

WORKSHOP

Workshop Regarding the Establishment of a Citizen Group to Focus on Community Health Issues

**Leon County Board of County Commissioner Chambers
Leon County Courthouse, 5th Floor**

**June 8, 2010
2:00 p.m. - 3:00 p.m.**

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Board of County Commissioners

Workshop Discussion

Date of Meeting: June 8, 2010

Date Submitted: June 1, 2010

To: Honorable Chairman and Members of the Board

From: Parwez Alam, County Administrator
Vincent S. Long, Deputy County Administrator
Candice M. Wilson, Director, Heath and Human Services

Subject: Workshop Regarding the Establishment of a Citizen Group to Focus on
Community Health Issues

Statement of Issue:

The Board directed staff to establish a citizen group to focus on community health issues. The purpose of this workshop is to explore options for the structure and function of a Board-appointed focus group. The core of the discussion would look at how a citizen group could address the improvement of the overall health of Leon County and its citizens.

Background:

For many years, Leon County has been committed to increasing access to healthcare services for the County's uninsured residents, under-insured, and those who have limited access to care. The following provides an overview of the history of oversight for healthcare services in Leon County during the last decade.

History and Original Intent of the Establishment of the Healthcare Advisory Board

August 31, 1999: The Health Care Advisory Council, a committee established by the County and City Commissions, advocated that local government take the lead in guaranteeing that all citizens of Leon County have access to health care. The Council recommended that the County Commission adopt an ordinance creating a Municipal Service Taxing Unit (MSTU), and that the City Commission adopt a similar ordinance to include its municipality; essentially creating a countywide MSTU to finance the costs associated with providing health care services to the indigent. The Health Care Advisory Council projected that a countywide MSTU, imposing a one-half (0.5) mill levy, would generate approximately \$4 million annually; an amount sufficient to address the need and substantially reduce the costs presently incurred for providing healthcare services to the indigent. In addition, the Health Care Advisory Council recommended the establishment of a non-profit corporation that would be responsible for carrying out the administrative provisions of the ordinance and the fiscal management of revenues derived from the MSTU.

May 29, 2001: The Board held a workshop to hear a presentation produced by MGT of America, *Report and Business Plan for a Healthcare Delivery System for Uninsured Residents of Leon County*. After this presentation, the Board directed staff to schedule a public hearing to consider implementing an MSTU to fund primary healthcare for the uninsured.

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June 12, 2001: The first and only public hearing was held on the proposed ordinance creating primary healthcare services MSTU. At the public hearing, the Board heard citizen testimony regarding the proposed MSTU, adopted the ordinance, and directed staff to explore additional funding alternatives for providing uninsured health care services to Leon County citizens.

July 24, 2001: During the budget workshop, the Board unanimously approved funding healthcare services for uninsured residents of Leon County.

July 31, 2001: During the regular meeting, the Board approved the funding of the Uninsured Healthcare Program for one year by using \$500,000 from the self-insurance fund balance, levying a countywide MSTU of 0.06 mills (which should generate approximately \$500,000), and \$200,000 from the Intergovernmental Transfer/Special Medicaid Program option.

September 18, 2001: The Board held a workshop to determine a method by which a healthcare program would be delivered to the community. The Board decided to convene a committee to perform further analysis on models or variations they may wish to consider, and to recommend a healthcare delivery system model most appropriate for the needs of the community. The committee would include the County Administrator and administrators from both Tallahassee Memorial HealthCare and Tallahassee Community Hospital

September 20, 2001: The Healthcare Committee convened with the direction to further study possible delivery mechanisms for uninsured healthcare services and recommends the most efficient way to deliver healthcare to the uninsured in the community. The Committee began a series of meetings, interviews, data collection, verification of existing reports and analysis, and tours of clinics to provide recommendations to the Board. The objectives of the Committee were to analyze the CareNet System and ultimately determine the best method available for the provision of healthcare services to the uninsured.

October 1, 2001: The Committee requested that the Board delay the creation of the Primary Health Care Implementation Advisory Board until it presents its findings to the Board. The delivery mechanism recommended for implementation may influence the appointments to the Advisory Board.

December 1, 2001: After extensive research, the Healthcare Committee concurred with the advantages of the CareNet Model. It was important to the Healthcare Committee that access to healthcare was available to all uninsured citizens in Leon County, rather than a select number enrolled under an insurance model. Additionally, the Committee created a budget and implementation plan that best met the community's uninsured healthcare needs, as identified by the Board.

December 11, 2001: During the regular meeting, staff was directed to proceed with program implementation, via County funding, of the CareNet Model and to develop appropriate contracts with Bond Community Health Center, Neighborhood Health Services, and Capital Medical Society Foundation/We Care. The Board adopted Resolution No. 50 to create a Primary Healthcare Implementation Advisory Board (PHIAB). The membership would be composed as follows:

- CEO of Tallahassee Memorial Hospital
- CEO of Tallahassee Community Hospital
- Leon County Department of Health Services Director
- Representative from Capital Health Plan
- Representative from Capital Medical Society
- Representative from the FSU School of Medicine
- Board Chairman or County Commissioner designee any other County Commissioner
- County Administrator
- 7 – Each Commissioner having one appointee

January 29, 2002: The Board adopted Resolution No. R02-05 setting forth the duties and responsibilities of the Primary Healthcare Implementation Advisory Board (PHIAB), specifying that the PHIAB *“review and analyze the effectiveness of the primary Healthcare services and programs for the indigent and uninsured residents of Leon County and report findings and recommendations.”*

January 27, 2004: During the regular meeting, the Board approved the addition of the voter-approved “Indigent Care Surtax” substantive issue to the Adopted Leon County 2004 State Legislative Program.

