



Brevard County Community Health Improvement Plan 2017–2021

July 2017

Contents

Recommendations	1
Priorities	3
Introduction	4
What Produces Our Health?	
How was the Community Health Improvement Plan Developed?	
Health Protection Strategic Issue	6
Chronic Disease Prevention Strategic Issue	12
Community Redevelopment and Partnerships Strategic Issue	15
Access to Care Strategic Issue	17
Health Finance and Infrastructure Strategic Issue.....	21

Community Health Improvement Plan
Steering Committee

- Johnette Gindling (Space Coast Health Foundation)**
- Chris McAlpine (Parrish Medical Center)**
- Ken Peach (Health Council of East Central Florida)**
- Jim Whitaker (Circles of Care)**
- Lisa Gurri (Brevard Health Alliance)**
- Audrey Joiner (Space Coast Volunteers in Medicine)**
- Ian Golden (Brevard County Government)**
- Kevin Hachmeister (Florida Department of Health in Brevard County)**
- Maria Stahl (Florida Department of Health in Brevard County)**
- Libby Donoghue (211)**
- Bill Calhoun (Health First)**
- Rob Raines (United Way)**
- Jane Benton, MD (Nemours Children’s Specialty Care, Melbourne)**
- Tricia Romesberg (Space Coast Health Foundation)**
- Arlene McCalla (Orlando Veterans Administration)**
- Karen Van Caulil (Florida Health Care Coalition)**



Cover photo courtesy of Florida Today Photographer, Malcolm Denmark

Recommendations

The Steering Committee reached consensus on five strategic issue areas which are detailed below. The full plan also includes goals, strategies and objectives for each.

Health Protection

All Floridians must be protected from infectious and environmental threats, injuries, and man-made disasters. The public health system should:

- Prevent and control infectious disease.
- Prevent and reduce illness, injury and death related to environmental factors.
- Minimize loss of life, illness and injury from natural or man-made disasters.
- Prevent and reduce unintentional and intentional injuries.



Chronic Disease Prevention

Specifically obesity, sedentary lifestyle and poor nutrition which are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis. The Brevard public health system must act quickly to:

- Increase the percentage of adults and children who are at a healthy weight.
- Increase access to resources that promote healthy behaviors.
- Reduce chronic disease morbidity and mortality.



Community Redevelopment and Partnerships

Health care and health-related information must be provided in a manner that is culturally sensitive. Community partnerships are critical to synergizing community planning activities so that they positively change the natural and built environment and ultimately improve population health. The public health system should:

- Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.
- Build and revitalize communities so people can live healthy lives.
- Provide equal access to culturally and linguistically competent care.



Recommendations

Access to Care

Limited access to health care services, including behavioral and oral health care, may contribute to poor health outcomes and high health care costs. The public health system should:

- Regularly assess Brevard's health care access resources and service needs.
- Improve access to primary care services.
- Improve behavioral health services so that children, adults and families are active, self sufficient participants in their communities.
- Enhance access to preventive, restorative and emergency oral health care services.
- Reduce maternal and infant morbidity and mortality.
- Meet special health care needs of children, persons with disabilities and elders.
- Provide equal access to culturally and linguistically competent care.

Health Finance and Infrastructure

Performance measurement, continuous improvement, accountability and sustainability of the public health system can help to ensure Florida's population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats, and crafting policies and programs to address them. Florida's public health system should:

- Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes.
- Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve health status of residents and visitors.
- Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.
- Promote an efficient and effective public health system through performance management and collaboration among public health system partners.



Community Health Priorities

The Steering Committee reached consensus on four priorities detailed below. The plan also includes goals, strategies and objectives for each.

Access to Care

Limited access to health care services may contribute to poor health outcomes and high health care costs. The public health system should:

- Regularly assess Brevard's health care access resources and service needs.
- Improve access to primary care services.
- Reduce maternal and infant morbidity and mortality.

Chronic Disease Prevention

Specifically obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis.

- Increase the percentage of adults and children who are at a healthy weight.
- Increase access to resources that promote healthy behaviors.
- Reduce chronic disease morbidity and mortality.

Access to Dental Care

Limited access to preventative and restorative oral health care services exist for both pediatric and adult populations. The lack of access has resulted in residents suffering significant pain and impacting emergency departments.

- Enhance access to preventive, restorative and emergency oral health care services.
- Reduce ED visits related to dental pain and dental care.

