



Florida Department of Health in Brevard County

STRATEGIC PLAN

2021 - 2025



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Revision History

Date	Notes	Version
12/31/20	Original Publication	1.0
12/31/21	Changes to the following areas: <ul style="list-style-type: none"> • <u>Updated:</u> Cover page Administrator and revision date • <u>Updated:</u> Table of Contents • <u>Updated:</u> Strategic Plan Participants for 2021 • <u>Updated:</u> SWOT Analysis • <u>Added:</u> Graphic for the Performance Management System • <u>Updated:</u> Strategic Priority Map • <u>Updated:</u> Objective Matrix • <u>Updated:</u> Summary of Revisions • <u>Updated:</u> Environmental Scan 	Revised
12/31/22	Changes to the following areas: <ul style="list-style-type: none"> • <u>Updated:</u> Cover page revision date • <u>Updated:</u> Table of Contents • <u>Updated:</u> Strategic Plan Participants for 2022 • <u>Updated:</u> SWOT Analysis • <u>Updated:</u> Strategic Priority Map • <u>Updated:</u> Objective Matrix • <u>Updated:</u> Summary of Revisions • <u>Updated:</u> Environmental Scan 	Revised

Revision Summary 2022

PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1e-f.
PHAB Reaccreditation Guide, Measure 5.3, RD2.2c.

Every year, DOH-Brevard reviews the Strategic Plan with the internal stakeholders (Performance Management Council) for progress towards achievement of the goals and objectives contained in the plan. The identification of changing, emerging, and external trends, events, or other factors that may impact community health or the effectiveness and/or strategies of the health department are also reviewed. If a revision is necessary, a revised strategic plan is produced and republished.

Through our Performance Management Council meetings and discussions, it was unanimously agreed to include the following revisions to our current Strategic Plan:

- Updated the cover page with administrator and revision date.
- Updated the Table of Contents
- Updated the Strategic Plan Participants for 2022
- Updated the SWOT Analysis page
- Updated the Strategic Priority Map
- Updated the Objective Matrix
- Updated the Summary of Revisions
- Updated the Environmental Scan

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Mission, Vision, and Values

Public Health Accreditation Board (PHAB) 5.3.2A.a: The strategic plan must include the health department's mission, vision, and guiding principles/values for the health department.

OUR MISSION

Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

OUR VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

OUR VALUES

What do we use to achieve our mission and vision?

Innovation

We search for creative solutions and manage resources wisely.

Collaboration

We use teamwork to achieve common goals and solve problems.

Accountability

We perform with integrity and respect.

Responsiveness

We achieve our mission by serving our customers and engaging our partners.

Excellence

We promote quality outcomes through learning and continuous performance improvement.





Background and Overview

Public health touches every aspect of our daily lives. Public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact population-wide health.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

Demographics

The Florida Department of Health in Brevard County (DOH-Brevard) serves a population of 576,808 (2018).

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Key characteristics that set Brevard County apart are high population we serve with an age range of 25-54 and 65-74. Please see the data below.

**Population by Age
Brevard County and Florida**

Age Group	Brevard - 2018		Florida - 2018
	Total Number	Total Percentage	Total Percentage
Under 5 years	27,189	4.70%	5.40%
5 to 9 years	27,561	4.80%	5.50%
10 to 14 years	32,298	5.60%	5.70%
15 to 19 years	31,681	5.50%	5.80%
20 to 24 years	31,303	5.40%	6.20%
25 to 34 years	63,768	11.10%	12.90%
35 to 44 years	59,144	10.30%	12.10%
45 to 54 years	79,016	13.70%	13.30%
55 to 59 years	48,320	8.40%	6.80%
60 to 64 years	43,445	7.50%	6.40%
65 to 74 years	71,603	12.40%	10.90%
75 to 84 years	43,147	7.50%	6.20%
85 years and over	18,333	3.20%	2.60%
Median age (years)	47.2	(X)	(X)
Total	576,808	100%	100%