February 10, 2005: During the PHIAB meeting, a change in the Committee’s name to the “Healthcare Advisory Board” and an increase the membership was recommended.

March 22, 2005: The Board held a public hearing to consider the PHIAB’s recommendations. The Board failed to adopt the recommendations during the public hearing.

FY06/07 Budget: The Board reduced the Primary Healthcare MSTU from 0.12 mils (generating approximately \$1.7 million) to 0.00 mil.

December 12, 2005: At its annual retreat, Commissioners voted to place the issue of enhancing healthcare for the uninsured as their second highest priority. Included in the priority, was direction to develop a comprehensive plan for addressing this issue and to pursue a referendum to consider a ½-cent sales tax to fund such a plan.

January 10, 2006: The Board received a report from the PHIAB that recommended the County pursue the development and implementation of a Comprehensive Healthcare Plan for the Uninsured and Indigent Citizens of Leon County. The Board voted to accept PHIAB’s report and authorized the County Administrator to hire a consultant to develop a Comprehensive Healthcare Plan for the community.

February 20, 2006: The County contracted with Mercer Human Resource Consulting, Inc. to propose a strategic and actuarial framework through which the healthcare cost and impact could be objectively estimated. The agreement included that Mercer define an affordable benefit design; provide pricing for the benefit set using actuarially sound principles; evaluate health plan models for providing coverage; and, provide information on the health plan funding mechanisms and revenue stream alternatives and impact.

April 24, 2006: During its meeting, PHIAB reviewed and discussed the Mercer report and deliberated recommendations to forward to the Commission for consideration.

May 3, 2006: During its meeting, PHIAB continued review and discussion of the Mercer report and developed recommendations to forward to the Commission for consideration.

May 23, 2006: During its regular meeting, the Board directed staff to prepare an ordinance for the November 2006 General Election ballot, which provides for the imposition of the ½-cent surtax and Comprehensive Healthcare Plan for providing healthcare services to indigent persons and the medically poor.

June 13, 2006: During a public hearing, the Board accepted Mercer Human Resource Consulting, Inc.'s report, "*Leon County Community Healthcare Plan*," and adopted Ordinance No. 06-20, the Leon County Indigent Healthcare Ordinance.

November 7, 2006: The referendum for a ½-cent sales tax to fund the proposed Leon County Community Healthcare Plan was not approved.

FY 07/08 Budget: The MSTU was maintained at 0.00 mil. The Board funded primary healthcare from general revenue, with the exception of the third and final year of the Women and Children's Healthcare program provided through Bond Community Health Center.

September 11, 2007: The Board approved a recommendation to change the advisory board's name to the "Healthcare Advisory Board" (HAB). In addition, the Board approved the amended bylaws that outlined the HAB's role and responsibilities. These included:

- Monitoring of County funds utilized for primary healthcare to assure cost effective utilization
- Monitoring and reporting to the Board the health status of the Leon County community and its citizens to achieve maximum good health
- Reporting areas of Healthcare problems or disease states threatening the good health of the community or its citizens, and seeking solutions to rectify such problem areas; and
- Reviewing the need, viability, and cost effectiveness of healthcare proposals that require County funding

December 13, 2007: At its meeting, the HAB members voted to recommend expansion of the HAB's composition by two seats. These members would include a representative from FAMU and a representative from the Leon County School Board.

January 10, 2008: During the HAB meeting, members unanimously agreed to recommend the Board

permit representatives to name a designee to attend meetings and have voting privileges in their absence as follows:

1. Capital Health Plan representative or designee
2. Capital Medical Society representative or designee
3. FSU College of Medicine representative or designee
4. The CEO of Capital Regional Medical Center representative or designee
5. The CEO of Tallahassee Memorial Hospital representative or designee
6. The County Health Department Administrator representative or designee
7. County Administrator or designee

FY08/09 Budget: The Primary Healthcare MSTU remains at the 0.00 millage rate. Primary Healthcare services continue to be funded through general revenue.

January 29, 2008: During its regular meeting, a concern was raised by the Commission regarding the functionality of the HAB; for example, HAB originally was established to track funding generated by the MSTU, which no longer existed. It was suggested that a more community-based healthcare advisory committee be considered. Additionally, a recommendation was made to have HAB representation from Bond Community Health Center and Neighborhood Health Services. Staff was directed to bring back an agenda item with recommendations as to whether or not the Ordinance, which originally established the Primary Healthcare MSTU, should be repealed, and to provide recommendations as it relates to whether the Healthcare Advisory Board should be dissolved or reconstituted.

March 11, 2008: During its meeting, the Board elected to maintain the Healthcare Advisory Board (HAB), including the status of the zero funded MSTU. In addition, the Board approved the addition of members from Bond Community Health Center and Neighborhood Health Services to the HAB.

May 13, 2008: Ordinance 08-09 amended Section 11-531 requiring the HAB deliver an implementation plan and budget no later than September 25 of any fiscal year in which the Board levies ad valorem taxes within the Primary Health Care MSTU. The original intent of Section 11-531 was to establish an advisory board that would be responsible for developing an implementation plan and budget for the Primary Healthcare MSTU to deliver primary healthcare services to indigent and uninsured residents of Leon County.