Access to Behavioral Health Care

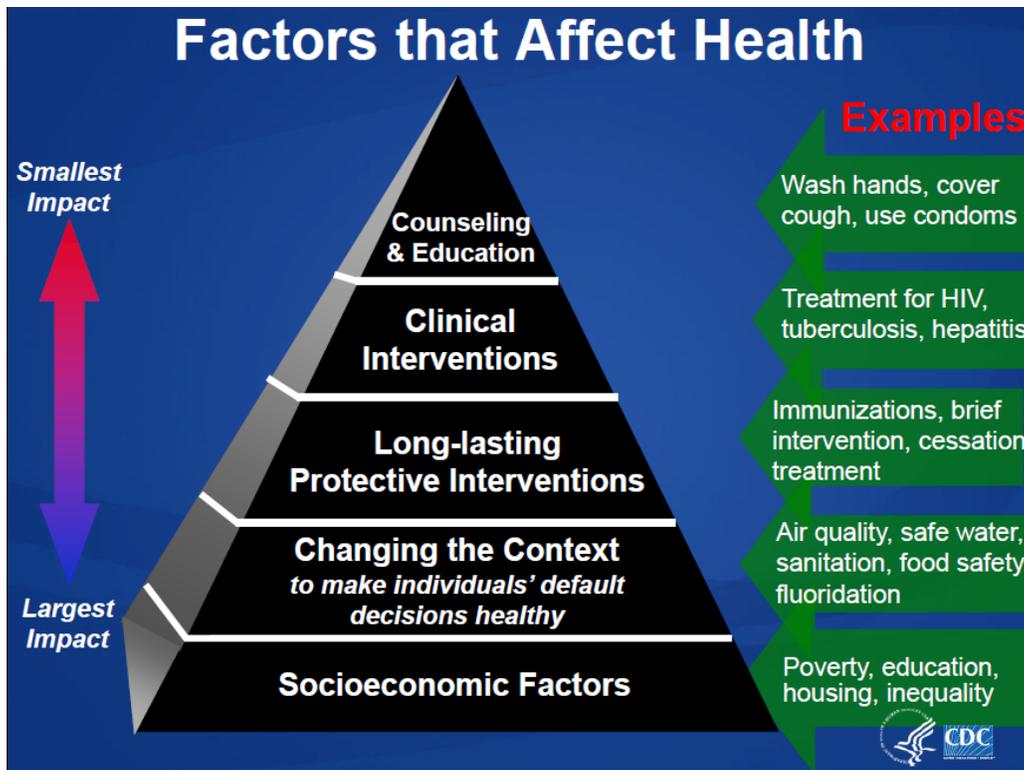
Limited access to behavioral health services may contribute to poor health outcomes and high health care costs. The lack of access has resulted in significant local law enforcement interventions as well as impacting emergency departments.

- Enhance access to behavioral health services and expand screening services via medical offices and schools
- Integrate medical and behavioral health by training medical employees to use recognized screening tools for behavioral health concerns
- Improve behavioral health services so children, adults and families are self-sufficient participants in their communities.

Introduction

Accountable and effective public health practice depends upon comprehensive and strategic health improvement planning.

The process of developing the Community Health Improvement Plan (CHIP) has served as a catalyst for moving diverse groups and sectors of the county toward a common health agenda. The ongoing process of implementing the CHIP will bring together these system partners on a periodic, regular basis to coordinate to meet State Health Improvement Plan (SHIP) goals. As such, this plan is meant to be a living document rather than an end point. It reflects a commitment of partners and stakeholders to coordinate to address shared issues in a systematic and accountable way.



What Produces Our Health?

In order to effectively plan for improving health, we must understand and account for the many ways that where we live, learn, work and play contributes to our health. Most of us know that in order to stay healthy, we need to eat a balanced diet, get plenty of exercise and the recommended immunizations, avoid smoking, wash our hands and see a doctor when we are sick. What many do not know is that our health is also shaped by the social, economic and environmental conditions in which we live, such as the quality of our schooling, the cleanliness of our water, food and air, the economy in which we work and the community resources we can access. As we go forward with the CHIP for Brevard, it is important to address the conditions that actually produce our health rather than only treating medical conditions after they occur.

How was this Community Health Improvement Plan Developed?

This document presents the Brevard County Community Health Improvement Plan which was developed by the Community Health Improvement Steering Committee through a series of meetings over a six month period. The plan was largely based on the results of the community health assessment. The steering committee facilitated the CHIP process Mobilizing for Action through Planning and Partnerships (MAPP) framework to create the plan which included:

- Developing **strategic issues** based on the community health assessment findings;
- **Prioritizing issues** that need to be addressed in order to achieve the community health vision;
- Identifying overarching **goals and strategies** to accomplish those goals;
- Writing clear **objectives** and determining **performance measures** to monitor
- Implementation and improvement; and
- Creating **action plans** that determined the steps to implement chosen strategies, who would lead the implementation, and the time frame for implementation.