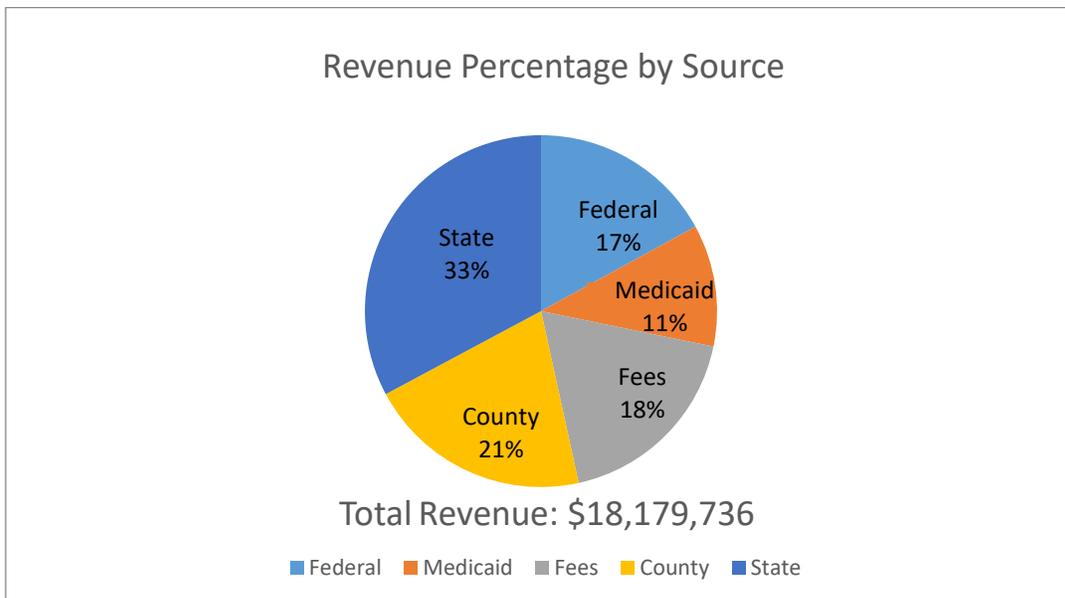
Source: United States Census Bureau



Budget and Revenue

Financial resources for the Florida Department of Health in Brevard County are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments. Please see the data below.

The Florida Department of Health in Brevard County Revenue Percentage by Source Fiscal Year 2019-2020



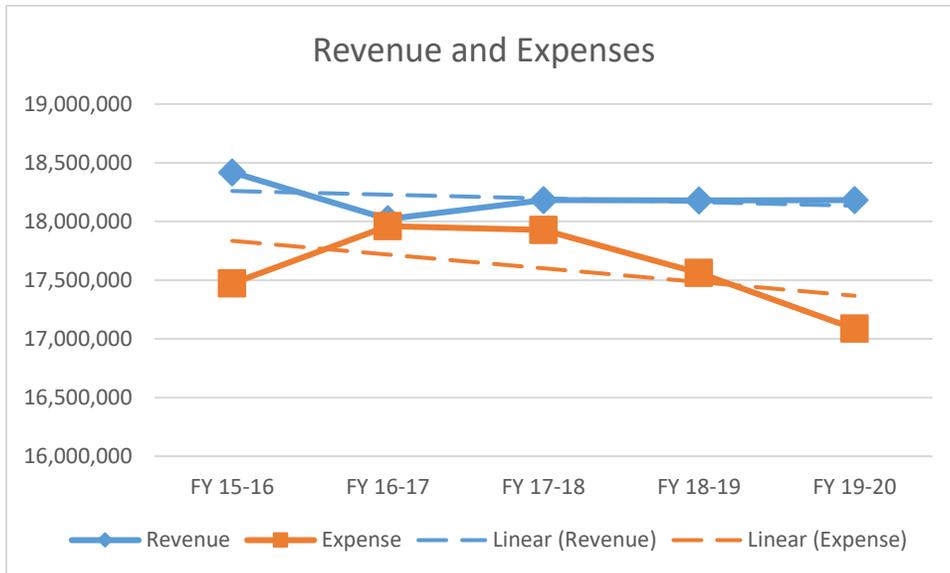
Source: FIRS L3 By Category Fiscal Year Reports FY2019-20



Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Brevard County include the changes in Medicaid Managed Care and State and Federal cuts. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. As illustrated, the expenses are rising at a much higher rate than the revenue.

