

## ORGANIZATIONAL PROFILE

The Escambia County Health Department (ECHD), under the auspices of the Florida Department of Health (DOH), is the county health department located in the Florida Panhandle at the western gateway to our state. It is bordered by Alabama to the north and west, the Gulf of Mexico to the south, and Santa Rosa County to the east. The county has two cities, Century in the far north, and Pensacola in the south where most of the population is centered. Escambia is the 15<sup>th</sup> largest of 67 counties by population and the 38th largest by landmass. ECHD provides services to the county's 300,000 residents and over 1.4 million annual visitors and is responsible for protecting the public's health by partnering with the community to prevent disease, promote wellness, and prepare for disaster.

Although the history of the ECHD dates back to 1821, the current organizational structure of public health in Florida emerged in 1997 as the legislature created the Department of Health and the Department of Children and Families from the former Department of Health and Rehabilitative Services. At 185 years in continuous operation, the ECHD is one of the oldest health departments in the world. It endeavors to continue leading the State of Florida in public health services to our citizens.

### P.1 Organizational Description of the Escambia County Health Department

The Escambia County Health Department provides most of the public health services in Escambia County and provides additional environmental health, communicable disease, public health preparedness, and engineering services to its neighboring Florida counties. Public health is a fundamental element of the quality of life available to residents and visitors in Escambia County. ECHD currently employs approximately 450 staff and has an annual budget in excess of \$23 million.

#### P.1a (1) Nature of Services

In order to achieve its mission and vision, the organization is divided into a number of program areas that focus on the surveillance, prevention, detection, and treatment of the most significant public health and public environmental health issues within Escambia County and its Florida neighbors. The major services provided by the ECHD include:

#### **Disease Control and Prevention**

- HIV/AIDS Prevention
- Immunizations
- Sexually Transmitted Disease (STD)
- Tuberculosis Control (TB)
- Epidemiology (Disease Prevention and Surveillance)
- Health Promotion/Education

#### **Health Services to Targeted Populations**

- Healthy Start (pregnant women and children age 0-3)
- Public Health Nurse-in-Every-School Program
- Public Health Nutrition Program for Women, Infants and Children (WIC)
- Tobacco Prevention
- Family Planning
- Early Detection of Breast and Cervical Cancer
- Dental Health
- Primary Care
- Environmental Toxicant Screenings

#### **Environmental Health Services**

- Food inspections of schools and other licensed institutional facilities
- Limited use public water systems.
- Biomedical waste disposal, storage, transportation and treatment in Escambia, Santa Rosa, Okaloosa and Walton Counties
- Beach bacteriological water quality monitoring
- Public pool inspections in Escambia County
- Public pool engineering and construction oversight in Escambia, Santa Rosa, Okaloosa, Walton, Bay, Holmes, and Washington counties
- Group care facility inspections
- Mobile home & recreational park inspections
- Sanitary nuisance and enforcement, only OSTDS and other general environmental health programs regulated by DOH
- Septic tank inspections and permitting
- State Underground Petroleum Environmental Response (SUPER) Act Program
- Environmental Assessment Program (EAP)
- Petroleum cleanup in Escambia, Santa Rosa, Okaloosa, and Walton counties
- Storage tank compliance inspections in Escambia, Santa Rosa, Okaloosa, Walton and Bay counties
- Environmental lead surveys

#### **Other Public Health Services**

- Laboratory (CLIA-waived)
- Individual nutrition counseling
- Pharmacy (limited)
- Regional Public Health Preparedness/Disaster Response
- Special Needs Sheltering
- Vital Records (birth and death certificates)

A wide variety of professional and paraprofessional staff provides services within the above program areas. These include a board-certified pediatrician, a board-certified family medicine physician, and other physicians including a pulmonologist, dentists, doctoral-level researcher, a health physicist, master's-level public health professionals, certified environmental health specialists, professional engineers, a professional

geologist, registered nurses, advanced registered nurse practitioners, registered dietitians, epidemiologists, social workers, disease intervention/environmental specialists, registered dental hygienists, dental assistants, a certified dental technician, and master’s level health educators.

76% white, 20.5% black, 1.5% Hispanic, and 2% other, which approximately reflects the county’s ethnic mix.

ECHD employees are a highly educated group. Currently, we have on staff 156 undergraduate degreed staff and 42 graduate level degreed staff in various disciplines, 6 Master of Public Health, 4 nurse practitioners, 9 with MD/PhD/JD designations, 4 dentists, 16 bachelor’s and master’s level health educators, 14 environmental scientists, 5 epidemiologists, 7 registered dietitians, 12 bachelor’s level nutritionists, and 13 biologists.