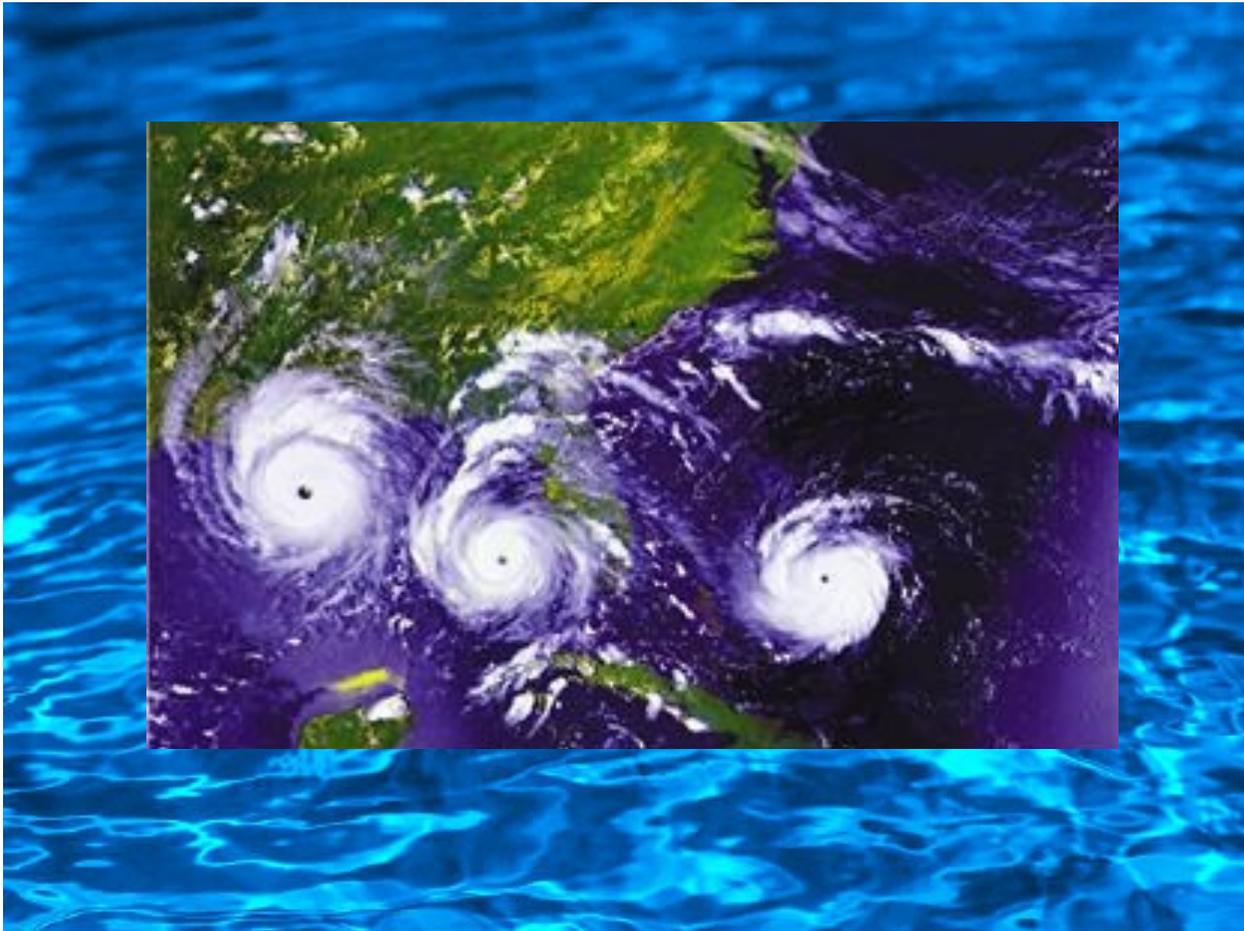
The Brevard Health Status Assessment identifies the major health, social, and environmental issues in Brevard County. Questions answered include “*How healthy are our residents?*” and “*What does the health status of our community look like?*”

The Brevard Community Health Assessment (CHA) focuses on all the organizations entities that contribute to the public’s health. The CHA answers the questions, “*What are the components, activities, competencies and capacities of our public health system?*” and “*How are the essential services being provided to our county?*”

The County Themes and Strengths Assessment identifies the important health issues as perceived by county residents. The assessment answers the questions, “*What is important to the county?*”, “*How is quality of life perceived in the county?*” and “*What assets exist that can be used to improve health in the county?*”



Brevard County Health Improvement Plan



Health Protection

All Floridians must be protected from infectious and environmental threats, injuries, and man-made disasters. The public health system should:

- Prevent and control infectious disease.
- Prevent and reduce illness, injury and death related to environmental factors.
- Minimize loss of life, illness and injury from natural or man-made disasters.
- Prevent and reduce unintentional and intentional injuries.