**The Florida Department of Health in Brevard County
Revenue and Expenses 2015 – 2020**



Source: [FIRS L3 By Category Fiscal Year Reports](#)



Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for the Florida Department of Health in Brevard County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws.

Communicable Disease and Epidemiology

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

Public Health Preparedness

We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss.

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships.

Health Equity

We strive to reach health equity in our county. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Clinical Services

We have a variety of services for expecting moms, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, social workers, and other health care providers.

Vital Statistics

We maintain Florida birth and death records locally and can assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by our office, we can assist the state with tracking causes of morbidity and mortality—two main indicators of health status.

Planning Summary

PHAB 5.3.1.A.b: Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described. Examples of descriptions for steps include: opportunities and threats analysis, environmental scanning process, stakeholder analysis, storyboarding, strengths and weaknesses analysis, and scenario development.

The strategic plan sets the direction for action for the DOH-Brevard for a 5-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities. The DOH-Brevard performance management system is designed to ensure continuous improvement and progress toward goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.





The performance management system is integrated into the operations and practices. The system does the following

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The DOH-Brevard Performance Management Council (PMC) is the foundation of the department's performance management system. The primary functions of the PMC are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

The DOH-Brevard initiated a new strategic planning process in March 2020 to define the direction and course of the DOH-Brevard for consumers, employees, administrators, and legislators for the next five (5) years. The plan will position the DOH-Brevard to operate as a sustainable integrated public health system and provide the DOH-Brevard customers with quality public health services. It is a living document that the DOH-Brevard will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 9-month planning process during 7 meetings. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. The DOH-Brevard considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take, and how it will measure success.

[PHAB 5.3.2.A.d: The strategic plan must consider capacity for and enhancement of information management, workforce development, communication \(including branding\), and financial sustainability.](#)

The DOH-Brevard approached the strategic planning process with guiding principles in mind:

- Health equity is part of every public health activity.
- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups, and local government are responsible for child, adult, family, and community health.
- Social determinants dominate health outcomes.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the DOH-Brevard summarized and presented information from the sources listed on page 28,



Planning Summary

Environmental Scan Resources, to the PMC. The PMC reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The SWOT analysis discussion also included the identification of external trends, events, and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities, and threats on page 10 SWOT Analysis.

PMC members then used the SWOT analysis, the Agency Strategic Plan, and the agency mission, vision, and values to choose strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were then routed back to the PMC for comment and approval.

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic
3/19/2020	Preplan meeting with PMC to approve the development of new Strategic Plan.
4/10/2020	Set Direction (State and Local Directives). Validate Mission, Vision, Values, Purpose, Core Competencies, Challenges/Opportunities. Reactivate Strategic Plan Workgroup (Charter).
6/9/2020	Validate Key Stakeholders. Validate Key Customer Requirements.
6/26/2020	Environmental Scan. Conduct SWOT. Strategic priority areas and Goals.
7/29/2020	Results Review Strategic Plan Theme and Budget Analysis Prioritize and Select Key Strategic Objectives, Indicators, Targets
11/2/2020	Finalize Plan
12/1/2020	Disseminate, training plan, and Implement Plan



Planning Summary

Annual Reviews	Mini-scan (What's new, what's changed)	November
	Update Objectives, Indicators, Targets	December
	Review/Update Strategic Plan	January
	Disseminate and Implement Revised Plan	February/March

The DOH-Brevard staff monitor strategic plan objectives through implementation plans. A designated PM Champion collects these plans which include quarterly/annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion enters data into the department's online plan tracking system and generates reports that the DOH-Brevard PMC participants use as a reference when the strategic plan is discussed.