**P.1a (2) Organizational Context and Culture**

The organization’s culture is as old as the concept of community public health. Its employees work together in the spirit of public service to prevent and resolve many of the significant public health concerns that impact the community.

ECHD’s Vision, Mission, and Values were developed in 2006 as we embraced the Sterling Performance Excellence Model to help us ensure that our vision and mission are operationalized successfully.

**Vision**

**Tradition** – Honoring the history of public health in our county, state, and country

**Service** – Serving the needs of our community through the science and essential services of public health

**Leadership** – Meeting the challenges of the future and safeguarding our community’s health

**Mission**

To protect the public’s health by partnering with the community to:

- prevent disease,
- promote wellness,
- and prepare for disaster.

**Values**

- Vision to boldness
- Accept responsibility
- Learn then mentor
- Unified effort
- Evidence-based practice
- Service above self

In addition, we have developed our signature slogan: “Trusted Professionals Protecting You Since 1821.”

**P.1a (3) Profile of Employee Base**

The ECHD has a staff of about 450 employees. This number fluctuates due to grants and contracts that employ individuals on a short-term basis. Approximately 74% of employees are classified as Career or Selected Exempt Service (under the state’s civil service system), 14% are Other Personnel Services (OPS) employees (hourly employees) that are in temporary positions, and one employee (0.25%) is a member of the Senior Management Service. Our workforce is comprised of

Many of the services provided by the ECHD are mandated and funded by the Florida State Legislature, although a significant number of services are also funded through grants and contracts provided by various sources including the State and Federal Government, through Escambia County, and via fees collected from providing services. In addition, other resources include many state and local agencies and individuals via the offering of both in-kind and volunteer services.

Employee categories include administrative/clerical (20%), other professionals (21%), paraprofessionals (26%), physicians and dentists (2%), professional health care (29%), and support services (2%). Average length of employment with the DOH/ECHD is 10 years. Collective bargaining organizations representing employees include the Florida Nurses Association (FNA), the Federation of Physicians and Dentists, and the American Federation of State, County and Municipal Employees (AFSCME). All managers, supervisors, and staff have access to the DOH Bureau of Human Resources Labor Relations Section for technical assistance, when needed. Two employees serve as EEO representatives and are available to all staff. A DOH-trained mediator is on staff and specific written protocols describe internal and external processes for conflict resolution.

**P.1a (4) Major Equipment, Facilities, and Technology**

The organization has special safety needs and requirements. We operate clinics, laboratories, motor vehicles, inspection tools, and environmental digging equipment. Therefore, we must take appropriate safety precautions for these operations.

The ECHD has facilities located in several areas of the county. These include the following three full-service locations: north (Century), central (Molino), and south (Pensacola). Limited services are available in three locations: Northside (Ensley), a WIC location at Naval Hospital Pensacola, and the Circle, Inc. screening clinic. We also utilize two mobile vans (a shot mobile and a dental van) to provide dental, immunization, and disaster response services. Environmental Health (EH), Preparedness/Disaster Response, and the Fiscal Department are located in the Downtown Center in

downtown Pensacola. Field service workers also serve specific areas such as school health staff located in 64 locations in our public and private schools. The ECHD maintains 24-hour on-call coverage for public health emergencies.

Major equipment operated by the ECHD includes various transportable units (such as the ShotMobile, the dental van, a SWAT trailer, and a public health preparedness trailer), various medical and laboratory equipment, Global Positioning System monitors, a motor pool, environmental surveillance and testing equipment (used by EH), soil excavation and analysis equipment, telecommunications equipment (including NEXTEL mobile handsets, satellite phones, and analog/digital satellite downlink capability), and information systems.

All ECHD sites are linked via information networks with Internet capability, e-mail access and an Intranet system that links the ECHD with the Florida Department of Health. The ECHD currently has over 400 desktop computers, most linked via information networks with the DOH Intranet. Most computers support the DOH standard desktop software packages, DOH Health Management System (HMS), and the DOH standard EH tracking system (CENTRAX) and various program specific systems shared with other state and local

agencies such as the WIP system on applicable computers. ECHD has been a leader in providing the latest in information technology for staff including a computer training center at its Pensacola main facility.