Strategic Health Issue:

Health Protection

Goal HP1: Prevent and control infectious disease.

Strategy HP1.1 Prevent disease, disability and death through immunization by advancing programs including Florida State Health Online Tracking System (Florida SHOTS), Vaccines for Children Program, Vaccine Preventable Disease Surveillance activities, assessment of immunization coverage levels among target populations, and operational reviews or program compliance visits among health care providers.

Objective HP1.1.1 By Dec. 31, 2021, increase the percentage of two-year-olds who are fully immunized from 72.3% (2015) to 85%. STATE: 85.5% (2015) to 90%.

Objective HP1.1.2 By Dec. 31, 2021, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 62% (2013) to 70%. STATE: 54.6%

Objective HP1.1.3 By Dec. 31, 2021, maintain the percentage of two year old CHD clients fully immunized at above 95% (2015 is 99%). STATE: 93% (2015) to 95%.

Objective HP1.1.4 By Dec. 31, 2021, maintain the number of kindergarten children fully vaccinated at above 95%. Baseline 95.7% (2016). STATE: 93.7%

Objective HP1.1.5 By Dec. 31, 2021, maintain the number of seventh graders fully vaccinated at above 95%. Baseline 97.4% (2016). STATE: 96.3%

Strategy HP1.2 Prevent exposure to, and infection from illness and disease-related complications from sexually transmitted diseases (STDs), tuberculosis (TB) and other infectious diseases through educational outreach, testing, behavior change, early identification and treatment and community collaboration.

Objective HP1.2.1 By Dec. 31, 2021, reduce the bacterial STD case rate among persons 15–24 years of age from 2,220 per 100,000 (2015) to 2,100 per 100,000. STATE: 2,816 (2015).

Objective HP1.2.2 By Dec. 31, 2021, maintain the percentage of persons diagnosed with a bacterial STD and treated within 14 days at or above 90% (2016 PRISM =90% of 2,482 cases: use All provider types and all providers). STATE: 75%.

Objective HP1.2.3 By Dec. 31, 2021, reduce the TB case rate from 2.1 per 100,000 (2015) to 1.5 per 100,000. STATE: 3.0 per 100,000 (2015) to 2.5 per 100,000.

Objective HP1.2.4 By Dec. 31, 2021, the completion of treatment rate for active TB cases will remain 100%. (CHARTS data for 2015). STATE: 99% (99.4% in 2015).

Objective HP1.2.5 By Dec. 31, 2021, reduce the enteric disease case rate per 100,000 from 67.7 (2014) to 60.0 STATE: 71.4 (2014) to 51.7.



Strategic Health Issue: Health Protection

Strategy HP1.3 Prevent exposure, infection, illness and death related to HIV and AIDS through educational outreach, enhanced testing initiatives, human behavior change, and county and community collaborations with particular focus on reducing social stigma and racial disparities.

Objective HP1.3.1 By Dec. 31, 2021, reduce the AIDS case rate per 100,000 from 4.5 (2015) to 3.0. STATE: 11.2 (2015).

Objective HP1.3.2 By Dec. 31, 2021, reduce the number of new HIV infection rate per 100,000 from 11.4 (2015) to 10. STATE: 24.5 (2015).

Objective HP1.3.3 By Dec. 31, 2021, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients with suppressed viral load from 90% (2015) to 95%. STATE: 85% (2015)

Strategy HP1.4 Conduct disease surveillance to detect, monitor and collect data for public health program planning, evaluation and policy development.

Objective HP1.4.1 By Dec. 31, 2021, greater than 75% of selected reportable disease cases of public health significance will be reported from Brevard CHD within 14 days of notification.

Objective HP1.4.2 By Dec. 31, 2017, and annually thereafter, prepare and disseminate an annual summary of the occurrence of notifiable disease and conditions in Brevard.



Strategic Health Issue: Health Protection

Goal HP2: Prevent and reduce illness, injury and death related to environmental factors.

Strategy HP2.1 Prevent illness, injury and death related to environmental factors through educational outreach, human behavior change, and county and community collaborations.

Objective HP2.1.1 By Jun. 31, 2017, DOH-Brevard will meet with county and community partners on an annual basis regarding mosquito-borne disease education, mitigation and response.