March 5, 2009: During the HAB meeting, Commissioner Thael requested an amendment to the HAB Bylaws to allow the Commissioner position to be an ex-officio non-voting member. In accordance with Board Policy 03-15, Board-Appointed Advisory Committees, the amended HAB Bylaws were subsequently approved by the County Administrator and County Attorney as follows:

The representation of the County Commissioner member shall be in an ex-officio nonvoting capacity. As such, the participation of the County Commissioner member in any official acts by the Board shall be limited to discussion only, with no voting privileges.

Issues of Concern Regarding the Purpose and Function of the Healthcare Advisory Board

February 9, 2010: During its regular meeting, the Board directed staff to bring back an agenda item to discuss the issue of restoring voting rights of the Board Chairman's designated Commissioner-member appointment to the Healthcare Advisory Board (HAB). Further direction was given to bring back an agenda item regarding the current scope, mission, and original intent of the creation of the HAB.

March 23, 2010: Staff's agenda item provided an overview of the HAB's challenges, as follows:

- Difficulty establishing a quorum due to a lack of consistent attendance of members
- Difficulty in managing 19 members tends to be an issue in staff time and member requests of special projects
- Conflict of Interest issues of HAB members, who are also stakeholders, and votes could directly benefit their respective organization
- Limitations due to Sunshine Law - members holding formal or casual discussions about matters on which the committee members may take action. For example, the Health Department is limited in discussions with Neighborhood Health Services, Bond Community Health Center, and Apalachee Center, Inc., because of the appearance of a possible Sunshine Law violation.
- Requirement that whenever two or more members sit down to discuss any issue related to healthcare, the meeting must be duly noticed in the paper and staff is required to take minutes. If a meeting has more than one Commissioner in attendance, the meeting must be duly noticed in the paper, staff is required to take minutes, and the minutes must be brought before the Board for approval.
- Lack of member continuity and ability to have balanced dialogue in discussing issues when organization representatives name a designee to attend meetings in their absence and have voting privileges.

After discussion at the March 23 meeting, it was concluded that overall, the current set-up of the HAB is not functional as established. The creation of a new committee would alleviate many of the issues presented to the Board. Consequently, the Board scheduled a public hearing to adopt a proposed Ordinance repealing Chapter 11, Article XVII, Section 11-531 of the Code of Laws of Leon County, entitled "Creation of an Implementation Advisory Board" to abolish and dissolve the Healthcare Advisory Board. Further, staff was directed to conduct a workshop to explore the future need, structure, and function of a citizen group to address healthcare issues that impact Leon County residents.

April 13, 2010: During the public hearing, the Commission took action to abolish and dissolve the Healthcare Advisory Board, effective October 1, 2010, or upon the establishment of a new citizen focus group, to be instituted by the same date. Staff was directed to bring to the workshop recommendations for a new structure and function of a citizen committee.

Analysis:

In keeping with the Board's priorities, the County provides primary healthcare and mental health services to uninsured County residents through community partnerships. Originally, the Healthcare Advisory Board (HAB) was to provide oversight of an estimated \$20 million dollars expected to be generated by the proposed sales surtax, which subsequently, did not pass by voter referendum in 2007.

Currently included in the FY10-11 budget is \$1.7 million dollars allocated to provide funding for primary care contracts. These monies provide funds for direct healthcare services and operating expenses. The Division of Health and Human Services (HHS) staff would provide continued oversight of these general fund revenue dollars. Expenditures are tracked monthly by staff through internal controls, through the receipt of required provider reports, and site visits to assure that funding is being used to expand access to health services to the County's most vulnerable populations, uninsured and underinsured citizens. Additionally, to ensure contract compliance, monitoring is provided, independent of HHS staff, by the Department of Health.

Synopsis of Staff's Review of Other Community Health Committees

Counties throughout the Country engage citizens to address community health issues in various capacities based on need, resources, and Commission goals and priorities. Staff has examined committees across the state and nationally. Each committee reviewed varied in scope and mission. The purpose of each is driven by community need, interest, and concern. Membership usually encompasses a range of expertise in health and healthcare delivery systems. Common to the majority of the groups is the reliance on local educational institutions, public health departments, medical practitioners, and community organizations to provide insight and guidance on health-related issues and coordination of community health services. The general consensus is that most groups typically fall into one of two categories; regional councils covering multi-county areas, or health districts/boards that provide oversight for multimillion dollar revenue designated to provide services via local health practitioners and hospitals.

Community Resources and Board-Appointed Advisory Committees

As outlined in its priorities, the Board endeavors to increase citizen input by enhancing the opportunities for County residents to provide input and ideas for improving County programs and services. Leon County is fortunate to have a broad range of community resources that provide and support the expansion of access to healthcare services. In addition to healthcare providers, a few of the other community resources in the County include:

- Big Bend Health Council (Board of County Commissioners has four appointments)
- Florida Department of Health (DOH)/Leon County Health Department
- DOH Office of Minority Health
- HEAT (Health Equity Alliance of Tallahassee)
- AHEC (Area Health Education Centers)
- Healthy Start Coalition
- Whole Child Leon Healthy Infant Coalition

Additionally, the Florida Association of Counties (FAC) closely monitors developments in the area of health insurance, including programs for the poor and children.

The current structure of the HAB is as a Decision Making Committee that has limited the ability to work in an efficient manner. Therefore, moving forward, it is staff's recommendation to structure the new committee as a focus group.

According to Policy No. 03-15, "Board-Appointed Advisory Committees: Establishment, Appointment, Function, Operation, and Dissolution", a citizen advisory committee serves the Board as either a decision making committee or as a focus group (Attachment #1).