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

DOH-Brevard Strategic Planning Participants 2022

Note: * PMC Members

- **Maria Stahl***
CHD Administrator
- **Anita Stremmel***
Assistant CHD Director
- **Patti Seibert***
Executive CHN Director
- **Tammy Massingill***
CHD Financial Administrator
- **Nancy Hayes***
Administrative Assistant III
- **Cindy Leckey***
Environmental Administrator
- **Helen Medlin***
Epidemiology Nursing Program Specialist
- **Cynthia Ramos***
Immu / Clinic Ops Asst CHN Director
- **Jennifer Engelson***
Health Support Technician
- **Karen K Street,**
Preparedness Assistant CHN Director
- **Chanel Folston**
HIV/AIDS Analyst
- **Murray F Dweck***
Executive Medical Director
- **Jamie L Lewis,**
WIC Public Health Nutrition Program Director
- **John L Davis**
Community Health Nursing Director
- **Anthony J Makielski**
IT Director
- **Shauna L Christian**
Dental Operations Manager
- **Beverly L Cox,**
WIC Public Health Nutrition Program Director
- **Maureen M Kelly,**
School Health Asst Community Health Nursing Director
- **Danyaël L Harris**
Finance and Accounting Director
- **Sharon G Simek**
Purchasing Specialist Supervisor
- **Brianne M Kane,**
HIV/AIDS Program Operations Administrator
- **Margaret E Gilbert,**
Vital Statistics Ops & Management Cons Manager
- **Jane Spake,**
WIC Public Health Nutrition Program Director
- **Alberto Araujo***
Government Analyst II (QI Liaison)
- **Kiarabet Quintana-Ramos**
Health Educator
- **Aaron Kissler***
CHD Administrator



Strategic Planning Participants

DOH-Brevard Strategic Planning Participants 2021

Note: * PMC Members

- **Maria Stahl***
CHD Administrator
- **Anita Stremmel***
Assistant CHD Director
- **Patti Seibert***
Executive CHN Director
- **Tammy Massingill***
CHD Financial Administrator
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- **Jane Spake,**
WIC Public Health Nutrition Program Director
- **Alberto Araujo***
Government Analyst II (QI Liaison)
- **Kiarabet Quintana-Ramos**
Health Educator



Strategic Planning Participants

DOH-Brevard Strategic Planning Participants 2020

Note: * PMC Members

- **Maria Stahl***
CHD Administrator
- **Bruce Pierce***
Community Health Nursing Director
- **Anita Stremmel***
Assistant CHD Director
- **Patti Seibert***
Executive CHN Director
- **Tammy Massingill***
CHD Financial Administrator
- **Nancy Hayes***
Administrative Assistant III
- **Cindy Leckey***
Environmental Administrator
- **Helen Medlin***
Epidemiology Nursing Program Specialist
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- **Kiarabet Quintana-Ramos**
Health Educator



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

PHAB 5.3.2.A.e-f: The strategic plan must include the identification of external trends, events, or other factors that may impact community health or the health department

No SWOT Analysis was done during year 2022.

Compilation of 2020 & 2021 SWOT Results

2020	2021
Strengths (Internal) - <i>We want to maintain and leverage strengths</i>	
<p>Infrastructure:</p> <ul style="list-style-type: none"> Enforce laws that protect Public Health Compliance with Agency policy/procedure Innovative solutions – pen tabs, streamlining systems Dental infrastructure Data tracking systems – PRIMIS, CHARTs, HMS Disease control Model practices – Quality Good location of clinics Collaborating with community partners Good reputation within the community Strong teamwork and peer support Strong preparedness and good relationship with Brevard County Emergency Management Project Public Health Ready <p>Capacity:</p> <ul style="list-style-type: none"> Cross training staff Utilization of limited space Budget trust fund balanced Experienced workforce Attention to detail/meet deadlines <p>Emerging Trends:</p> <ul style="list-style-type: none"> Strong preparedness planning, training, and event simulations for health emergencies <p>Other:</p> <ul style="list-style-type: none"> Serving the needy/clinical expertise Adapt and overcome attitude Partnership with Keiser University dietetic program (WIC) 	<p>Infrastructure:</p> <ul style="list-style-type: none"> Community Partnership funding TF Balance strong RN staff adequate at this time Receptive and dedicated team Organized reports Customer service Receptive leadership – quick response to problems Community relationships HR reporting and LMS system in TRAIN Staff is able to handle all outbreaks within 48 hours of notice and organize joint inspections with proper agencies Staff ensures all drinking water systems submit samples and are inspected annually Community outreaches i.e. jails Longevity Expertise in subject matter Dedication to mission <p>Capacity:</p> <ul style="list-style-type: none"> Teamwork Preparedness – organization of program Dedicated employees All staff are certified as required and renew bi-annually (EV) <p>Emerging Trends:</p> <ul style="list-style-type: none"> Recommending COVID vaccine for clients Begin testing all clients for Hepatitis B and C in all clinics



