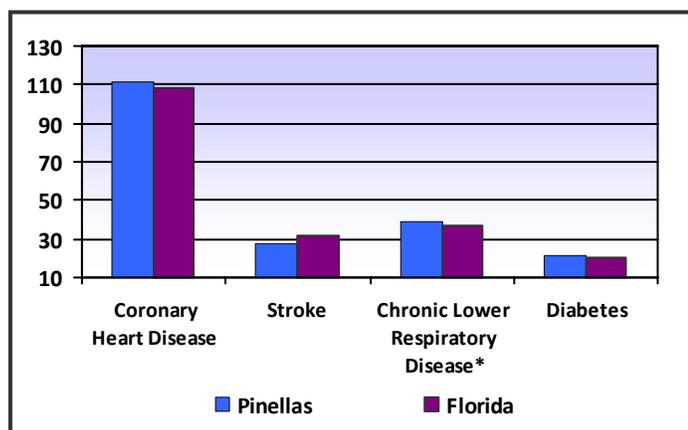
As a health department, we have also identified opportunities and threats that help us think strategically about our work, and how we can meet community needs and expectations.

Opportunities	Threats
<ul style="list-style-type: none"> ▪ Technology ▪ Expanding Information & Research ▪ Collaboration and Partnerships ▪ National Accreditation 	<ul style="list-style-type: none"> ▪ Economic Downturn ▪ Increasing Demand ▪ Shrinking Resources ▪ Public Perception ▪ Insufficient Capacity

Selected Outcomes Related to Identified Community Needs

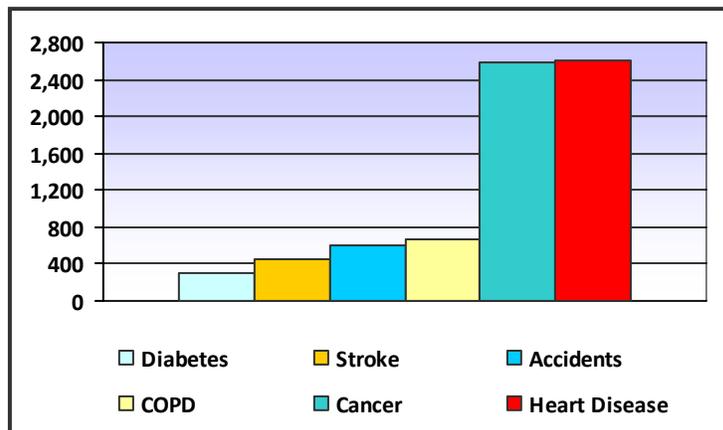
Chronic Disease:

Age-Adjusted Chronic Disease Death Rates 2009

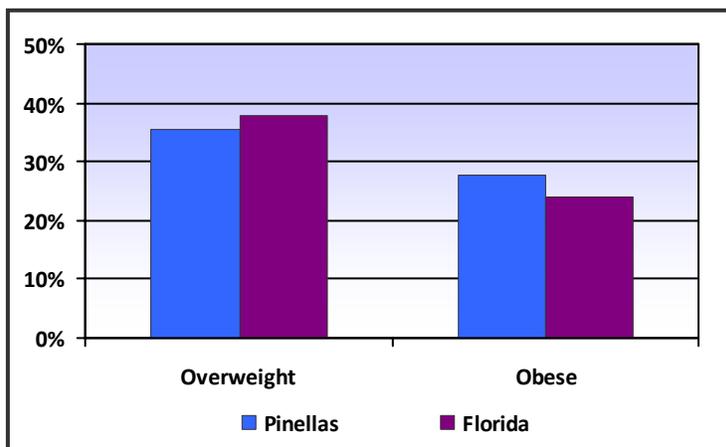


*Includes COPD, bronchitis, emphysema, asthma

Leading Causes of Death in Pinellas County 2009

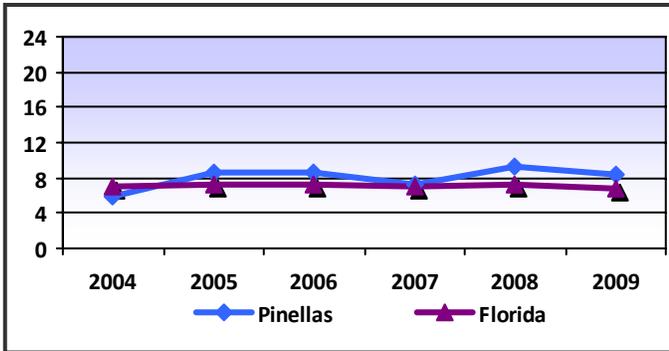


Age-Adjusted Adult Overweight/Obesity Rates

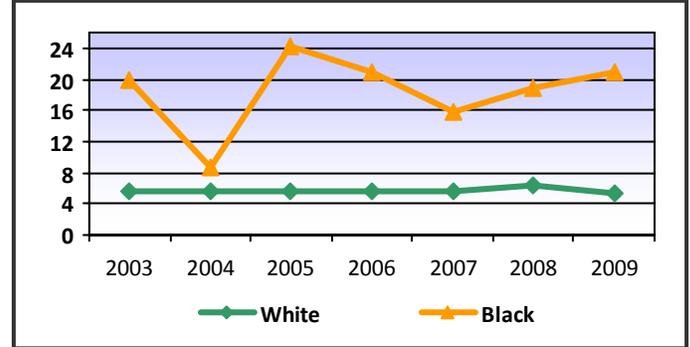


Mortality/Morbidity:

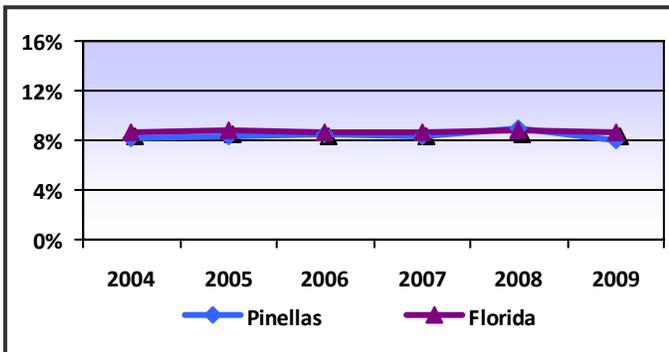
Infant Deaths Per 1,000 Live Births



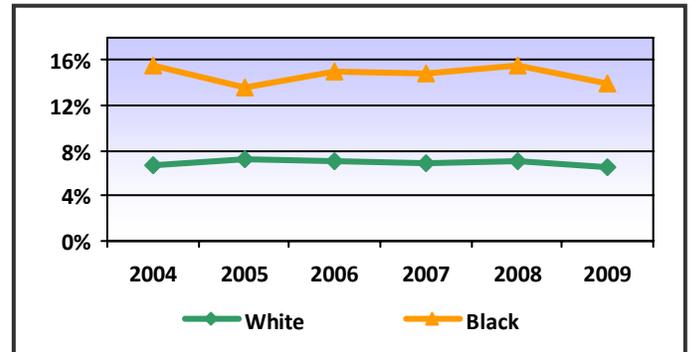
Infant Deaths per 1,000 Live Births by Race