Focus Groups provide a source of community input and factual resources for the Board and:

- Have no characteristics of a decision-making committee.
- Do not need bylaws.
- Provide individual input, data, and factual findings to staff, as part of staff's development in its advisement to the Board.
- Do not take votes.
- Maintain a brainstorming focus

The Sunshine Law does not apply to committees or groups appointed to engage only in fact-finding activities. County Commissions create focus groups or other such committees to provide individual input, data, and facts as part of staff's development in its advisement to the Board, and do not narrow options presented to the Board. In addition, the Policy states that because focus groups do not take votes but acts as a "think-tank" and provides consensus, the appointment of stakeholders as members does not present a conflict of interest.

Leon County is not without a wealth of human capital, serving through functional groups, organizations, and other local resources to address various health issues of concern. A committee charged with developing strategies to help increase engagement and collaboration of these groups collectively, would be vital in helping the County identify gaps in services and improve access to realize its vision of a healthier community. This proposed focus group, Community Health Coordinating Committee, could serve in this capacity. The committee would be charged with monitoring current health trends and assessing resources to identify gaps, key health issues, and outline priorities and strategies that would work toward improving the overall health of Leon County. Tasked with helping to build and strengthen collaborations and partnerships, the committee would play a major role in helping Leon County realize a higher quality of life and healthier citizenry.

Purpose and Function of Community Health Coordinating Committee:

It is staff's recommendation to establish the, Community Health Coordinating Committee. The Community Health Coordinating Committee would function as a focus group designed to serve as a hub of information and an essential element in coordinating existing community partners. In contrast to the HAB, the committee would provide no financial oversight or funding recommendations. This would alleviate the potential for conflicts of interest.

In order to assure that the Board's goals are addressed, the objectives of the committee would include the following:

- Monitor and bring awareness of the health status of Leon County utilizing data from the Florida Department of Health CHARTS (Community Health Assessment Resource Tool Set) (Attachment #2)
- Strengthen partnerships for collaboration and engagement to address issues of concern
- Develop and maintain an inventory of community-based health services and programs
- Inform the Board of healthcare reform development and other health-related legislation that may impact the health of its citizenry and overall community
- Identify and pursue alternative funding sources to expand access to indigent healthcare services
- Provide a forum for citizen participation in health care planning and dialogue to address community concerns and problems regarding health care

Organization

- The committee, Community Health Coordinating Committee, would be established as a focus group, effective October 1, 2010.
- Committee meetings would be held quarterly during regular business hours.
- HHS staff would serve as liaison to the committee.
- A Strategic Workplan would be developed to guide activities of the committee and help to ensure efficient coordination to best meet established objectives.
- All meetings would be publicly noticed and open to the public.
- Community Health Organizations and related groups of interest would be invited to provide insight and support in developing new, and strengthening existing collaborations to meet objectives.
- The committee would sunset September 30, 2014. This date concurs with the projected implementation of the proposed National Healthcare Reform legislation.

Community Health Coordinating Committee Membership:

The Community Health Coordinating Committee would encompass a broad spectrum of individuals to receive as much input as possible associated with the delivery of health care services and provide needed technical experience (Attachment #3). Membership on the Committee would include representatives from the Big Bend Health Council, Florida Department of Health, FSU College of Medicine, FAMU College of Nursing, and the Leon County School Board. In addition, the membership would include a practicing physician, a practicing dentist, mental health professional, and a citizen at-large. The proposed membership of the Community Health Coordinating Committee would provide a broad range of expertise while alleviating inherent issues of concern regarding conflict of interest.

1. The conflict of interest issues would virtually be eliminated because the proposed members do not represent agencies/organizations that receive direct funding for any non-mandated health programs or services.

2. The reduced number of members would require the attendance of only five members to establish a quorum. This would minimize the number of meetings cancelled due to lack of a quorum.
3. Members would provide collective input through individual comments. The committee takes no vote as a group; therefore, issues of conflict of interest are also minimized in this regard.

Conclusion

Upon Board direction, an agenda item will be brought back to the Board, including an Enabling Resolution to establish the Community Health Coordinating Committee. The committee would be established by resolution in accordance with County Policy 03-15, effective October 1, 2010. In addition, applications would be accepted through the County's normal committee appointment process and would come before the Commission for consideration for appointment. The development of a strategic plan shall take place within 90 days of the establishment and appointment of the committee members, and would be brought back to the Board for review. A proposed sunset date for the group is September 30, 2014. This date concurs with the projected implementation of the proposed National Healthcare Reform legislation. At that time, the Commission may re-evaluate the necessity, purpose and function of the focus group.

Options:

1. Direct staff to draft an Enabling resolution to establish the Community Health Coordinating Committee as a focus group to focus on community health issues.
2. Approve the proposed membership categories for the Community Health Coordinating Committee.
3. Do not direct Staff to establish by resolution the Community Health Coordinating Committee, to focus on community health issues.
4. Do not approve the proposed membership categories for the Community Health Coordinating Committee.
5. Board Direction.

Recommendation:

Board Direction.