Strategy HP2.2 Identify environmental threats through monitoring and surveillance from inspections, notifications from other agencies, data collection, analysis and data sharing.

Objective HP2.2.1 By Sept. 30, 2017, and annually ensure 90% of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report.

Objective HP2.2.2 By Dec. 31, 2019, reduce the prevalence of lead poisoning among screened children less than 6 years old with blood lead levels equal to or greater than 10 micrograms per deciliter. 2014 Baseline rate is 9.1 per 100,000 with count of 3 children.

Strategy HP2.3 Advance programs to ensure compliance with public health standards.

Objective HP2.3.1 By Dec. 31, 2021, ensure and maintain 95% of public water systems have no significant health drinking water quality problems.

Objective HP2.3.2 By Dec. 31, 2021, will continue to complete 100% (2014) of inspections of all other entities with direct impact on public health according to established standards.



Strategic Health Issue: Health Protection

Goal HP3: Minimize loss of life, illness and injury from natural or man-made disasters.

Strategy HP3.1 Prepare the public health and health care system for all hazards, natural or man-made.

Objective HP3.1.1 By Dec. 31, 2017, complete After Action Reports and Improvement Plans within 30 days of exercise or real event.

Strategy HP3.2 Ensure that systems and personnel are available to effectively manage all hazards.

Objective HP3.2.1 At least bi-annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can respond to an alert to duty within 60 minutes or less.

Strategy HP3.3 Institute appropriate and effective mitigation for the health consequences of any event.

Objective HP3.3.1 By Dec. 31, 2017, receive above 95% (2010) on Cities Readiness Initiative (CRI) audit performed by the state. Annually, DOH-Brevard Emergency Operations Plan will be reviewed, updated and exercised in accordance with State/Federal guidelines.

Strategy HP3.4 Detect, monitor and track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences.

Objective HP3.4.1 By Dec. 31, 2017, complete notification among CDC, on-call epidemiologist and on-call laboratorian within 45 minutes of threat. Annually review, update and exercise the Potassium Iodine (KI) emergency management plan in response to a St Lucie Nuclear Power Plant radiologic event.

Strategy HP3.5 Create an informed, empowered, and resilient public and a prepared health system.

Objective HP3.5.1 By June 30, 2017, continue to disseminate risk communications messages to the public within three hours of any incident.



Strategic Health Issue: Health Protection

Goal HP4: Prevent and reduce unintentional and intentional injuries.

Strategy HP4.1 Facilitate opportunities for collaborative injury prevention efforts in traffic safety, poisoning, interpersonal violence, suicide, child maltreatment, fall-related injuries among seniors, early childhood water safety and drowning prevention and other injuries.

Objective HP4.1.1 By Dec. 31, 2017, support quarterly the local Child Abuse Death Review committee to identify and support efforts in child health and safety to prevent child abuse and deaths.

Objective HP4.1.2 By Dec. 31, 2021, reduce the rate of deaths from all causes of external injury among Brevard resident children ages 0–14 from 11.7 per 100,000 (2015) to 10.0 per 100,000. STATE: 8.2 per 100,000





Chronic Disease Prevention

Obesity, sedentary lifestyle, tobacco and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, hypertension, asthma and arthritis. The Florida public health system must act quickly to:

- Increase the percentage of adults and children who are at a healthy weight.
- Increase access to resources that promote healthy behaviors.
- Reduce chronic disease morbidity and mortality.
- Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.

Strategic Health Issue:

Chronic Disease Prevention

Goal CD1: Increase the percentage of adults and children who are at a healthy weight.

Strategy CD1.1 Documenting body mass indices (BMI) and provide education and counseling on nutrition and physical activity.

Objective CD1.1.1 By Dec. 31, 2021, increase the percentage of adults with a healthy weight (BMI 18.5-24%) from 41.2% (2013) to 45%. STATE: 35%

Objective CD1.1.2 By Dec. 31, 2021, increase the percentage of middle and high school students with a healthy weight from 66.6% (2014) to 70%. STATE: 67.6%

Goal CD2: Increase access to resources that promote healthy behaviors.

Strategy CD2.1 Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors.

Objective CD2.1.1 By Dec. 31, 2017, support at least three community events per year that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.

Strategy CD2.2 Support use of evidence-based employee wellness programs to promote healthy behaviors.

Objective CD2.2.1 By Dec. 31, 2017, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services.

Strategy CD2.3 Promote chronic disease self-management education.

Objective CD2.3.1 By Dec. 31, 2021, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 54.4% to 60% (2013 BRFSS data). STATE: 49.1%.

Strategy CD2.4 Promote use of evidence-based clinical guidelines to manage chronic diseases.