% Low Birth Weight Infants

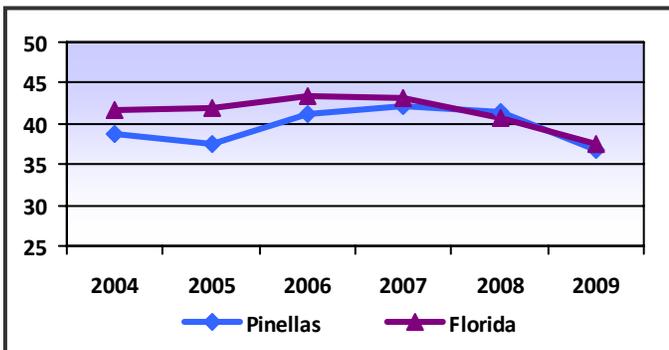


% Low Birth Weight Infants by Race

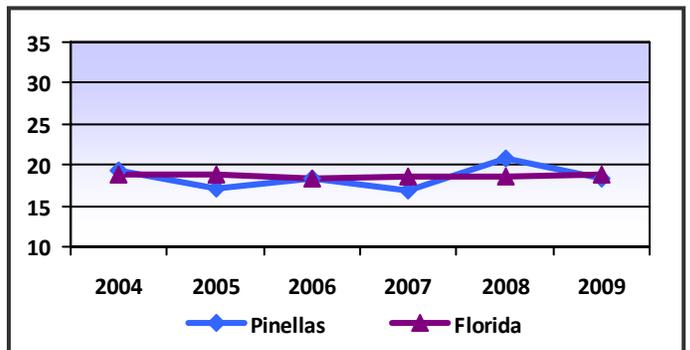


Teen Birth Rate:

Births Per 1,000 Females 15-19



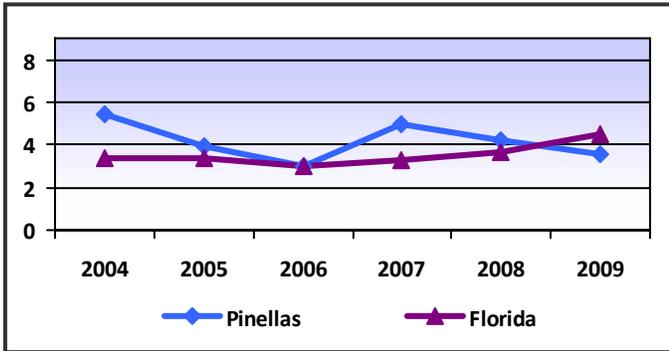
Repeat Births to Females 15-19



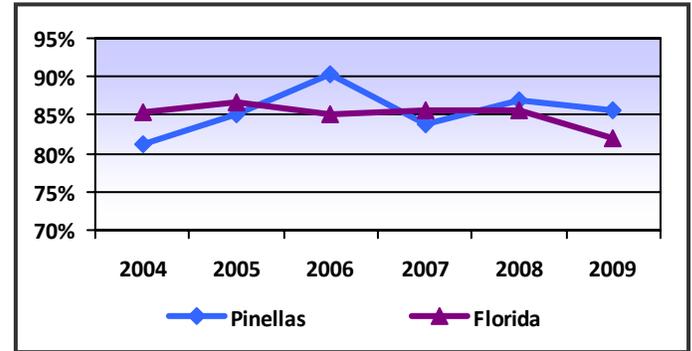
OUR WORK

Immunizations:

Vaccine Preventable Diseases Per 100,000 Population

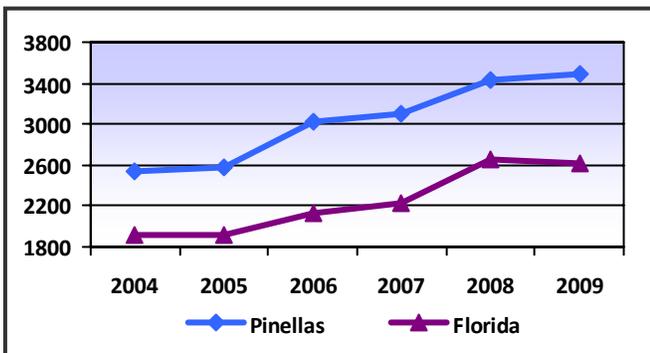


% of 2 Year Olds Fully Immunized

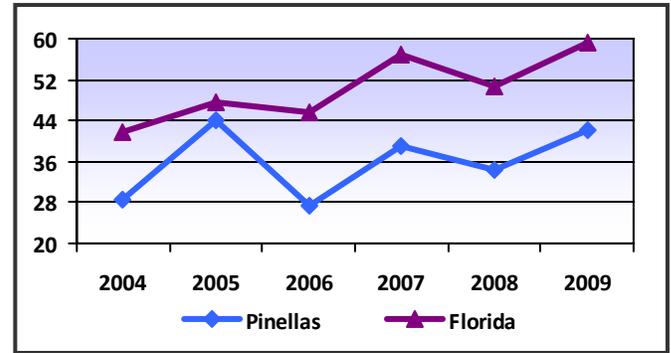


Communicable Disease:

Bacterial STD Rate per 100,000 Women 15-19

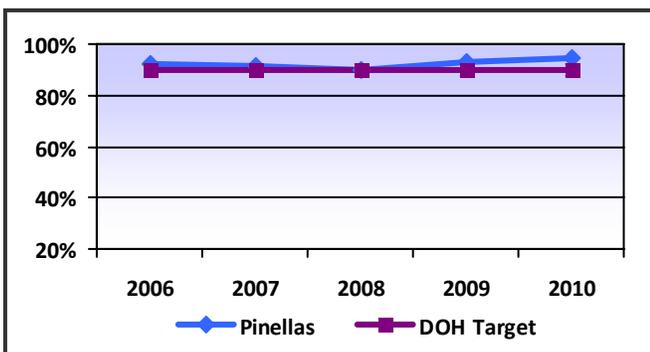


Enteric Disease Rate per 100,000

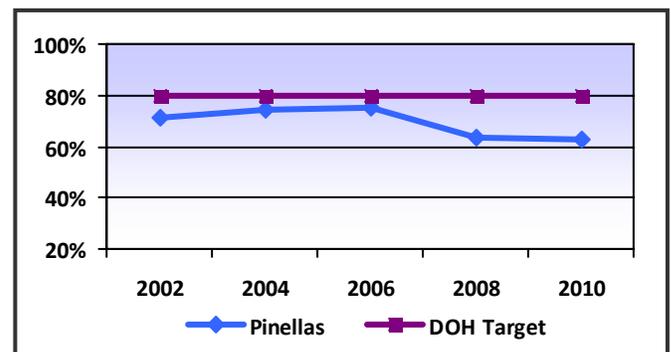


Organizational Excellence:

Overall Client Satisfaction



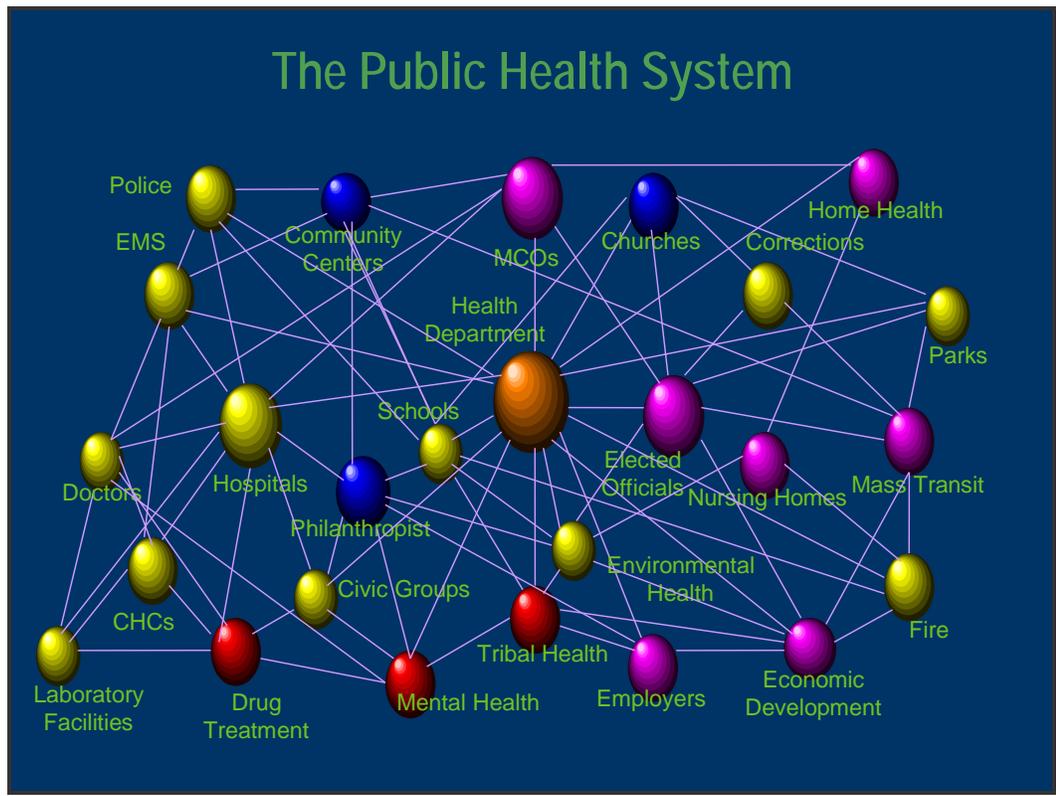
Overall Employee Satisfaction



Community Partnerships and Alliances

The Pinellas County Health Department collaborates with community partners within an **integrated local public health system** as illustrated below.