**P.1a (5) Regulatory Environment**

The ECHD operates in a highly regulated and political environment. The Department's functions and funding levels are determined by the state legislature. There are federal, state and county regulations that affect virtually all aspects of services provided. These include OSHA requirements, licensing standards for various healthcare and other professionals, and Medicare and Medicaid regulations.

**P.1b Organizational Relationships**

The ECHD provides the governmental backbone to the local public health system. As mentioned in other sections, the ECHD alone cannot make lasting community change. This concept is the key facet of our mission statement: To protect the public's health by partnering with the community to prevent disease, promote wellness, and prepare for disaster. The other members of the public health system are myriad and key players include our health delivery system (hospitals, etc.), employers and businesses, the media, academia, and communities (Fig. 1).

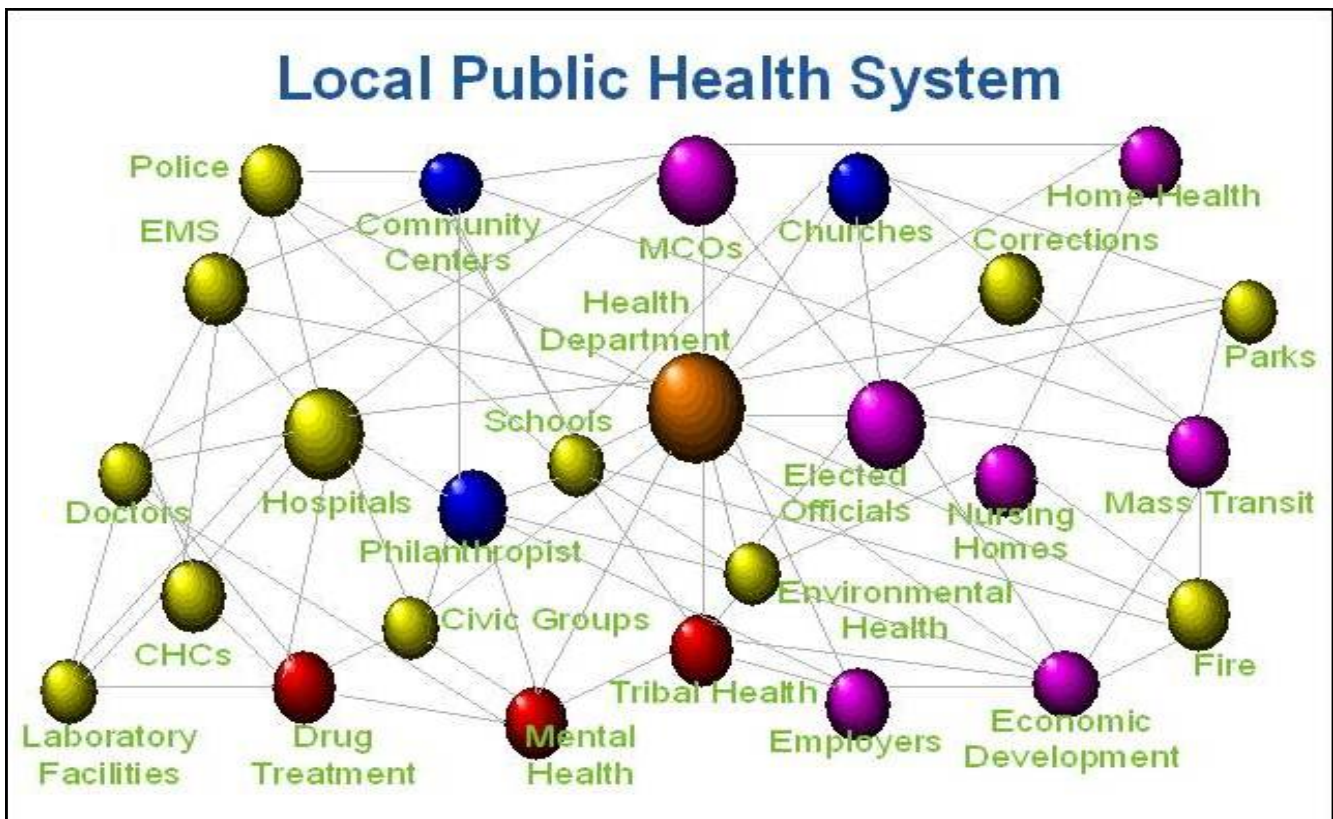


Figure 1. The Local Public Health System partners with key players to effect lasting community change.