Objective CD2.4.1 By Dec. 31, 2021, increase the percentage of adults with diabetes who had two A1C tests in the past year from 71.6% (2013) to 80%. STATE: 69.3% .

Objective CD2.4.2 By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual foot exam from 67.8% (2013) to 75%. STATE: 67.6%

Objective CD2.4.3 By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual eye exam from 76.6% (2013) to 85%. STATE: 69.7%



Strategic Health Issue: Chronic Disease Prevention

Strategy CD2.5 Prevent Florida’s youth and young adults from initiating tobacco use.

Objective CD2.5.1 By Dec. 31, 2021, increase the percentage of adults who have never smoked from 49.6% (2013) to 60%. STATE: 55%.

Strategy CD2.6 Eliminate Floridians’ exposure to secondhand tobacco smoke.

Objective CD2.6.1 By Dec. 31, 2021, reduce current smoking rates among adults from 20.5% (2013) to 17%. STATE: 16.8%.

Objective CD2.6.2 By Dec. 31, 2015, reduce the percentage of mothers who reported smoking during pregnancy from 12.6% (2015) to 9%. STATE: 5.8%

Objective CD2.6.3 By Dec. 31, 2021, reduce the percentage of high school students smoking cigarettes in the past 30 days from 12.5% (2012) to 10%. STATE: 10.1%

Strategy CD2.7 Eliminate Floridians’ exposure to secondhand tobacco smoke.

Objective CD2.7.1 By Dec. 31, 2021, reduce the percentage of adults who were exposed to secondhand smoke during the past 7 days from 17.8% (2007) to 14%. STATE: 14.9%





Community Redevelopment and Partnerships

Health care and health-related information must be provided in a manner that is culturally sensitive. Community partnerships are critical to synergizing community planning activities so that they positively change the natural and built environment and ultimately improve population health. The public health system should:

- Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.
- Build and revitalize communities so people can live healthy lives.
- Provide equal access to culturally and linguistically competent care.

Strategic Health Issue:

Community Redevelopment and Partnerships

Goal CR1: Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.

Strategy CR1.1 Include a public health component in community planning processes to increase awareness and opportunity for the built environment to impact healthy behaviors.

Objective CR1.1.1 By Dec. 31, 2017, DOH-Brevard will have public health attendance in their community planning processes with the county planning board.

Strategy CR1.2 Share effective strategies and messages that support the connection between the built environment and healthy behaviors.

Objective CR1.2.1 By Sept. 30, 2021, DOH-Brevard will work with DOH and others to document evidence-based practices that support the connections between health and the built environment health.

Objective CR1.2.2 By Dec. 31, 2021, DOH-Brevard will distribute resources and training materials created by DOH and the Florida Association of Health Planning Agencies (et al) that promote health-related conversations about health benefits to communities resulting from the built environment.

Objective CR1.2.3 By March 30, 2021, DOH-Brevard will conduct training about health benefits to communities resulting from the built environment.

Strategy CR1.3 Maximize effective and efficient means of collecting and sharing data that is common to multiple assessment processes.

Objective CR1.3.1 By July 31, 2021, DOH-Brevard will establish a mechanism for sharing data and information about community assessment work across organizations.

Objective CR1.3.2 By Sept. 30, 2021, DOH-Brevard programs will incorporate recommendations and guidelines for integrating specific assessments into its program-specific assessment requirements.





Access to Care

Limited access to health care services, including behavioral and oral health care, may contribute to poor health outcomes and high health care costs. The public health system should:

- Regularly assess Brevard's health care access resources and service needs.
- Improve access to primary care services.
- Improve behavioral health services so that children, adults and families are active, self sufficient participants in their communities.
- Enhance access to preventive, restorative, and emergency oral health care services.
- Reduce maternal and infant morbidity and mortality.
- Meet special health care needs of children, persons with disabilities and elders.
- Provide equal access to culturally and linguistically competent care.

Strategic Health Issue:

Access to Care

Goal AC1: Regularly assess health care assets and service needs.

Strategy AC1.1 Collaboratively assess and report Brevard's health care access resources and needs including patterns of health care system use and barriers to care.

Objective AC1.1.1 By Dec. 31, 2017, every three to five years, a comprehensive community health assessment will be conducted for the Brevard County and made available via multiple agency venues.

Objective AC1.1.2 By Dec 31, 2017, and every three years thereafter, DOH-Brevard will review the Behavioral Risk Factor Surveillance System (BRFSS) data to assess related health behaviors and health status.

Goal AC2: Improve access to primary care services for Brevard residents.

Strategy AC2.1 Improve access to preventative care, selected core public health services and primary care services.