Creating Alliances



To meet community expectations and the standards of a functional local health department, Pinellas County Health Department staff must serve in a variety of roles including advisor, convener, collaborator, connector, consultant, analyst, developer, innovator, regulator, educator and provider. Further, we recognize the necessity of collaborative partnerships to maximize resources, reduce duplication of effort and improve quality, efficiency, and accessibility of health care services. Our many community partnerships are outlined below. Each community partner plays a specific and unique role to ensure that services are not duplicated, but are a well organized continuum of care.

Community Partnerships:

- City and County Government
- Community based coalitions, consortia, advisory groups
- Community based organizations
- Community behavioral health care providers
- Early Learning Coalition of Pinellas County, Inc.
- Elected Officials
- Faith-based centers
- Federally Qualified Health Centers
- Free Clinics
- Grass roots organizations
- Health and Human Services Coordinating Council for Pinellas County
- Healthy Start Coalition of Pinellas, Inc.
- Hispanic Leadership Council
- Hospitals and health systems
- Juvenile Welfare Board Children's Services Council of Pinellas County
- Midtown Health Council
- Neighborhood centers
- Pinellas County Department of Health and Human Services
- Pinellas County Medical Association
- Pinellas County Schools
- Pinellas Family Health Centers, Inc.
- St. Petersburg Chapter of the National Black Nurses' Association
- Suncoast Health Council
- Tampa Bay Community Cancer Network
- Tampa Bay Healthcare Collaborative, Inc.

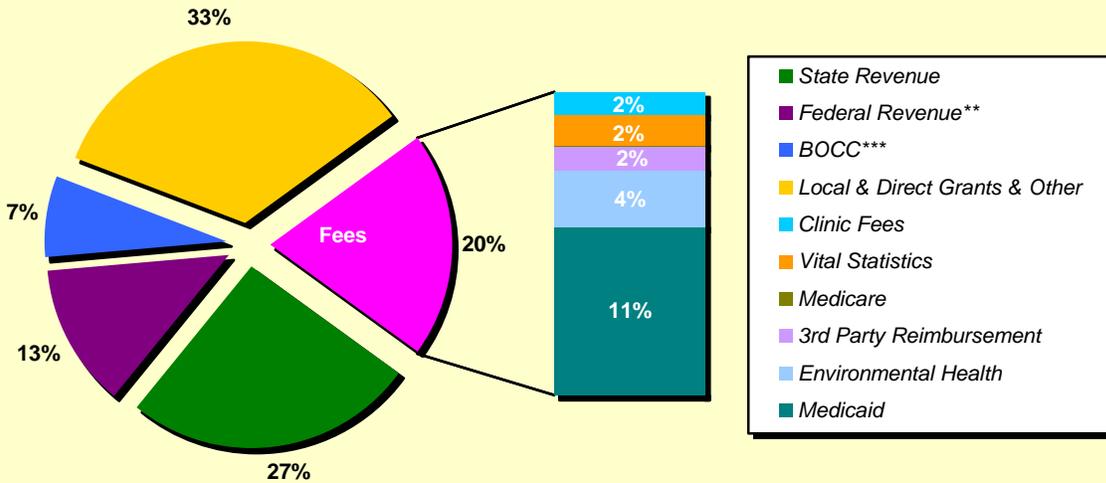
OUR RESOURCES

Financial Resources

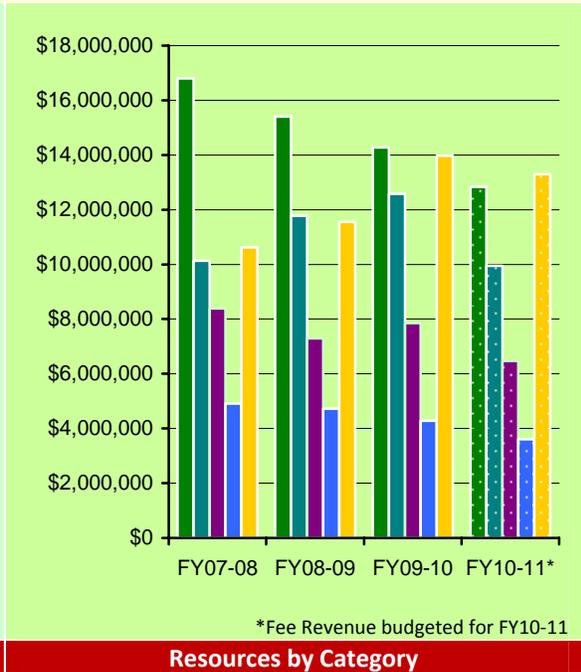
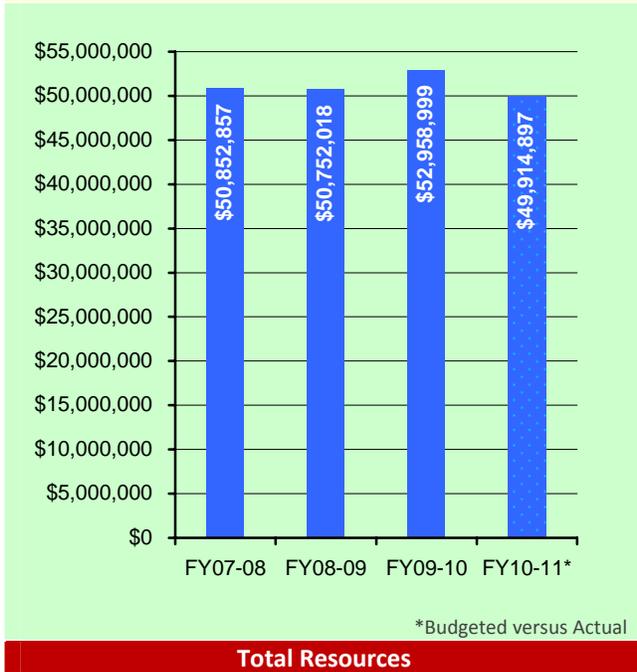
Pinellas County Health Department financial resources are provided through multiple sources. These include fees, grants and budget allocations from the County, State and Federal governments. Historically, State, and Federal support had been the largest parts of the budget however one third of the budget is now generated by Local & Direct Grants to the health department.