Attachments:

1. Policy No. 03-15, "Board-Appointed Advisory Committees: Establishment, Appointment, Function, Operation, and Dissolution"
2. Florida CHARTS County Health Status Summary
3. Community Health Coordinating Committee Proposed Membership

**Board of County Commissioners
Leon County, Florida**

Policy No. 03-15

- Title: Board-Appointed Advisory Committees: Establishment, Appointment, Function, Operation, and Dissolution
- Date Adopted: September 23, 2003
- Effective Date: September 23, 2003
- Reference:
- Florida Statute Chap. 112, Part III, Code of Ethics for Public Officers and Employees
 - Florida Statute Chap 119, Public Records
 - Florida Statute §286.011, Government-in-the-Sunshine Law
 - Leon County Board of County Commissioners (LCBCC) Policy No. 03-05, Code of Ethics
- Policy Superseded:
- No. 00-5, "Volunteer Boards and Committees"
 - No. 97-9, "Voting Conflicts on Boards, Committees, Councils, and Authorities"

It shall be the policy of the Board of County Commissioners of Leon County, Florida, that a new policy entitled "Board-Appointed Advisory Committees: Establishment, Appointment, Function, Operation, and Dissolution" be hereby adopted, to wit:

- iii) upon confirmation that the Application is complete and that the Applicant is a resident of Leon County, the Application shall be legibly stamped "Preliminary Review Approved."
 - iv) upon being stamped "Preliminary Review Approved," a copy of the Application may be forwarded to other departments for further review if the information on the Application indicates that the Applicant would be a candidate for a specific Advisory Committee requiring more information than that provided on the Application.
- c) Applicant Pool: Applications shall be included in the Applicant Pool only upon being stamped "Preliminary Review Approved" in accordance with Section 4.b.iii herein.

5) **Establishment of Advisory Committees**

Any and all Advisory Committees to be formed on or after the Effective Date of the Policy shall be established only as follows:

- a) Who May Request: an Advisory Committee may be established only upon the request of any member of the Board, the County Administrator, or the County Attorney.
- b) How Request is Made: a request to establish an Advisory Committee shall be made only as follows:
 - i) the requesting Board member shall, when time permits, complete a Committee Request Form and submit it to the Chairperson of the Board in time for the request to be placed on the agenda for the next regularly scheduled meeting of the Board; or
 - ii) when time does not permit, the requesting Board member shall, no later than two days after the Board approves the establishment of the requested Advisory Committee, complete a Committee Request Form and deliver it to the County Administrator.
- c) How Request is Approved: upon review and consideration by the Board of the request to establish an Advisory Committee, such request may be approved only by a majority vote of the Board;
- d) When Appointments are Made: upon Board approval for the establishment of the requested Advisory Committee, the County Administrator shall, as soon as reasonably possible, coordinate a Board agenda item for the appointment of the selected Applicants to the approved Advisory Committee in accordance with Section 6 herein; such Board appointments shall be selected only from the Applicants included in the Applicant Pool.

- e) **Enabling Resolution:** upon Board approval for the establishment of the requested Advisory Committee, the County Administrator shall, as soon as reasonably possible, coordinate an agenda item for the Board's adoption of the Enabling Resolution establishing the approved Advisory Committee; the Enabling Resolution shall, to the extent possible, be based on the information provided in the Committee Request Form and shall include, but not be limited to, the following:
- i) identification of the Advisory Committee as either a Decision Making Committee or a Focus Group;
 - ii) a statement of the purpose, function, goals, and responsibilities of the Advisory Committee;
 - iii) the configuration of the membership of the Advisory Committee which, unless precluded by state, federal, or local law, shall be determined by the Board, at its discretion;
 - iv) a statement indicating whether the members of the Advisory Committee shall be subject to full and public disclosure of financial interests;
 - v) identification of the Staff assigned to assist the Advisory Committee, as needed; and
 - vi) identification of a date, or an occurrence of an event, after which the Advisory Committee will dissolve unless otherwise continued with Board approval prior to the date of dissolution.
- 6) **Appointment of Members to Advisory Committees**
- a) **Assignment of Staff Support Person:** each Advisory Committee shall have a Staff Support Person assigned by the County Administrator;
 - b) **Review of Applicant Pool:** In the event of a need for appointments of members to an Advisory Committee, the County Administrator and the County Attorney shall each designate a member of their Staff to work with the Staff Support Person to collectively review the Applications in the Applicant Pool and make notations on the Applications of the following information for the Board's consideration in making selections for appointments:
 - i) any indications of experience or qualifications that would be well-suited for this particular Advisory Committee or any specific desire to serve on this particular, or similar type, Advisory Committee;
 - ii) any indications that would preclude the Applicant from serving on this particular Advisory Committee under any statute, code, rule, policy, or other state, federal, or local law;

- iii) any indications that the Applicant would be considered a Stakeholder with regard to the matter for which this particular Advisory Committee was established, or any other indications that would potentially result in the Applicant having an unusually high number of voting conflicts under Fla. Stat. §112.3143;
 - iv) any indications under which the Applicant would be considered as "doing business with one's agency" under Fla. Stat. §112.313(3) and LCBCC Policy No. 03-05 §6(II) and/or having a "conflicting employment or contractual relationship" under Fla. Stat. §112.313(7) and LCBCC Policy No. 03-05 §6(VI); in the event either of these circumstances is found, it shall be noted that these conflicts may be waived by a two-thirds vote of the Board pursuant to Fla. Stat. §112.313(12);
 - v) any indications that the Applicant would be considered a Lobbyist, with regard to the matter for which this particular Advisory Committee was established; and
 - vi) any other comments deemed appropriate to bring to the Board's attention.
- c) Selection of Applicants by Each Board Member: upon review of the Applicant Pool in accordance with Section 6.b herein, the County Administrator shall coordinate the selection of Applicants as follows:
- i) the list of names in the Applicant Pool available for selection shall be provided to each Board member along with a deadline for the selection; the list of names shall contain the information compiled in accordance with Section 6.b herein;
 - ii) upon receipt of each of the Board members' selections, the matter shall be placed, as soon as reasonably possible, on the Board's agenda for appointment of each selection to the Advisory Committee; and
 - iii) no selection shall be made other than from the list of names provided by the County Administrator in accordance with the Policy.
- d) Appointment of Members by Full Board: the selection of Applicants by each Board member, in accordance with Section 6.c herein, shall be approved by a majority vote of the Board.