### P.1b (1) Organizational Governance System

ECHD has a traditional organizational structure that is headed by our health department director, John J. Lanza, MD, PhD, MPH, FAAP. Additionally, we have managers and supervisors responsible for our various divisions, programs, and support processes. Our Executive Management Team (EMT) consists of our Director, Associate Director, Legal Counsel, Public Information Officer, and the division heads and meets on a weekly basis. ECHD has an Advisory Committee composed primarily of non-supervisory staff that evaluate operational practices and provide input to the EMT. Designated EEO representatives serve as the investigative arm of the state EEO office for all complaints of discrimination.

The broadbanding of state positions and local reorganization has reduced both the number of salary gradations and the number of management layers. Currently, depending on the program, we have three to five layers of supervision from the top of the organization to front line staff.

As is typical of a governmental agency, our governance structure is extensive. We are subject to governance by the Florida Governor, federal government, the state legislature, and the Department of Health. We are regularly audited by many external sources including: financial and other audits by the Florida Auditor General's Office; Inspector General and Quality Improvements audits by the Florida DOH; and audits by various funding agencies as well as by Escambia County government. In addition, we undergo various internal CHD audits, and have put into place an extensive check and balance system that prevents the unauthorized usage of departmental funds and resources.

### P.1b (2) Key Customer and Market Segments

The ECHD provides services at the county level as mandated by the Legislature. In addition, ECHD, due to its many programs, provides services such as EH-SUPERAct, biomedical waste, storage tank inspection and petroleum cleanup, HIV/AIDS and public health preparedness outreach to surrounding counties.

Escambia is becoming more culturally-diverse with an increasing influx of Hispanics joining the existing population of Vietnamese, Filipino, and other Southeast Asians.

The ECHD provides over one million public health services each year and has divided its customers into three distinct groups, the first being direct service recipients (clients) of the ECHD clinical and preventive programs. These include residents and visitors receiving the services listed along with related case management and counseling services. These clients tend to be

medically indigent and often do not have insurance coverage or other means to access private sector health care services. Approximately 40,000 clients are directly served by the ECHD annually.

The second group of customers is those who seek the regulatory services provided by the ECHD, primarily in the Environmental Health section. These services include the issuing of permits for septic tanks and the regulation of facilities such as swimming pools, institutional food, limited-use public water systems, storage tanks, petroleum cleanup, and various institutions. We make it our business to provide these customers with knowledgeable and timely interactions that help them understand and comply with regulations. The ECHD also provides vital statistics records to those who require this information.

The third group of customers includes the entire population of residents and visitors to the county. These customers often are not aware of services being provided for them by the health department but still benefit from them (such as environmental surveillance and cleanup). They generally become aware of these services only when emergency situations (such as the availability of an ECHD-staffed Special Needs Shelter during a disaster), various environmental and health issues (such as a beach closing or infectious disease outbreak), or a terrorist threat that makes the headlines. Other divisions and programs to include in this category are Public Health Preparedness, Epidemiology, and Health Education/Promotion.

Although they are not direct customers of the health department, there are many groups (such as the Florida School Health Association and the Florida Medical Association) who act as advocates and representatives for the various clients of the organization. The ECHD often partners with these groups in the provision of services and uses information provided by them as input in determining customer requirements. In addition to clients having requirements for the specific services provided (see first page of Organizational Profile), ECHD client requirements include:

- **Accuracy** in all information given to the public;
- **Confidentiality** strictly enforced;
- **Culturally-sensitive and multi-lingual service provision;**
- **Timeliness** in issuing alerts, information, follow-up;
- **Cost-effective and efficient** operations; and,
- **Accessibility** to programs and services.

### P.1b (3) Supplier and Partnering Relationships

The ECHD is actively involved in the Emerald Coast Consortium of Health Officials (ECCHO), which consists of the Director/Administrators of ten counties, and DOH Children's Medical Services in the Panhandle, and meets regularly to address issues in a regional manner

to promote consistency and advocacy for the DOH. ECCHO provides a network for notifying neighboring counties of reportable diseases and pools regional resources to hire jointly an attorney and a legal assistant. Other sub-consortia of this group include regional STD/HIV agreements and IT resource sharing agreements.

Because the Director of the ECHD is also the Health and Medical co-chair for the Florida Department of Law Enforcement's Northwest Florida Regional Domestic Security Taskforce, ECCHO has expanded its scope to include advisory oversight for Public Health Preparedness (all-hazards response) activities in the region. Multiple ECHD staff members participate in professional and community groups that address teen pregnancy prevention, school readiness and improvement, tobacco-free initiatives, communicable disease prevention, and environmental and safety concerns.