Strengths, Weaknesses, Opportunities and Threats
(SWOT) Analysis

	<ul style="list-style-type: none"> • Working closely with HIV to help clients <p>Other:</p> <ul style="list-style-type: none"> • Satisfied customers • Community collaboration to expand client Dental Services • Recommending a form of Family Planning for clients
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2020	2021
Weaknesses (Internal) - <i>We want to minimize weaknesses.</i>	
<p>Infrastructure:</p> <ul style="list-style-type: none"> • Staff burnout, low morale • Use of marketing strategies and social media to inform public about services we offer • Length of time to hire staff • Travel reimbursement system • Lack of ability to travel • Substandard database for EH, inefficient data tracking and reporting methods • Low salaries – retention • IT system integration – lack of multi system interface (HIV w TB etc.) • Substandard Electronic medical records and billing systems • Limited public transportation <p>Capacity:</p> <ul style="list-style-type: none"> • PHAB trained employees • Grant writing gap <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Too many electronic platforms throughout agency that need to be integrated • Decreasing resources and personnel with increasing demands • Training opportunities – conferences, face to face networking <p>Other:</p> <ul style="list-style-type: none"> • Staff involvement in activities like worksite wellness 	<p>Infrastructure:</p> <ul style="list-style-type: none"> • Funding • Lack of communication from Tally • COVID funding limits • Program budgets managed at High Level • Customer satisfaction response rates • Maintain staffing at all levels • Staff salaries below state/national averages • Retirements • Staff turnover • Long hiring process • Staff shortage • Centralized system <p>Capacity:</p> <ul style="list-style-type: none"> • Decrease client wait times in clinics • Staff shortage and large volume of permits have affected permit issuance • COVID and staff shortage affected quota reports for inspections in facilities • Having all clinicians trained to do all offered services <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Changing demographics <p>Other:</p> <ul style="list-style-type: none"> • COVID effect on employee (mental health)



Strengths, Weaknesses, Opportunities and Threats
(SWOT) Analysis

2020	2021
Opportunities (External) - <i>We want to invest in opportunities.</i>	
<p>Infrastructure:</p> <ul style="list-style-type: none"> • Public health accreditation • Online resources to meet program demands • Collaborative training with partnerships • Model practices to assist other agencies • Promoting organization community wide • Regional coordination for activities <p>Capacity:</p> <ul style="list-style-type: none"> • Local partnerships – Brevard County Emergency Management, School District and School Board, Board of County Commissioners (BCC), Private OBs, Hospitals, Clinicians • Faith based community partnerships • Better partnerships with local colleges and universities for recruitment • Partnering with region/state • Outreach to community and coalition partners • Established relationships with academic institutions <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Generational changes (workforce) <p>Other:</p> <ul style="list-style-type: none"> • Community expertise; provision of education 	<p>Infrastructure:</p> <ul style="list-style-type: none"> • Attract new staff with new pay salary levels • Increase of employees due to increases of permits • Grant funding to support services • Community outreach • CBO -> Increase relationships • E-permitting for well's permits has assisted in more efficient permitting • Community education • Department legal parentship for enforcement issuances • Partnerships and collaborations <p>Capacity:</p> <ul style="list-style-type: none"> • Writing grants for funding • Increase services HEPC and PrPrep • Strengthen OB partnerships <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Awareness that PWC is offered to all clients at anytime regardless of pay status <p>Other:</p> <ul style="list-style-type: none"> • Respected in community • Reputation with community partners on the services we provide • Return to school education visits reference to Family Planning and STD