- v) a brief question and answer portion intended only to give typical examples of various violations of the applicable laws; although the question and answer portion shall be completed, it shall not be intended as a pass or fail mechanism.
- d) **Persons Required to Complete Orientation:** within a reasonably possible time after the Effective Date of the Policy, the following persons shall have completed Orientation:
 - i) all Applicants and/or any newly appointed Advisory Committee member who has not completed Orientation within the past year;
 - ii) all members of Advisory Committees in existence on the Effective Date of the Policy;
 - iii) all Board members;
 - iv) the County Administrator and all Senior Management Staff;
 - v) the County Attorney and all Assistant County Attorneys;
 - vi) all members of Staff appointed as a Staff Support Person.
- e) **Updates and Revisions to Orientation:** the County Administrator, in conjunction with the County Attorney, or their designees, shall be responsible for updating and revising the Orientation, as necessary, to reflect any changes in the applicable laws.

8) Focus Groups - Function and Operation

- a) **Model Rules of Procedure:** the County Administrator, in conjunction with the County Attorney, or their designees, shall develop and maintain a Model Rules of Procedure which shall govern the function and operation of a Focus Group.
- b) **Staff Responsibility:** upon the adoption of an Enabling Resolution identifying the Advisory Committee as a Focus Group, the Staff Support Person shall be responsible for the following:
 - i) drafting Rules of Procedure for the Focus Group, using the Model Rules of Procedure as a basis, and assuring that the Rules of Procedure are approved by the County Administrator and County Attorney for procedural consistency before the first meeting of the Focus Group; the Rules of Procedure for the Focus Group shall not deviate from the provisions of the Model Rules of Procedure unless such deviations are approved by the County Administrator and the County Attorney;

- ii) at or before the first meeting, providing a copy of the Rules of Procedure to all members of the Focus Group;
- iii) coordinating and providing Staff assistance, as necessary, for the meetings of the Focus Group;
- iv) conducting, on behalf of the Board, each meeting of the Focus Group;
- v) assuring that all members of the Focus Group have completed Orientation before being allowed to participate in any meeting of the Focus Group;
- vi) assuring that the Focus Group functions and operates in accordance with the Rules of Procedure for the Focus Group and the Enabling Resolution;
- vii) notifying the County Administrator and the County Attorney, as soon as reasonably possible, of any violations of any law applicable to the Focus Group;
- viii) notifying the County Administrator of any other problems encountered with the function and operation of the Focus Group;
- ix) preparing an agenda item, as necessary, to advise the Board of the collective input from the individual members of the Focus Group with regard to the matter for which the Focus Group was established; and
- x) assuring that the Focus Group is dissolved in accordance with Section 10 herein.

9) **Decision Making Committees - Function and Operation**

- a) **Model Bylaws:** the County Administrator, in conjunction with the County Attorney, or their designees, shall develop and maintain a Model Bylaws which shall govern the function and operation of a Decision Making Committee to include, but not be limited to, attendance requirements and procedures for replacement of members when appropriate.
- b) **Staff Responsibility:** upon the adoption of an Enabling Resolution identifying the Advisory Committee as a Decision Making Committee, the Staff Support Person shall be responsible for the following:

- i) drafting Bylaws for the Decision Making Committee, using the Model Bylaws as a basis, and assuring that the Bylaws are approved by the County Administrator and County Attorney for procedural consistency before the first meeting of the Decision Making Committee; the Bylaws for the Decision Making Committee shall not deviate from the provisions of the Model Bylaws unless such deviations are approved by the County Administrator and the County Attorney;
- ii) at or before the first meeting, providing a copy of the Bylaws to all members of the Decision Making Committee;
- iii) coordinating and providing Staff assistance, as necessary, for the meetings of the Decision Making Committee;
- iv) assuring that all members of the Decision Making Committee have completed Orientation before being allowed to participate in any meeting of the Decision Making Committee;
- v) assuring that reasonable notice to the public is given for each meeting of the Decision Making Committee;
- vi) assuring that, at the first meeting of the Decision Making Committee, a Chairperson is elected and that the Bylaws are adopted by the Decision Making Committee;
- vii) assuring that a copy of the adopted Bylaws is provided to the Bylaws custodian as designated by the County Administrator;
- viii) assuring that minutes of each meeting of the Decision Making Committee are prepared as soon as reasonably possible after each meeting, and copies of such minutes are provided to the minutes custodian as designated by the County Administrator;
- ix) assuring that the Decision Making Committee functions and operates in accordance with the Bylaws for the Decision Making Committee and the Enabling Resolution;
- x) notifying the County Administrator and the County Attorney as soon as reasonably possible of any violations of any law applicable to the Decision Making Committee;
- xi) notifying the County Administrator of any other problems encountered with the function and operation of the Decision Making Committee;

- xii) preparing an agenda item, as necessary, to advise the Board of the recommendations of the Decision Making Committee with regard to the matter for which the Decision Making Committee was established; and
- xiii) assuring that the Decision Making Committee is dissolved in accordance with Section 10 herein.