Leveraging Resources/ Assets

FY 2010-2011* • FINANCIAL RESOURCES



* Based on budgeted. **Federal Revenue does not reflect one-time H1N1 funding. *** BCC budget based on County

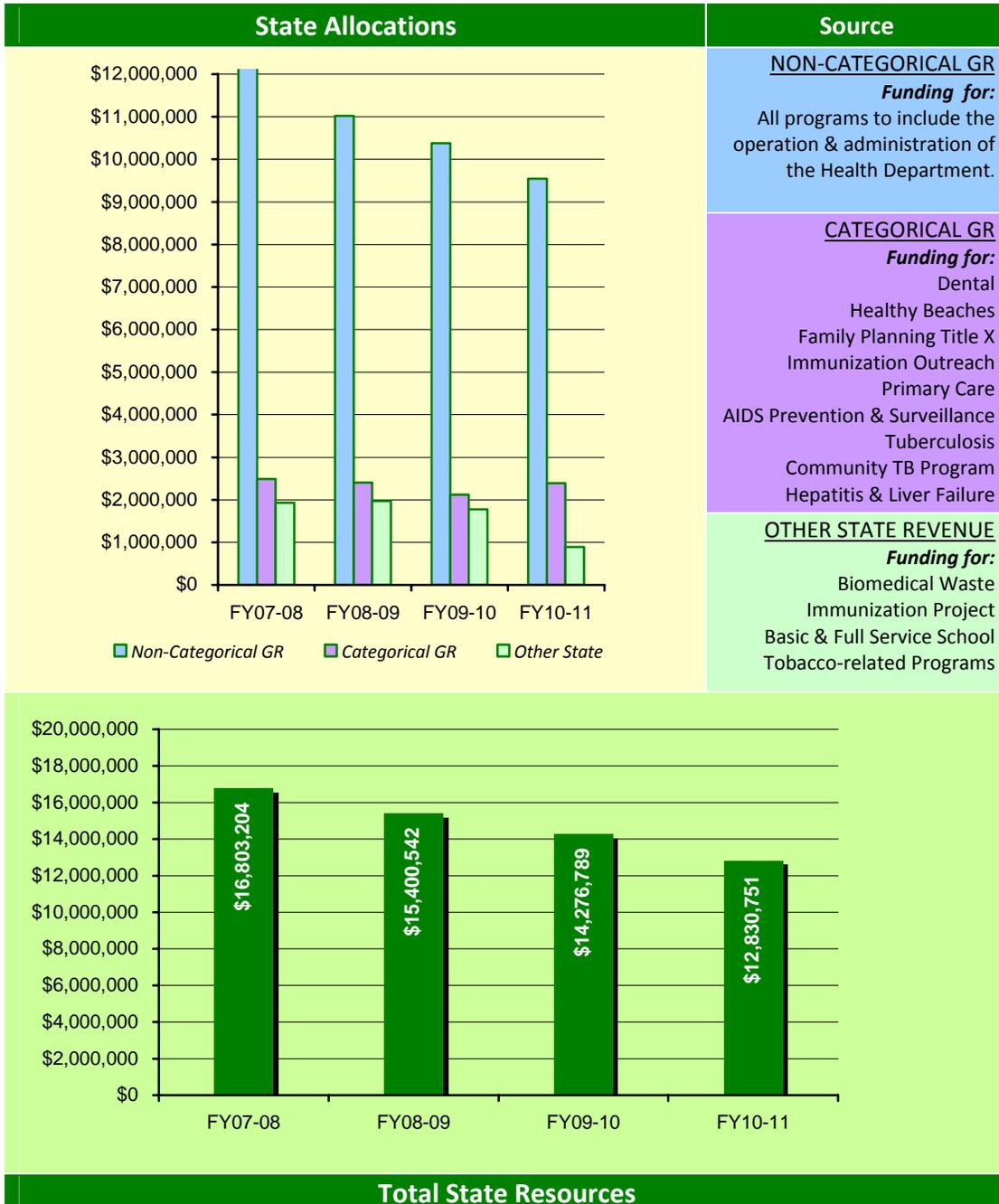


OUR RESOURCES

State Resources

State resources comprise 27% of the Pinellas County Health Department's budget. These resources are allocated from State General Revenue (GR) or other State appropriated revenue. GR is distributed as either Categorical or Non-Categorical. Resources from Categorical GR or other State appropriated revenue must be used for specific programs as identified on the Health Department's Schedule "C". Since Fiscal Year 2007-2008, total resources provided by the State declined 23%.

27%
Of
Total Budget

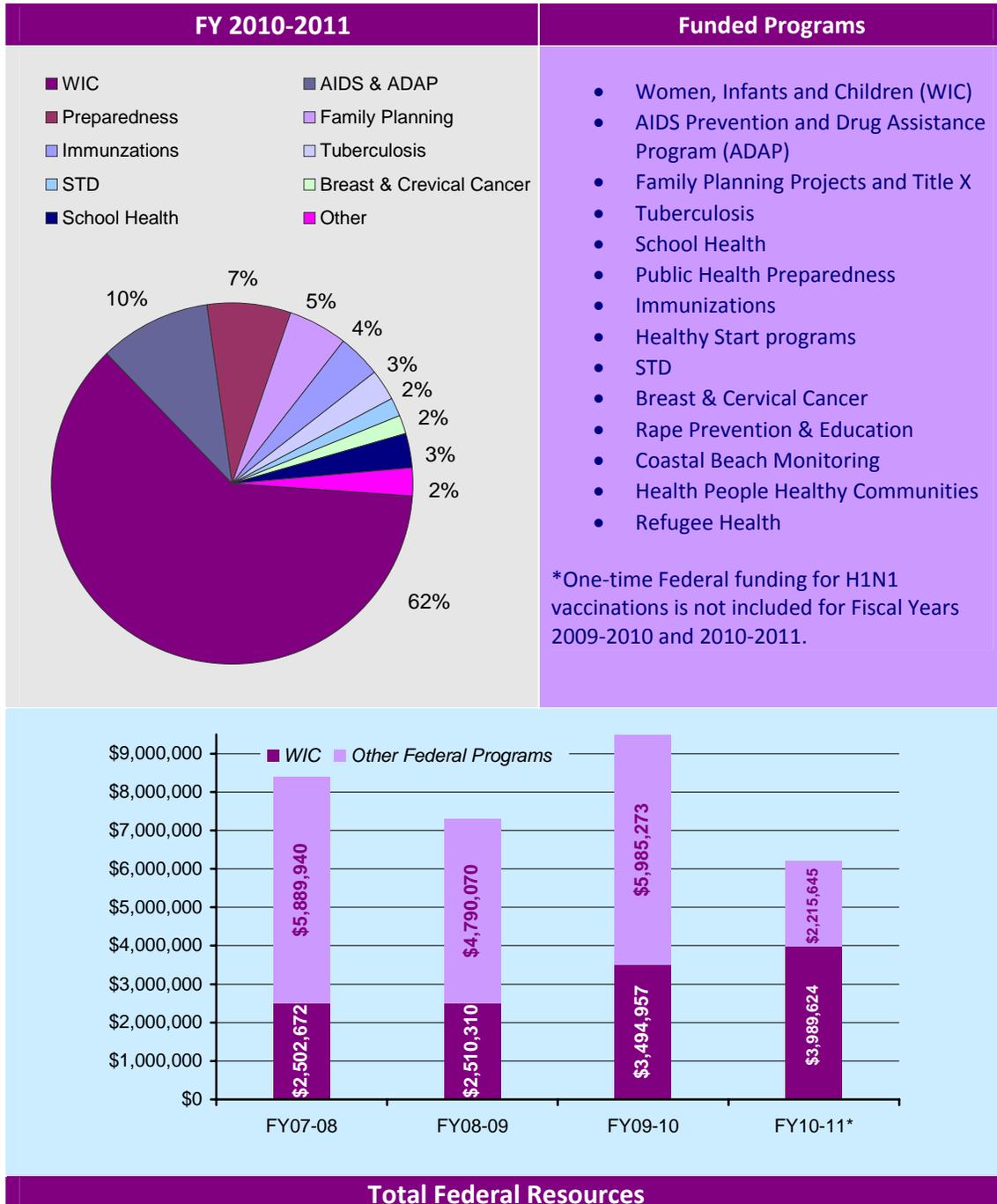


OUR RESOURCES

Federal Resources

The Pinellas County Health Department receives Federal resources through allocation on the Schedule "C". The amount allocated to individual programs may vary from year to year as well as the specific programs funded. The Women, Infants & Children (WIC) program currently accounts for 62% of the Health Department's total Federal resources. Since Fiscal Year 2007-2008, WIC program resources have increased over 59% due to a substantially higher client volume while resources for all other federal programs have decreased by 65%.