One of our strategic targets is to increase the value of community partnerships. In order to meet the needs of a county with limited resources, collaboration and contracting with public and private providers of services has been accomplished. This is shifting the role of the ECHD from directly providing services to clients to overseeing and monitoring other organizations that provide these services. Currently, about 16% of the ECHD's annual budget is devoted to services provided by more than 11 providers who are responsible for the delivery of many traditional health department services to our clients.

In addition to the contractual relationships mentioned above, the organization partners with many community organizations and individuals who provide both in-kind contributions of services and volunteer labor hours. These enable us to provide services beyond our budgeted capability. External suppliers are selected and managed consistent with criteria and guidelines established by the Florida Department of Management Services.

Our "parent" agency is the Florida Department of Health with headquarters located in Tallahassee. DOH operates what might best be described as a cooperative system involving state oversight of 67 diverse county health departments with the trend in recent years towards more centralization. Most of ECHD service programs are determined at the state level but provided with a local perspective. Local flexibility is available to the counties in terms of operational issues, target populations and community partnerships. County health departments are monitored and evaluated at the state level.

## P.2 Organizational Challenges

- Pandemic flu & hurricanes
- Funding for key initiatives

- Health Management System transition
- Public health preparedness impact on public health functions
- Communication with the public in regard to ECHD role (policies/procedures/legal authority)

## P.2a Competitive Environment

As a publicly funded and operated agency, ECHD does not have competitive markets comparable to the private sector. However, there is a measure of competition with privately operated clinics for clinical services provided such as TB, primary care, and dental. In addition, there is ongoing "competition" with private sector organizations that are seen as potential candidates for outsourcing of services. ECHD has worked to decrease activities in primary care and HIV/AIDS, relinquishing most of these services to private providers. This and other changes have enabled the assumption of increased responsibility for core public health services that would not otherwise be provided for locally.

### P.2a (1) Competitive Position

The ECHD provides unique public health services in the county with no direct competition in the areas of environmental health, disease surveillance and epidemiology. Although competition for these services does not currently exist, the trend within state government is to outsource services wherever feasible. Therefore, it is imperative that these services be provided for the lowest cost and with the highest level of quality possible.

The ECHD does have competition for clients with insurance coverage from numerous private and public health care providers in the areas of direct patient services, including primary care, family planning, STD, TB and dental programs. Therefore, the ECHD primarily serves clients without access to private medical insurance, but does accept Medicaid and Medicare.

### P.2a (2) Principal Factors that Determine Competitive Success

Public health programs determine success by evaluating certain outcome measures – primarily by analyzing patterns of sickness and disease (morbidity), births (natality), and deaths (mortality). The Florida DOH utilizes **Health Status Indicators** to measure county health departments against statewide goals. Such measures include infant mortality rate and various disease rates (such as for HIV/AIDS and other STD's) that are impacted both by the services directly provided by the health department and by other community providers. At the national level, the Centers for Disease Control and Prevention utilize **Healthy People 2010** goals to compare outcomes among populations. Locally, we measure the overall success of our programs by monitoring **Years of Potential Life Lost (YPLL)** of the overall population and other community disease trends.

Other competitive success factors include accessibility of services, staff loyalty and capability, the financial health of the organization and the people skills of both our leaders and our staff.

With the current government trend to “outsource,” it is critical for the ECHD to improve its efficiency and effectiveness consequently providing a low cost per service. This is vital in order for the ECHD to compete successfully against any attempted privatization of public health services.

### **Changes Taking Place that Affect Competitive Situation**

Spending for public health programs is currently in the process of being further prioritized, particularly with current needs for funding related to threats of terrorism, emerging infectious disease, and community wellness (prevention of chronic diseases such as diabetes and other so-called hybridized public health programs including injury prevention). A greater emphasis is being placed on program outcome measures, productivity and cost-effectiveness. Outcome measures are also critical in seeking outside grant dollars for public health programs as Escambia County competes with other communities for funding.

### **P.2b. Strategic Challenges**

#### **Major New Thrusts, Changes in Products or Entry into New Markets**

In addition to focusing on new threats to the public’s health, the ECHD is shifting away from providing direct services to concentrating on three core public health functions: **assessing** the health status and health risks of the community; advocating for **policy development** and programs that address community need; and, **assuring** that necessary services are available. In addition, the Florida DOH is encouraging a shift towards more programs aimed at health prevention and wellness. Increased emphasis is placed on provision of the Ten Essential Public Health Services and national standards are being developed for local health departments. Our goal is to be one of the first local health departments to receive national accreditation.