10) **Dissolution of Advisory Committees**

No later than thirty (30) days prior to the date, or the occurrence of the event, after which the Advisory Committee is directed to be dissolved as directed in the Enabling Resolution, the Staff Support Person shall inform the County Administrator, by e-mail or written memorandum, as to whether the Advisory Committee will require additional time in which to

accomplish the goals and directives set forth in the Enabling Resolution. In the event additional time is required, the Staff Support Person will be responsible for seeking the Board's approval for additional time. If additional time is not required, the Staff Support Person shall, upon the completion of the goals and directives in the Enabling Resolution, notify the County Administrator, by e-mail or written memorandum, of such completion and the Advisory Committee shall thereupon be dissolved.



Leon County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2010 Goals ^C
Actual Causes of Death*							
Physical Activity							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	3	35.4%	34.6%		
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	1	28.9%	26.0%		
Adults who engage in no leisure-time physical activity ¹	2002	Percent	1	17.8%	26.4%		20%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	1	35.1%	26.2%		
Adults who are overweight ¹	2007	Percent	1	30.4%	38.0%		
Adults who are obese ¹	2007	Percent	2	25.7%	24.1%		15%
Tobacco Use							
Adults who are current smokers ¹	2007	Percent	1	14.2%	19.3%		12%
Socio-Demographics							
Median income (in dollars) ²	2000	Null	2	\$37,517	\$38,819		
Residents below 100% poverty ²	2000	Percent	4	18.2%	12.5%		
Unemployment rate ³	2008	Percent	1	4.4%	6.2%	No Trend ↔	
Population that is linguistically isolated ²	2000	Percent	1	0.1%	1.9%		
Population over 25 without high school diploma or equivalency ²	2000	Percent	1	10.9%	20.1%		
Health Status and Access to Care							
Adults who rate their health status as "fair" or "poor" ¹	2007	Percent	1	10.3%	16.6%		
Adults with any type of health care insurance coverage ¹	2007	Percent	1	88.5%	81.4%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent	1	12.0%	19.2%		
Adults who received a flu shot in the past year ¹	2007	Percent	2	35.3%	32.7%		
Total licensed family physicians ⁴	2006-08	Per 100,000	1	37.5	18.5		
Total licensed dentists ⁴	2006-08	Per 100,000	2	41.8	62.1		
Total hospital beds ⁵	2006-08	Per 100,000	1	397.5	315.5		



Leon County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2010 Goals ^C
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2006-08	Per 100,000	1	96.0	116.2	Better ↓	162.0
Coronary heart disease age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	1	357.2	487.6	Better ↓	
Stroke							
Stroke age-adjusted death rate ⁷	2006-08	Per 100,000	4	42.6	33.0	Better ↓	48.0
Stroke age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	2	242.5	272.8	Better ↓	
Heart Failure							
Heart failure age-adjusted death rate ⁷	2006-08	Per 100,000	3	11.6	7.4	Worse ↑	
Congestive heart failure age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	1	172.9	227.2	Better ↓	
Adults with diagnosed hypertension ¹	2007	Percent	1	25.6%	28.2%		
Adults who have diagnosed high blood cholesterol ¹	2007	Percent	2	35.9%	37.1%		17%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent	2	73.9%	73.3%		
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2006-08	Per 100,000	1	45.0	47.7	Better ↓	43.3
Lung cancer age-adjusted incidence rate ⁹	2004-06	Per 100,000	1	60.6	70.2	No Trend ↔	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate ⁷	2006-08	Per 100,000	1	13.4	15.0	Better ↓	13.7
Colorectal cancer age-adjusted incidence rate ⁹	2004-06	Per 100,000	3	46.6	45.0	No Trend ↔	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2007	Percent	1	64.9%	53.7%		
Adults 50 years of age and older who received a blood stool test in the past year ¹	2007	Percent	1	43.5%	21.2%		
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2006-08	Per 100,000	2	20.1	20.4	Better ↓	21.3
Breast cancer age-adj. incidence rate ⁹	2004-06	Per 100,000	3	109.9	108.3	No Trend ↔	
Women 40 years of age and older who received a mammogram in the past year ¹	2007	Percent	1	72.6%	64.9%		



Leon County, Florida

County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2010 Goals ^C
Chronic Diseases (continued)							
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2006-08	Per 100,000	4	23.0	18.9	Better ↓	28.2
Prostate cancer age-adjusted incidence rate ⁹	2004-06	Per 100,000	2	119.1	124.2	Better ↓	
Cervical Cancer							
Cervical cancer age-adjusted death rate ⁷	2006-08	Per 100,000	1	2.0	2.6	No Trend ↔	2.0
Cervical cancer age-adjusted incidence rate ⁹	2004-06	Per 100,000	1	4.0	9.1	No Trend ↔	
Women 18 years of age and older who received a Pap test in the past year ¹	2007	Percent	1	78.4%	64.8%		
Melanoma							
Melanoma age-adjusted death rate ⁷	2006-08	Per 100,000	2	2.7	2.8	No Trend ↔	2.3
Melanoma age-adjusted incidence rate ⁹	2004-06	Per 100,000	3	18.4	16.6	No Trend ↔	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate ⁷	2006-08	Per 100,000	1	29.8	36.2	Better ↓	
CLRD age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	1	172.9	321.4	Better ↓	62.3
Adults who currently have asthma ¹	2007	Percent	4	9.6%	6.2%		
Asthma age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	1	481.4	708.3	No Trend ↔	
Diabetes							
Diabetes age-adjusted death rate ⁷	2006-08	Per 100,000	2	18.9	20.6	No Trend ↔	46.0
Diabetes age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	1	1661.4	2083.0	Worse ↑	
Amputation due to diabetes age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	3	26.1	23.8	No Trend ↔	18.0
Adults with diagnosed diabetes ¹	2007	Percent	1	7.6%	8.7%		