2020	2021
Threats or Challenges (External) - <i>We want to identify threats or challenges that need to be addressed and understand their potential impact.</i>	
<p>Infrastructure:</p> <ul style="list-style-type: none"> • ICD 10 and EHR – slowing processes • Lack of integrated computer systems • Low county contribution to budget – resulting in lower pay for similar jobs <p>Capacity:</p> <ul style="list-style-type: none"> • Resource reductions – money/people • Partnerships losing funding • Constant turnover in community personnel • Competing efforts for paying customers 	<p>Infrastructure:</p> <ul style="list-style-type: none"> • Funding restrictions • Salary levels increases threaten budget • OB's partnership • COVID has reduced the progress of PACE-EH • Burnout <p>Capacity:</p> <ul style="list-style-type: none"> • OSTDS certification only available once a quarter



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

<ul style="list-style-type: none"> • Shift away from clinical service despite need • Public health emergencies given decrease staff • Retention of skilled employees due to wages <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Effect of social media on scientific facts (negative ideology on scientific knowledge) • Health inequities • Increasing number of private Medicaid pediatric dental practices • Resistance to healthy lifestyle behavior changes • Challenging health trends (obesity, STD, Opioid, COVID-19) • Market shifts – HMO’s, ACA <p>Other:</p> <ul style="list-style-type: none"> • County layout – 72mi long/15mi wide; difficult to cover/reach populations • Political direction and demands • National PH direction which pressures LHD ability to meet local issues/needs/expectation 	<ul style="list-style-type: none"> • Competition for services • Community – Agencies competing programs <p>Emerging Trends:</p> <ul style="list-style-type: none"> • Increase of ATV operating permits due to Brevard County ordinance • Increasing population • Climate change • Continuing pandemic • Hurricanes • New emerging diseases • Social Media <p>Other:</p> <ul style="list-style-type: none"> • Negative view of DOH due to misinformation from media • Politics involving healthcare
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Strategic Priorities Strategy Map

PHAB 5.3.2.A.b: The strategic plan must include the health department’s strategic priorities and goals.

Priority: 1. Healthy Moms and Babies

Goal: 1.1 Improve maternal and infant health

Strategies	Objectives
1.1.1 Breastfeeding	<p>A. Increase the percentage of infants ever breastfed from 83.75% (2020) to 85% by December 31, 2025</p> <p>Lead: WIC</p>
1.1.2 Secure funding	<p>A. Secure \$200,000 in grant funding for the expansion and sustainability of <u>to sustain the</u> Nurse Family Partnership Program <u>annually</u> (\$0 in 2020) by December 31, 2024 <u>by June 30, 2022</u>.</p> <p>Lead: Administration (Budget)</p>
1.1.3 Immunizations for Moms and babies	<p>A. Increase <u>Maintain</u> immunization to moms and babies (2-year-olds) <u>from at</u> 90% (2019) to 93% by December 31, 2025.</p> <p>Lead: Immunization</p>
1.1.4 Hardware support for programs	<p>A. Issue and support 3 <u>2</u> iPads for NFP program for educational purposes from 0 (2019) to 3 <u>2</u> by December 31, 2022. COMPLETED</p> <p>Lead: IT</p>
1.1.5 Maintain current NFP Program	<p>A. Maintain enrollment in the NFP program to 50 moms (2019) throughout December 31, 2021. COMPLETED</p> <p>Lead: Nursing</p>
1.1.6 Reduce racial disparity in infant mortality	<p>A. Reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher by December 31, 2025.</p> <p>Lead: NFP</p>



Priority: 2. Long, Healthy Life

Goal: 2.1 Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups

Strategies	Objectives
2.1.1 Increase the healthy weight of children enrolled in the Brevard County WIC Program	<p>A. Increase the healthy weight of <u>Public-Pre-School age</u> children from 71.94% (2020) to 73% by <u>December 31, 2025</u> <u>June 30, 2024</u>.</p> <p>Lead: WIC</p>
2.1.2 Completion of treatment for active TB cases	<p>A. Increase the completion of treatment rate for active TB cases from 97.5% (2019) to 99% by December 31, 2025.</p> <p>Lead: TB</p>
2.1.3 Opioid prevention	<p>A. Increase the number of private, or charter, <u>Home Schools, Middle and</u> high schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022. NOT COMPLETED NOT MET</p> <p>B. Increase the number of public <u>Middle and High</u> schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022. NOT COMPLETED NOT MET</p> <p>Lead: Administration</p>
2.1.4 Early introduction to Oral Hygiene	<p>A. Increase dental exams and parental oral hygiene instruction for patients under the age of 5 annually by 5% to introduce the importance of oral hygiene, diet, and reducing habits at an early age from 534 clients (2019) to 682 by December 31, 2025.</p> <p>Lead: Dental</p> <p><u>B. By December 31, 2025, increase the number of participants in the school-based dental sealant program in Brevard County to 70% (Baseline: 708/1531=46% (2022), Target: 919 (60% of students)).</u></p> <p><u>Lead: Dental</u></p>