#### **New Business Alliances**

The ECHD is initiating new alliances in order to better leverage available funding to achieve our mission:

- Collaboration with organizations and local institutes of higher learning to develop innovative programs including environmental research to better the public’s health;
- Improved relationship with the County Commission and perhaps the City of Pensacola to increase the local governmental financial contributions to the health department; and,
- Strengthened partnerships with other county health departments to develop consortia to resolve common issues.

To attain public health’s vision of healthy people and healthy communities, we must assure that all communities have access to the essential public health services. This is a special challenge in times of funding cuts and limitations on non-categorical funds. We must make every effort to reduce the costs of our services and align our resources with provision of the essential public health services and key ECHD priorities. We must transform the way we do business to make better efforts to achieve a healthy population.

### **Introduction of New Technologies**

The organization is continually looking for new technologies that will help us be more effective and efficient in providing new services to our clients. Examples include:

- Electronic records storage & electronic health records;
- Enhancements to the Geographical Information System (GIS);
- Implementation of Global Positioning Systems (GPS);
- Extensive upgrades to information technology and telecommunications systems; and,
- Development of advanced research capability featuring state-of-the-art statistical analysis.

### **Changes in Strategy**

The ECHD is looking toward the future by anticipating government funding cutbacks, strengthening preventive and surveillance services, monitoring outcomes, and actively promoting alliances with partners to meet the needs of the community. As such, the organization has modified the strategic priorities of its Balanced Scorecard to include the focus areas of: 1) Prevent, Promote, & Prepare; 2) Business and Financial Excellence; 3) Employee Excellence; and, 4) Customer and Partner Focus (Fig. 2). To support these strategies, we will be training employees, using the Sterling Criteria for Performance Excellence, in the skills of process management and problem solving while emphasizing an employee team-based structure to address key issues. In collaboration with the DOH and other health departments, we hope to meet the needs of our customers and to achieve business excellence.

### **P.2c Performance Improvement System**

While the DOH and the ECHD have a long history of continuous improvement, our independent journey to excellence is just beginning. An executive decision has been made to pursue performance maximization through Sterling and the commitment to a culture of organizational improvement is proceeding forward. We have dedicated funding and staffing to our goal of achieving excellence in public health.

<h2>Balanced Scorecard 2006</h2> <h3>Escambia County Health Department</h3>	
<p><b>1.0 Prevent, Promote, Prepare</b></p> <p><b>1.1 Improve Health Indicators</b> Jennifer Carter, Lamar Dunn</p> <p><b>1.2 Improve PH Preparedness and Response</b> Mike Matroni</p> <p><b>1.3 Improve Monitoring of Environmental and Health Conditions</b> Robert Merritt</p> <p><b>1.4 Improve Health Behaviors</b> Donna Jarvis</p>	<p><b>2.0 Business/Financial Excellence</b></p> <p><b>2.1 Standardize Key Processes</b> Barbara McCullough</p> <p><b>2.2 Align Budget to Key Priorities and Core Public Health Functions</b> Dr. Turner</p> <p><b>2.3 Implement Sterling Business Excellence Model</b> Diane Cook</p> <p><b>2.4 Maximize Business Efficiencies</b> Dr. Turner, Barbara McCullough</p>
<p><b>3.0 Employee Excellence</b></p> <p><b>3.1 Improve Staff Training &amp; Development</b> Mike Matroni, Robert Merritt</p> <p><b>3.2 Recruit and Retain Competent Staff</b> Robert Merritt, Trena Webb</p> <p><b>3.3 Improve Employee Satisfaction</b> Donna Jarvis, Trena Webb</p> <p><b>3.4 Promote Employee Wellness</b> Donna Jarvis, Versilla Turner</p>	<p><b>4.0 Customer and Partner Focus</b></p> <p><b>4.1 Mobilize Community Around Key Public Health Issues</b> Dr. Turner</p> <p><b>4.2 Improve Customer/Client Satisfaction</b> Versilla Turner</p> <p><b>4.3 Optimize Academic and Research Opportunities</b> Dr. Lanza</p> <p><b>4.4 Promote Integrated Community-Wide Health Care Access Safety Net</b> Jennifer Carter, Lamar Dunn</p>

Figure 2. Escambia County Health Department Balanced Scorecard, 2006.