Leon County, Florida County Health Status Summary

Indicator	Year(s) Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2010 Goals ^C
Communicable & Infectious Diseases						
Vaccine preventable diseases ¹⁰	2006-08 Per 100,000	3	3.4	3.3	No Trend ↔	
HIV cases reported ¹⁰	2006-08 Per 100,000	4	28.4	32.2		
AIDS cases reported ¹⁰	2006-08 Per 100,000	4	20.6	23.7	No Trend ↔	
HIV/AIDS age-adjusted death rate ⁷	2006-08 Per 100,000	3	6.2	8.4	No Trend ↔	0.7
TB cases reported ¹⁰	2006-08 Per 100,000	2	3.2	5.3	Better ↓	1.0
Chlamydia cases reported ¹⁰	2006-08 Per 100,000	4	735.0	316.9	Worse ↑	
Gonorrhea cases reported ¹⁰	2006-08 Per 100,000	4	298.7	126.0	No Trend ↔	19.0
Infectious syphilis cases reported ¹⁰	2006-08 Per 100,000	4	2.9	4.8	Worse ↑	
Maternal, Infant & Young Child Health						
Early prenatal care (care began 1st trimester) ^{7, 13}	2006-08 Percent	1	86.4%	76.5%		83.7%
Low birth weight births (births < 2500 grams) ⁷	2006-08 Percent	4	9.6%	8.7%	No Trend ↔	
Premature births (births < 37 weeks gestation) ⁷	2006-08 Percent	2	13.6%	14.2%	Better ↓	7.8%
Multiple births ⁷	2006-08 Percent	4	3.5%	3.2%	No Trend ↔	7.6%
Births to teens 15-19 ⁷	2006-08 Rate per 1,000	1	19.6	42.5	Better ↓	
Repeat births to mothers 15-19 ⁷	2006-08 Percent	3	25.0%	24.1%	No Trend ↔	
Infant death rate ⁷	2006-08 Per 1,000 live births	3	8.3	7.2	No Trend ↔	4.5
Neonatal death rate ⁷	2006-08 Per 1,000 live births	3	5.3	4.6	Better ↓	2.9
Postneonatal death rate ⁷	2006-08 Per 1,000 live births	3	3.0	2.6	No Trend ↔	1.2
Fetal death ratio ⁷	2006-08 Per 1,000 live births	3	8.5	7.5	No Trend ↔	4.5
Kindergarten children fully immunized ¹¹	2006-08 Percent	2	96.1%	92.7%	No Trend ↔	

**Actual causes of death* are the major external (nongenetic) factors that contribute to death in the US, first identified by McGinnis and Foegle in 1993. These three sets of behaviors each contribute to over 100,000 deaths annually in addition to their impact on morbid quality of life, and public health burden.

Data Sources

- ¹Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey
- ²US Census Bureau
- ³US Department of Labor, Bureau of Labor Statistics
- ⁴Florida Department of Health, Division of Medical Quality Assurance
- ⁵Florida Agency for Health Care Administration, Certificate of Need Office
- ⁶Florida Department of Health, Office of Health Statistics and Assessment
- ⁷Florida Department of Health, Office of Vital Statistics
- ⁸Florida Agency for Health Care Administration (AHCA)
- ⁹University of Miami (FL) Medical School, Florida Cancer Data System
- ¹⁰Florida Department of Health, Division of Disease Control
- ¹¹Florida Department of Health, Bureau of Immunization
- ¹²Florida Department of Law Enforcement

All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

[View ICD Codes for death, cancer, and hospitalization indicators](#)

A County Quartiles

Most favorable situation	Average	Least favorable situation
1	2 or 3	4
(25% of counties)	(50% of counties)	(25% of counties)

Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

B County Trends

As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

Trends only calculated for indicators with 12 or more years of data available.

[Click here for more information about trends](#)

Trend Values

- Trend is getting better and is statistically significant
- Trend is getting worse and is statistically significant
- Trend is not statistically significant

Blank cell - Not enough data to compute a trend

¹³No trend available for entry into prenatal care due to a change in the measurement of this indicator in 2004. This renders data prior to 2004 incomparable to data from 2004 and forward.

C Healthy People 2010 Goals

Healthy People 2010 is a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of healthy life and eliminate health disparities. More information available at: <http://www.healthypeople.gov>. Goals are not available for every indicator.

**Leon County Citizens Community Health Coordinating Committee
 Proposed Membership**

	One Representative Appointed Each	Term	Non-Mandated Healthcare Funding Received
1	Big Bend Health Council, Inc.*	Continuous	None
2	Florida Department of Health (DOH)* Proposed: DOH Office of Minority Health	Continuous	None
3	FSU College of Medicine*	Continuous	None
4	FAMU College of Nursing*	Continuous	None
5	Leon County School Board*	Continuous	None
6	Practicing Physician	2 years	None
7	Practicing Dentist	2 years	None
8	Mental Health Professional	2 years	None
9	Community Member at Large	1 year	N/A

* Each organization or institution will designate one person to make application to be appointed to the Committee to represent their respective organization or institution.