Objective AC2.1.1 By Jun 30, 2017, DOH-Brevard will continue to provide access to testing and treatment of sexually transmitted diseases (STD). 30% of STD is identified at DOH-Brevard with 3,988 visits (2015 FIRS data).

Objective AC2.1.2 By Jun 30, 2017, DOH-Brevard will continue to provide immunization access to children and adults in concert with community partners and need. 8877 vaccinations were given in 2015 (FIRS data).

Objective AC2.1.3 By Jun 30, 2017, DOH-Brevard will continue to provide family planning services in concert with community partners and need. 8,978 clinical visits occurred in fiscal year 2015 (FIRS data)

Objective AC2.1.4 By Jun 30, 2019, the primary care task force committee will increase the number of underinsured/uninsured primary care adults with access to care by 3,000 clients.

Strategy AC2.2 Address health care service barriers (e.g., payment, enrollment and access impediments) for service care recipients.

Objective AC2.2.1 By Dec. 31, 2021, increase the percentage of persons who report having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare from 77.2% to 85%. STATE: 77.1%.

Objective AC2.2.2 By Dec. 31, 2021, decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 15.1% (2013) to 12%. STATE: 20.8%.



Strategic Health Issue: Access to Care

Goal AC3: Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities.

Strategy AC3.1 Strengthen integration of substance abuse and mental health services with delivery of primary care.

Objective AC3.1.1 By Dec. 31, 2021, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders.

Strategy AC3.2 Reduce barriers to substance abuse and mental health services that impact the ability of children and adults to live and participate in their communities.

Objective AC3.2.1 By Dec. 31, 2020, increase access to behavioral health services by 800 per year over the next three years for a total of 2400.

Goal AC4: Enhance access to preventive, restorative and emergency oral health care.

Strategy AC4.1 Promote integration between the oral health care system and other health care providers, including information sharing, education for medical providers on preventive oral health services, more effective reimbursement, and incentives for improving.

Objective AC4.1.1 By Dec. 31, 2021, increase the percentage of adults who report having visited a dentist or dental clinic in the past year from 61.8% to 65% (STATE: 64.7% to 67%).

Objective AC4.1.2 By Dec. 31, 2020, increase the percentage of adults who report having had their teeth cleaned in the past year from 57.6% to 62% (STATE: 60.9% to 64%).

Objective AC4.1.3 Dec. 31, 2020, increase the percentage of low-income persons with access to dental care from 18.5% (2012) to 25% (STATE: 25%).

Strategy AC4.2 Promote innovative oral health care delivery practice models.

Objective AC4.2.1 By Jun. 31, 2021, Increase the number of schools offering dental sealants on site with a focus on the underserved. Baseline is one (2016).



Strategic Health Issue: Access to Care

Goal AC5: Reduce maternal and infant morbidity and mortality.

Strategy AC5.1 Raise awareness among providers and consumers on the importance and benefits of being healthy prior to pregnancy.

Objective AC5.1.1 By Dec. 31, 2021, reduce the rate of births to mothers with 3rd Trimester or no Prenatal care from 3.1% (2015) to 2.0%. STATE: 5.5%

Objective AC5.1.2 By Dec. 31, 2021, increase the rate of births to mothers with 1st Trimester Prenatal care from 84.8% (2015) to 88%. STATE: 79.3%

Strategy AC5.2 Utilize positive youth development sponsored programs to promote abstinence and reduce teen sexual activity.

Objective AC5.2.1 By Dec. 31, 2021, decrease the percentage of teen births, ages 15–17, that are subsequent (repeat) births from 11.8% (2015) to 8%. STATE: 8% .

Objective AC5.2.2 By Dec. 31, 2021, reduce live births to mothers aged 15–19 from 19.2% per 1000 females (2015) to 15%. STATE: 20.3

Strategy AC5.3 Support the DOH educational health care provider and consumer campaign on safe sleep and assure access to prenatal care.

Objective AC5.3.1 By Dec. 31, 2021, maintain the three year rolling Sudden Infant Death (SID) rate at 0.1% (2013-15). STATE: 0.3%

Objective AC5.3.2 By Dec. 31, 2021, ensure continued access to prenatal care for all women of Brevard. DOH-Brevard accounted for 17,134 prenatal visits in fiscal year 2014/2015 and over 99% of the uninsured.

Objective AC5.3.3 By Dec. 31, 2021, decrease the infant mortality rate from 6.3 (2015) to 5.5 per 1000 live births. STATE: 6.2.

Objective AC5.3.4 By Dec. 31, 2021, reduce the black infant mortality rate from 10.6 (2015) to 9.0 per 1000 live births. STATE: 11.4.