13%
Of
Total Budget

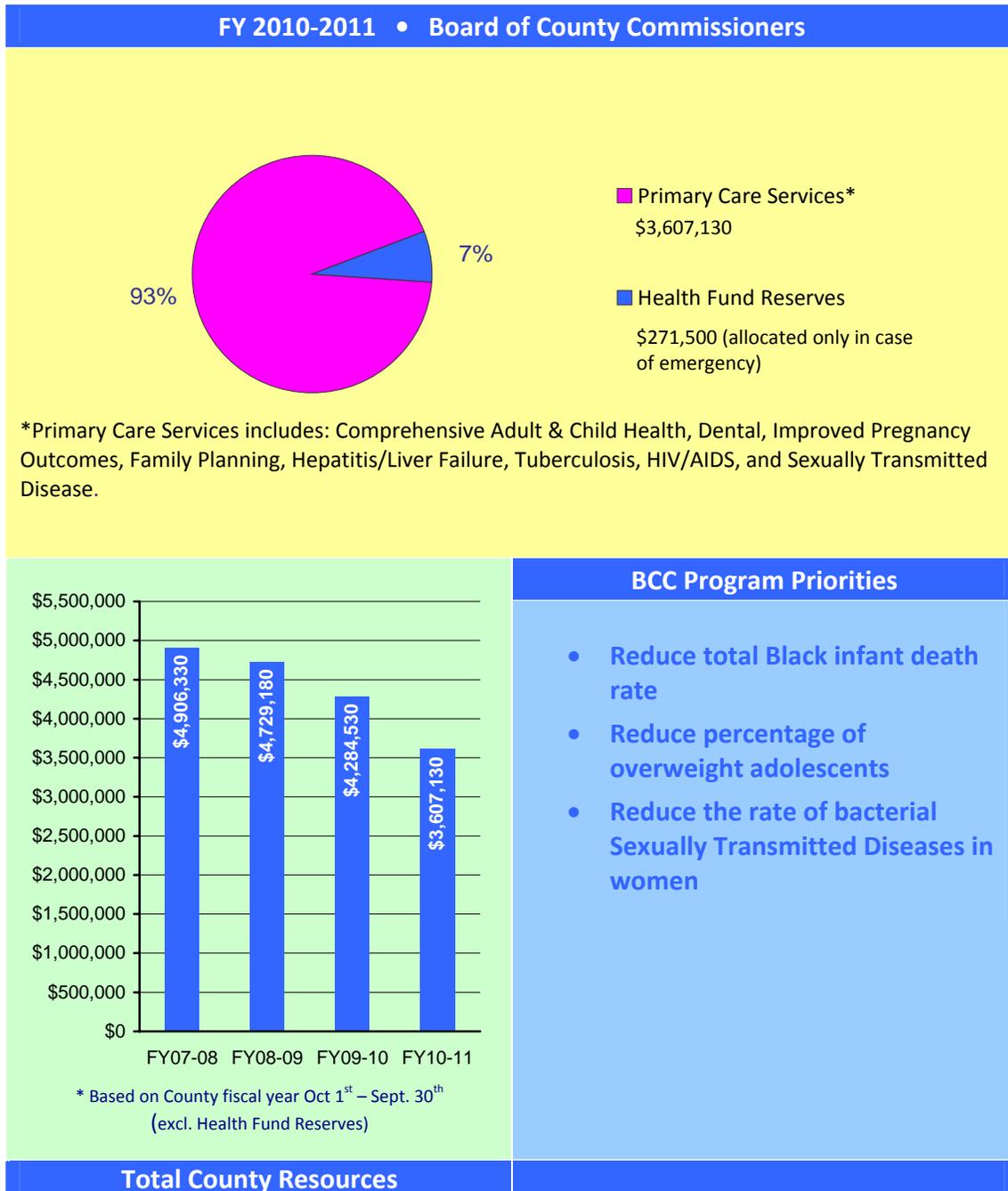


OUR RESOURCES

County Resources

Resources are provided by the Board of County Commissioners (BCC) in accordance with F.S. 154 through a core contract agreement for programs approved in the annual County budget. In recent years, the BCC has attempted to limit reductions in the public health budget however the budget has declined by 26% since FY 2007-2008.

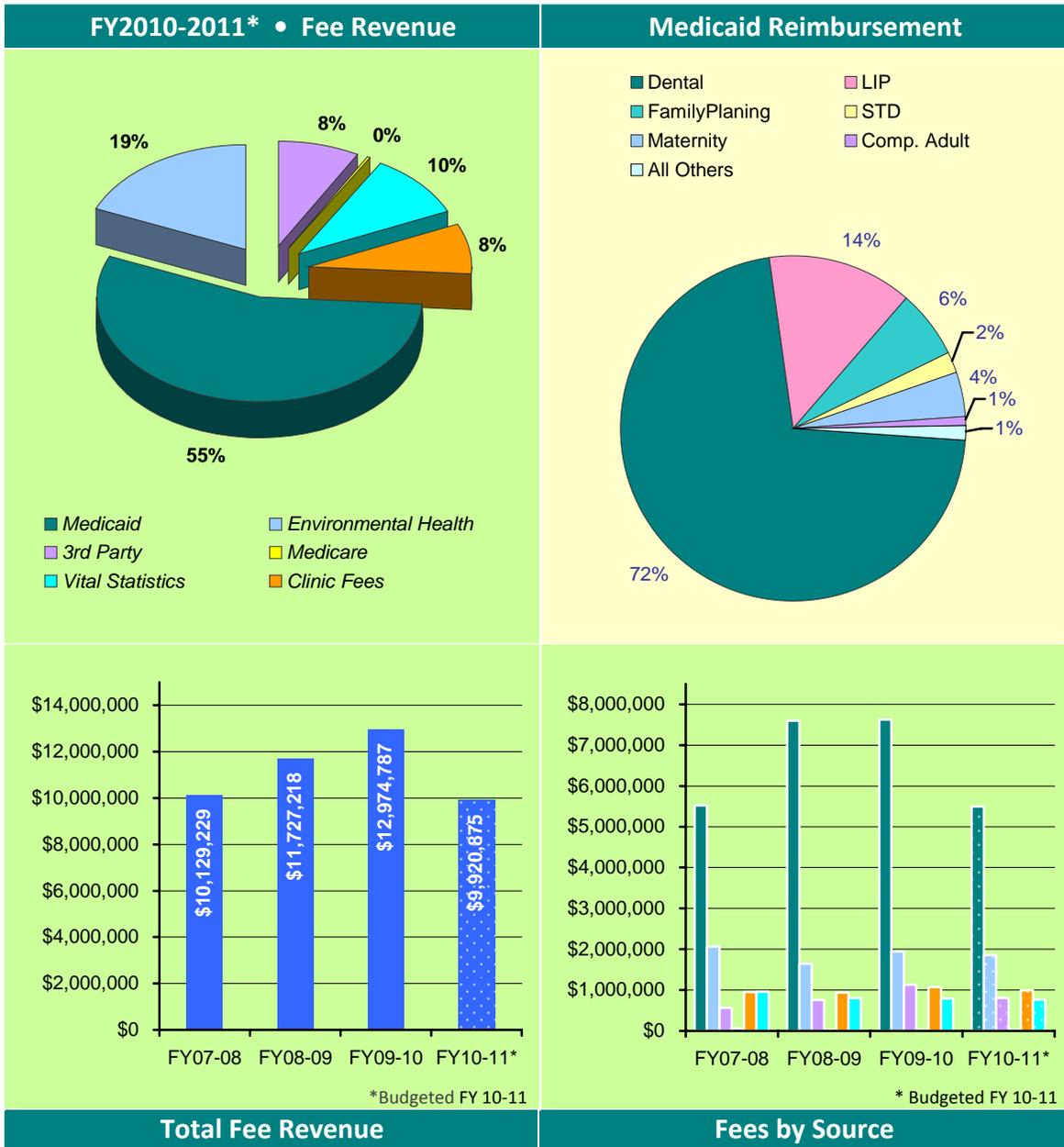
**7%
Of
Total Budget**



Fee Revenue

The Health Department charges fees or is reimbursed for some services provided to clients and patients. Non-medical fees are charged for permits or inspections obtained through our Environmental Health Department. The Vital Statistics office charges fees for certified copies of birth or death certificates. Medical-related fees are based on eligibility utilizing a sliding fee for patients without insurance. Third Party reimbursement is obtained if available. Medicaid reimburses for allowable services primarily based on a cost-based reimbursement (CBR) rate per visit which is calculated annually. The current CBR rate for FY 10-11 is \$160.91, since FY 07-08, the CBR rate has decreased by 43 %. In FY10-11, Medicaid accounted for 11% of the total budget. Transition to Medicaid Reform is anticipated soon.