2.1.5 Reduce the incidence of HIV

A. Increase the percentage of ADAP clients enrolled in the program for at least 6 months and who achieve HIV viral loads less than 200 copies/mL, at last viral load test, from 92.10% (2019) to 95% by December 31, 2025.

B. Increase PrEP usage from 15 (2019) clients/year to ~~50~~ 20 clients/year by December 31, 2025.

Lead: HIV

C. Increase % of clients who presented for STI (PC02) visit that were tested for HIV within the last 12 months from 65.98% in 2020 to 80% by December 31, 2025

Lead: HIV

2.1.6 % of teen CHD family planning clients who adopt an effective or higher method of birth control

A. Increase % of teen CHD family planning clients who adopt an effective or higher method of birth control from 79.62% (2018) to 80% by December 31, 2025.

Lead: Family Planning

2.1.7 Increase traditional messaging

A. Increase digital messaging with advertisements from 0 (2020) to 5, and maintain annually thereafter, by December 31, 2025.

Lead: PIO

2.1.8 TB cases with documented sputum conversion

A. Increase the % of TB cases with documented sputum conversion within 60 days of initiation of treatment from 83.9% (2017) to 86.5% by December 31, 2025.

Lead: TB

2.1.9 TB Patients initiating treatment

A. Increase % of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection from 83.33% (2020) to 93% by December 31, 2025 (State: 90.6%)

Lead: TB

2.1.10 Increase Awareness of the Impact of Basic Needs on Mental Health

A. Provide Mental Health First Aid training to DOH-Brevard frontline staff from 5 (2022) to 50 by December 31, 2025.

Lead: School Health



Priority: 3. Readiness for Emerging Health Threats

Goal: 3.1 Demonstrate readiness for emerging health threats

Strategies	Objectives
3.1.1 Preparedness Readiness	<p>A. Support and strengthen workforce through cross training 10% of staff (from 5% in 2020) to assist in prevention, investigation, mitigation, and control of emerging and public health threats by December 31, 2025.</p> <p>B. Expand and strengthen integrated, sustained surge capacities from 10% (2019) to 20% for hospitals utilizing pre-determined, functional alternate care sites by December 31, 2021. COMPLETED TARGET NOT MET</p> <p>Lead: Preparedness</p> <p><u>C. By December 31, 2025, increase the number of DOH-Brevard employees who are able to identify human trafficking and understand how to report it from 22 (2022) to 100.</u></p> <p><u>Lead: Administration</u></p>
3.1.2 Special Needs Shelter training	<p>A. 100% of staff will be trained on special needs shelter support services and annually thereafter from 25% in 2019 by June 31, 2021.</p> <p>Lead: Preparedness</p>
3.1.3 N95 fit testing	<p>A. 100% of clinical staff with direct patient contact will be fit tested for N95 masks at least once every 4 years from 65% in 2019 by December 31, 2024.</p> <p><u>A. 100% of clinical staff working in high-risk settings (TB and select Epidemiology staff) will be fit tested on an annual basis from 65% in 2019 by December 31, 2021.</u></p> <p>Lead: Clinical</p>
3.1.4 Everbridge response rate/Quarterly Everbridge drill response rate 80% or above (HAHS Procedure)	<p>A. At least bi-annually, ensure pre-identified staff covering Public Health and incident management command roles can respond to an alert to duty within 60 minutes or less from 92% (2020) to 100% by December 31, 2025.</p>



3.1.5 Increase COVID-19 Testing Outreach

Lead: Preparedness

~~A. Conduct a minimum of 6 COVID testing outreaches in underserved communities by June of 2021 (from 0 in March 2020).~~

~~**Lead:** COVID Response Team~~

~~B. Conduct COVID case investigations within 24 hours of a case being reported in Merlin by December 31, 2021 (from 0 in 2020).~~

~~**Lead:** EPI~~

B. Enter COVID outbreaks in Long-term Care Facilities and Congregate Living Facilities into MERLIN within 24 hours of notification by December 31, 2022 (from 0 in 2021).