Objective AC5.3.5 By Dec. 31, 2021, increase the percentage of women who initiate breastfeeding their infant from 78.7% (2015) to 85%. STATE: 85%.





Health Finance and Infrastructure

Performance measurement, continuous improvement, accountability and sustainability of the public health system can help to ensure Florida's population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats, and crafting policies and programs to address them. Florida's public health system should:

- Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes.
- Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve health status of residents and visitors.
- Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.
- Promote an efficient and effective public health system through performance management and collaboration among public health system partners.

Strategic Health Issue:

Health Finance and Infrastructure

Goal HI1: Use infrastructure analysis to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians.

Strategy HI1.1 Maximize facility resources to respond to community needs and meet fiscal responsibility

Objective HI1.1.1 By Jan. 1, 2018, 100% of DOH-Brevard facilities which are over 10yrs old, will be assessed and prioritized for safety and operational effectiveness.

Objective HI1.1.2 By Dec. 31, 2018, 100% of DOH-Brevard facilities which are over 10yrs old, will be assessed and prioritized for facility consolidation which will potentiate operational efficiency and cost savings.

Strategy HI1.2 Use public health information technology and systems to efficiently and effectively provide public health services to the community.

Objective HI1.2.1 By Jan. 1, 2019, 100% of DOH-Brevard dental clinics will be using digital panoramic x-rays.

Objective HI1.2.2 By Jan. 1, 2020, 25% of all tuberculosis cases will be treated via video direct observed therapy.

Goal HI2: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors.

Strategy HI2.1 Routinely review and update fee policies and fee schedules.

Objective HI2.1.1 By Sept. 30, 2017, DOH-Brevard will implement the rule revision recommendations from the CHD Fee Workgroup to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay.

Objective HI2.1.2 By Dec. 1, 2017, DOH-Brevard will have documented a fee adjustment process to better align fees with actual cost.

Objective HI2.1.3 By Sept. 30, 2017, all non-clinical DOH-Brevard program offices will have documented a fee adjustment process to align fees with actual cost.



Strategic Health Issue: Health Finance and Infrastructure

Goal HI3: Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.

Strategy HI3.1 Facilitate collaboration between state agencies and universities to provide trainings and other resources that support and develop existing public health employees, particularly in the area of core competencies for public health professionals.

Objective HI3.1.1 By December 30, 2017, DOH-Brevard will utilize the Training Finder Real-time Affiliate Integrated Network (TRAIN), the premier learning resource for professionals who protect the public, by distributing training opportunities.

Objective HI3.1.2 By Aug. 1, 2021, DOH-Brevard will implement the plan developed by DOH and Florida Public Health Training Centers to collaboratively address identified training gaps, using data from the needs assessment.

Strategy HI3.2 Ensure that students graduating from colleges of public health have mastered the core competencies for public health professionals and have applied them through an internship.

Objective HI3.2.1 By July 01, 2017, DOH-Brevard will maintain Memorandums of Agreement with at least three Florida public colleges/universities to provide training opportunities in public health for their students.

Strategy HI3.3 Promote the development of workforce development plans for public health system partners who address current and future training and resource needs.

Objective HI3.3.1 By July 1, 2021, DOH-Brevard will implement a workforce development plan.

Objective HI3.3.2 By Dec 1, 2021, DOH-Brevard will achieve a minimum of two objectives in each of the goal areas of the Workforce Development Plan.



Strategic Health Issue: Health Finance and Infrastructure

Goal HI4: Promote an efficient and effective public health system through performance management and collaboration among system partners.

Strategy HI4.1 Implement and link health improvement planning at state and local levels.

Objective HI4.1.1 By Jun. 30, 2017, DOH-Brevard will have produced a current (within the past 3–5 years) community health improvement plan in concert with community partners.

Objective HI4.1.2 By Dec. 31, 2019, at least 50% of community health improvement plans will be aligned with the goals and strategies in the State Health Improvement Plan.

Strategy HI4.2 Coordinate with public health system partners to monitor the Community Health Improvement Plan.

Objective HI4.2.1 By Jan. 31, 2018, Community Health Improvement Plan partners will convene to discuss progress of plan implementation at least annually.

Strategy HI4.3 Collect, track and use performance data to inform business decisions and support continuous improvement.

Objective HI4.3.1 By Feb. 2018, DOH-Brevard will have produced current (in the past four years) prerequisite documents (e.g., Health Status Assessment, Health Improvement Plan and Strategic Plan) for accreditation.

Objective HI4.3.2 By Jun. 31, 2021, DOH-Brevard will be re-accredited by the Public Health Accreditation Board as a portion of the state application.