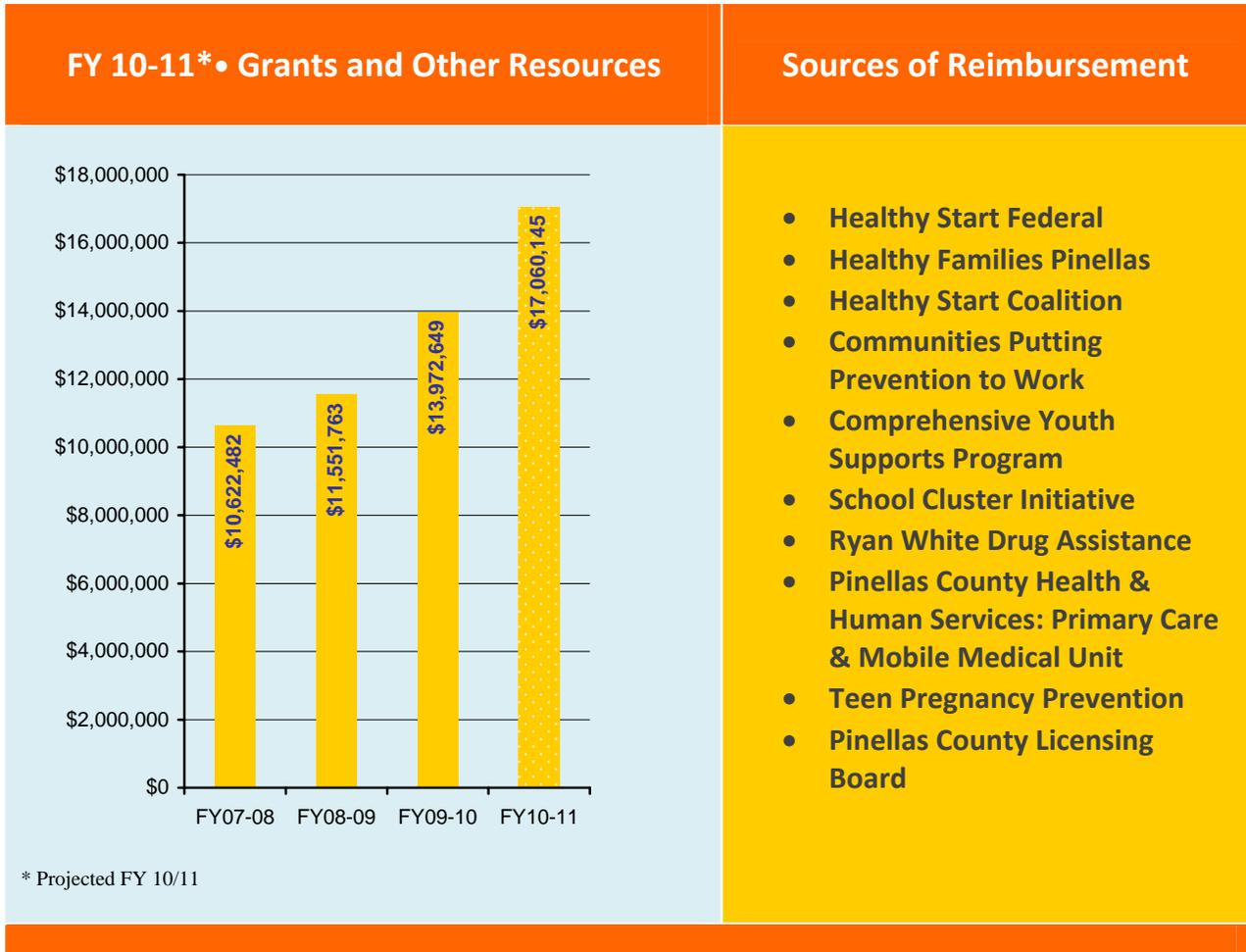
20%
Of
Total Budget



Grants and Other Resources

This section includes resources provided by local grants, donations, fines or reimbursement for work performed by the Health Department. Contractual reimbursement by the Healthy Start Coalition typically accounts for well over 50% of this resource category. The other major sources of funding in this category are listed in the table below.

33%
Of
Total Budget



NOTES



The DOH Pinellas County Health Department is an EEO/AA employer and service provider.

If you need an accommodation in order to participate in our programs, please notify the

Pinellas County Health Department in advance

Telephone (727) 824-6900 Fax (727) 820-4275

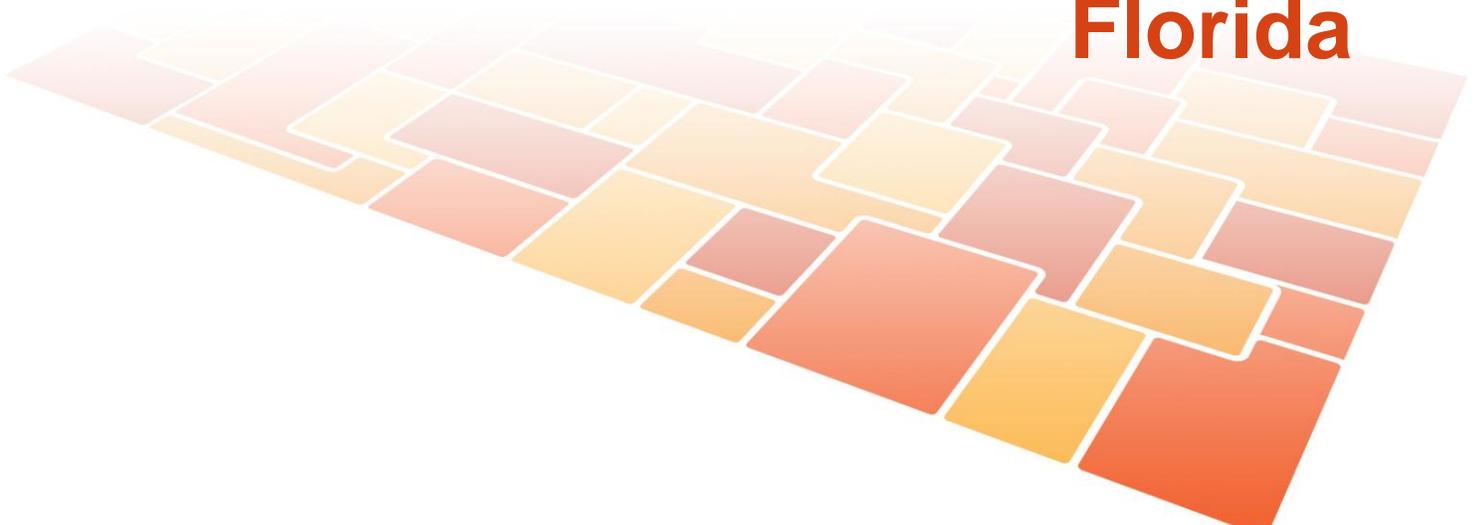


County Health Rankings

Mobilizing Action Toward Community Health

2011

Florida



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

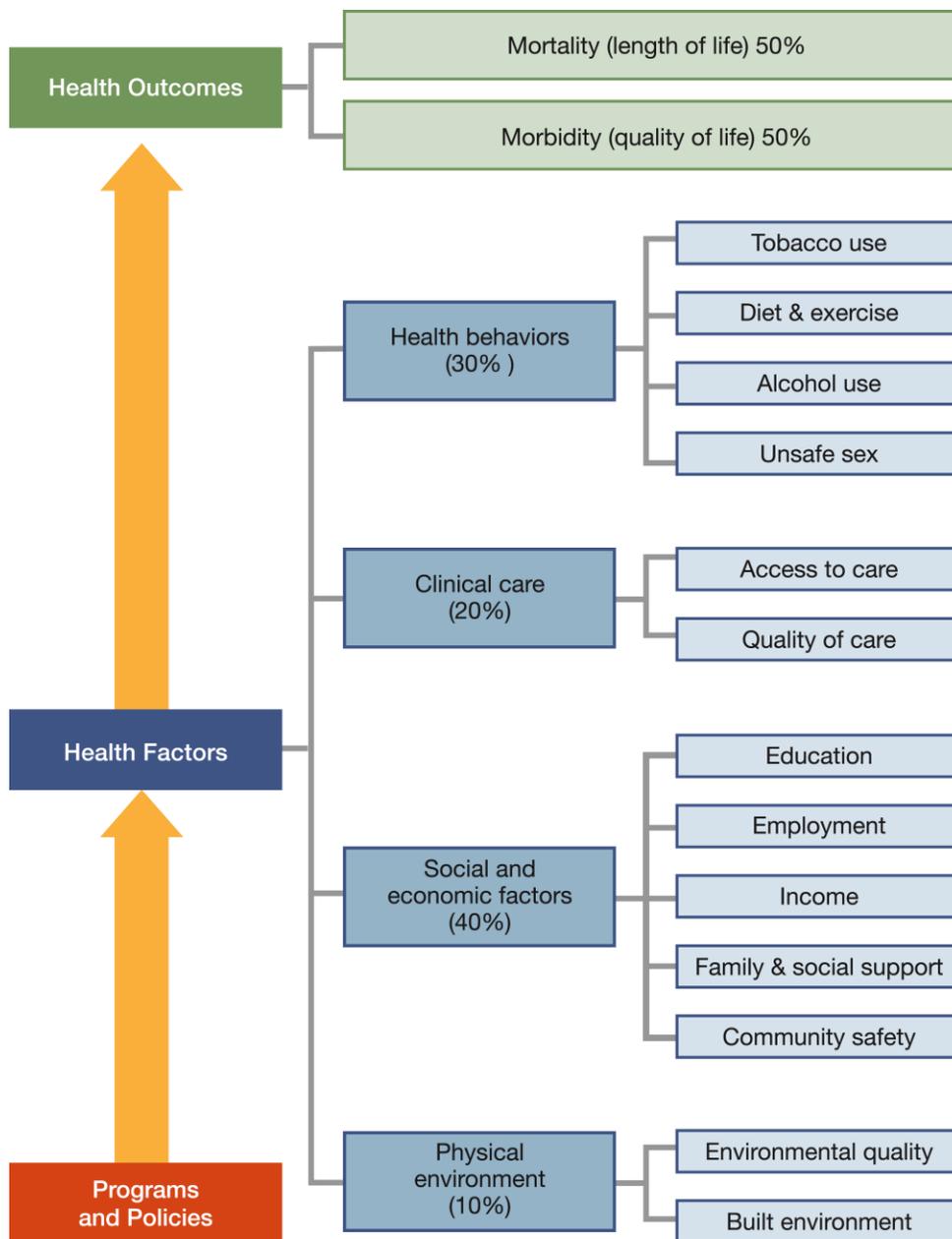
For a more detailed explanation of our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org



The Rankings

This report ranks Florida counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

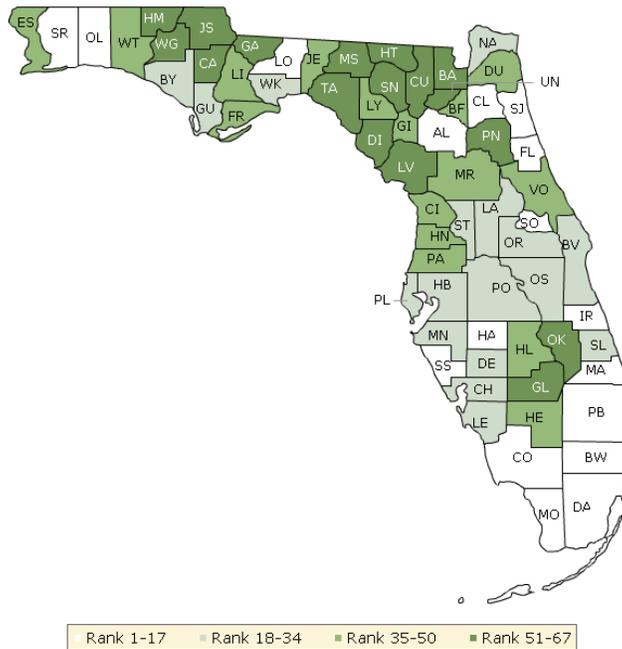


County Health Rankings model ©2010 UWPHI

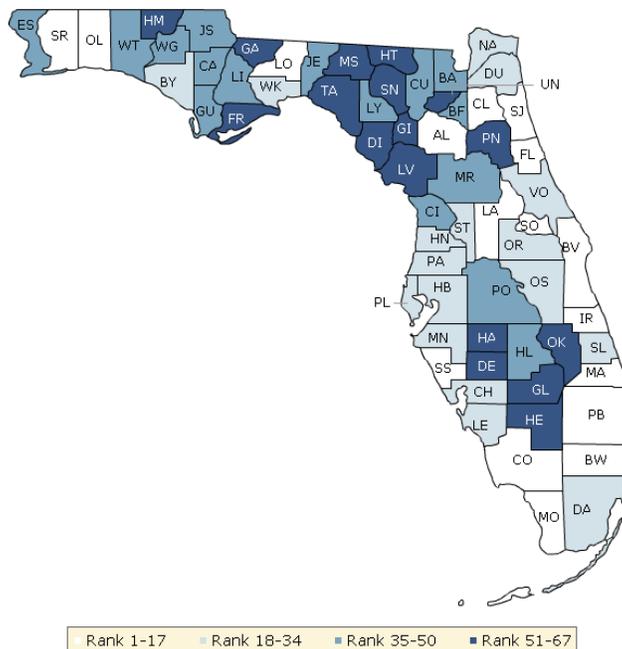
The maps on this page display Florida's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Collier	1	St. Johns
2	Seminole	2	Sarasota
3	St. Johns	3	Okaloosa
4	Sarasota	4	Martin
5	Martin	5	Seminole
6	Clay	6	Alachua
7	Leon	7	Palm Beach
8	Miami-Dade	8	Broward
9	Okaloosa	9	Monroe
10	Broward	10	Collier
11	Palm Beach	11	Leon
12	Santa Rosa	12	Lake
13	Indian River	13	Santa Rosa
14	Hardee	14	Indian River
15	Monroe	15	Clay
16	Alachua	16	Brevard
17	Flagler	17	Flagler
18	Orange	18	Pasco
19	Gulf	19	Charlotte
20	Lake	20	Pinellas
21	Manatee	21	Nassau
22	Brevard	22	Orange
23	Lee	23	Sumter
24	Sumter	24	Manatee
25	Osceola	25	Volusia
26	Charlotte	26	Miami-Dade
27	Wakulla	27	Lee
28	Pinellas	28	Duval
29	DeSoto	29	Hernando
30	Hillsborough	30	Bay
31	Nassau	31	Hillsborough
32	St. Lucie	32	Wakulla
33	Polk	33	Osceola
34	Bay	34	St. Lucie
35	Volusia	35	Walton
36	Lafayette	36	Jackson
37	Highlands	37	Citrus
38	Franklin	38	Highlands
39	Hendry	39	Escambia
40	Pasco	40	Gulf

Rank	Health Outcomes	Rank	Health Factors
41	Hernando	41	Bradford
42	Citrus	42	Polk
43	Walton	43	Lafayette
44	Bradford	44	Marion
45	Gilchrist	45	Columbia
46	Duval	46	Calhoun
47	Escambia	47	Jefferson
48	Liberty	48	Liberty
49	Marion	49	Washington
50	Jefferson	50	Baker
51	Jackson	51	Holmes
52	Columbia	52	Gilchrist
53	Suwannee	53	Union
54	Taylor	54	Franklin
55	Okeechobee	55	Levy
56	Calhoun	56	Suwannee
57	Holmes	57	Glades
58	Glades	58	Dixie
59	Washington	59	Hardee
60	Hamilton	60	DeSoto
61	Dixie	61	Hendry
62	Baker	62	Okeechobee
63	Levy	63	Taylor
64	Gadsden	64	Putnam
65	Madison	65	Gadsden
66	Putnam	66	Hamilton
67	Union	67	Madison

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Morbidity
1	Seminole	Sarasota
2	St. Johns	Martin
3	Leon	Collier
4	Collier	St. Johns
5	Miami-Dade	Clay
6	Broward	Seminole
7	Alachua	Monroe
8	Santa Rosa	Hardee
9	Okaloosa	Indian River
10	Osceola	Palm Beach
11	Orange	Nassau
12	Flagler	Okaloosa
13	Sarasota	DeSoto
14	Gulf	Hendry
15	Clay	Franklin
16	Palm Beach	Lee
17	Martin	Broward
18	Wakulla	Santa Rosa
19	Indian River	Leon
20	Hillsborough	Manatee
21	Hardee	Miami-Dade
22	Sumter	Lake
23	Lafayette	Brevard
24	Lake	Flagler
25	Liberty	Alachua
26	Charlotte	Pinellas
27	Brevard	Sumter
28	Manatee	Charlotte
29	Monroe	Orange
30	Pinellas	Bay
31	Lee	Gulf
32	St. Lucie	Polk
33	Hernando	Highlands
34	Volusia	Holmes
35	Polk	St. Lucie
36	Gilchrist	Volusia
37	Bay	Wakulla
38	Escambia	Bradford
39	Pasco	Glades
40	Walton	Citrus

Rank	Mortality	Morbidity
41	DeSoto	Hillsborough
42	Highlands	Columbia
43	Marion	Osceola
44	Nassau	Pasco
45	Hamilton	Suwannee
46	Jackson	Duval
47	Citrus	Okeechobee
48	Jefferson	Walton
49	Duval	Dixie
50	Bradford	Jefferson
51	Calhoun	Lafayette
52	Washington	Hernando
53	Franklin	Marion
54	Taylor	Taylor
55	Columbia	Gilchrist
56	Hendry	Jackson
57	Suwannee	Escambia
58	Okeechobee	Baker
59	Gadsden	Calhoun
60	Levy	Madison
61	Glades	Union
62	Baker	Levy
63	Madison	Putnam
64	Holmes	Washington
65	Dixie	Liberty
66	Putnam	Gadsden
67	Union	Hamilton

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Miami-Dade	1	Alachua	1	St. Johns	1	Martin
2	Sarasota	2	Sarasota	2	Okaloosa	2	Monroe
3	Broward	3	Pinellas	3	Santa Rosa	3	Clay
4	Palm Beach	4	Leon	4	Clay	4	Indian River
5	St. Johns	5	St. Johns	5	Seminole	5	Collier
6	Collier	6	Escambia	6	Leon	6	Nassau
7	Martin	7	Duval	7	Monroe	7	Gulf
8	Indian River	8	Martin	8	Wakulla	8	Palm Beach
9	Lake	9	Volusia	9	Alachua	9	Pinellas
10	Orange	10	Brevard	10	Brevard	10	Flagler
11	Seminole	11	Flagler	11	Walton	11	Franklin
12	Sumter	12	Palm Beach	12	Sarasota	12	St. Johns
13	Manatee	13	Sumter	13	Broward	13	Okeechobee
14	Pasco	14	Lake	14	Martin	14	St. Lucie
15	Monroe	15	Indian River	15	Union	15	Volusia
16	Highlands	16	Okaloosa	16	Lafayette	16	Seminole
17	Alachua	17	Pasco	17	Liberty	17	Broward
18	Flagler	18	Manatee	18	Bay	18	Sarasota
19	Charlotte	19	Hillsborough	19	Jackson	19	Lee
20	Pinellas	20	Charlotte	20	Lake	20	Charlotte
21	St. Lucie	21	Marion	21	Collier	21	Hernando
22	Okaloosa	22	Hernando	22	Charlotte	22	Marion
23	Nassau	23	Citrus	23	Nassau	23	Alachua
24	Leon	24	Seminole	24	Palm Beach	24	Hendry
25	Osceola	25	Santa Rosa	25	Pasco	25	Hardee
26	Hernando	26	Nassau	26	Bradford	26	Levy
27	Lee	27	Polk	27	Flagler	27	Okaloosa
28	Brevard	28	Clay	28	Baker	28	Glades
29	Santa Rosa	29	Orange	29	Lee	28	Lafayette
30	Bay	30	Collier	30	Hillsborough	30	Duval
31	Hillsborough	31	Gadsden	31	Osceola	31	Manatee
32	Marion	32	Lee	32	Volusia	32	Wakulla
33	Volusia	33	Jackson	33	Calhoun	33	Pasco
34	Duval	34	St. Lucie	34	Holmes	34	Miami-Dade
35	Gulf	35	Dixie	35	Pinellas	35	Baker
36	DeSoto	36	Jefferson	36	Orange	36	Putnam
37	Washington	37	Liberty	37	Duval	37	Citrus
38	Polk	38	Broward	38	Sumter	38	Suwannee
39	Citrus	39	Monroe	39	Indian River	39	Hamilton
40	Jefferson	40	Wakulla	40	Hernando	40	Brevard

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
41	Calhoun	41	Bay	41	Manatee	41	Osceola
42	Walton	42	Baker	42	Escambia	42	Columbia
43	Columbia	43	Columbia	43	Columbia	43	Orange
44	Escambia	44	Highlands	44	Gilchrist	44	Union
45	Hendry	45	Calhoun	45	Gulf	45	Lake
46	Lafayette	46	Gulf	46	Citrus	46	Bradford
47	Jackson	47	Bradford	47	Highlands	47	Polk
48	Clay	48	Washington	48	Washington	48	Sumter
49	Levy	49	Madison	49	Polk	49	Dixie
50	Bradford	50	Osceola	50	Miami-Dade	50	Bay
51	Gilchrist	51	Miami-Dade	51	Suwannee	51	Madison
52	Holmes	52	Levy	52	Franklin	52	Leon
53	Glades	53	Putnam	53	St. Lucie	53	DeSoto
54	Wakulla	54	Union	54	Jefferson	54	Taylor
55	Hardee	55	Franklin	55	Glades	55	Highlands
56	Okeechobee	56	Suwannee	56	Hardee	56	Gilchrist
57	Dixie	57	Taylor	57	Marion	57	Walton
58	Hamilton	58	Walton	58	Okeechobee	58	Santa Rosa
59	Franklin	59	Gilchrist	59	Levy	59	Jefferson
60	Gadsden	60	Holmes	60	Taylor	60	Hillsborough
61	Putnam	61	Hardee	61	Dixie	61	Liberty
62	Suwannee	62	Glades	62	DeSoto	62	Holmes
63	Taylor	63	DeSoto	63	Hamilton	63	Washington
64	Baker	64	Lafayette	64	Madison	64	Jackson
65	Liberty	65	Hendry	65	Putnam	65	Gadsden
66	Madison	66	Hamilton	66	Gadsden	66	Calhoun
67	Union	67	Okeechobee	67	Hendry	67	Escambia

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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County Health Rankings

Mobilizing Action Toward Community Health

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