COMPLETED TARGET NOT MET

Lead: EPI

3.1.6 Immunization Outreach Flu and COVID-19

A. Conduct a minimum of 10 ~~Flu~~ immunization outreach events in underserved communities ~~and offer expanded clinic hours for flu clinics~~ from 0 (2020) by December 31, 2022.

COMPLETED

B. Conduct a minimum of 10 COVID-19 immunization outreach events in underserved communities upon receipt of COVID-19 immunization from 0 (2020) by December 31, 2022. **COMPLETED**

Lead: COVID Response Team



Priority: 4. Effective Agency Processes

Goal: 4.1 Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology

Strategies	Objectives
4.1.1 % OF CSRs filed timely	<p>A. Maintain a 95% or higher of CSRs that are accurately completed timely every year (97.57% (2019)) by December 31, 2021.</p> <p>Lead: Business Office</p>
4.1.2 % OF EARs/DARs certified 1 day of pay period end date	<p>A. Maintain a 90% or higher of EARs that are accurately completed, reviewed and certified within 1 day of pay period end date every year (96.21% (2019)) by December 31, 2021.</p> <p>Lead: Business Office</p>
4.1.3 % of current employees who have completed the annual mandatory training	<p>A. Maintain a 100% of current employees complete the annual mandatory training every year (100% in 2018) by December 31, 2021.</p> <p>Lead: HR</p>
4.1.4 Workforce Focus	<p>A. Reduce workforce turnover rate from 26.34% (2018) to 20% by December 31, 2025.</p> <p>Lead: HR</p> <p>B. Evaluate workforce satisfaction and engagement <u>from 0 (April 2020) to 1</u> by December 31, 2022. COMPLETED</p> <p>Lead: QI Champion</p>
4.1.5 Customer Focus	<p>A. Increase collection of customer satisfaction survey results from <u>4430 956</u> (2019) to <u>4730 1147</u> by December 31, 2022. COMPLETED TARGET NOT MET</p> <p>B. Maintain customer satisfaction at 98% (2019) or better by December 31, 2025.</p> <p>Lead: Administration</p>
4.1.6 Maintain adequate revenue to help meet needs of community	<p>A. Manage General Revenue and Schedule C OCA cash balances: Trust fund balance from 5.1% (2018) to >6.5% by December 31, 2025.</p>



	<p>B. Manage schedule C OCA cash balances: Federal funds – zero balance 60 days after grant period ends to 100% (100% 2019) by December 31, 2025.</p> <p>Lead: Business Office</p>
<p>4.1.7 Reduce late death recording</p>	<p>A. Reduce late death records from an average of 15 days (2019) to average of 5 10 days by December 31, 2025.</p> <p>Lead: Vital Statistics</p>
<p>4.1.8 Mitigate ticketing system to statewide system</p>	<p>A. Migrate <u>the</u> local IT helpdesk ticketing system (<u>implemented in 2012</u>) to statewide provider Cherawell system to increase efficiency and add end-user portal within next two years (by December 31, 2022). COMPLETED</p> <p>Lead: IT</p>
<p>4.1.9 Completeness of acute disease investigations</p>	<p>A. Complete case investigations to ensure compliance with the communicable disease reporting with a 30% or less percent of total cases with unknown or missing values from 19.4% (2018) by December 31, 2025.</p> <p>Lead: EPI</p>



Priority: 5. Regulatory Efficiency

Goal: 5.1 Establish a regulatory structure that supports Brevard County strategic priorities related to global competitiveness and economic growth

Strategies	Objectives
5.1.1 Eliminate health gaps between different communities	<p>A. Between March 2021 and December 31, 2023, DOH Brevard will engage in a PACE-EH project.</p> <p><u>A. By December 31, 2023, identify 1 (2020 baseline: 0) underresourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).</u></p> <p>Lead: EH</p>
5.1.2 Annual Comprehensive Environmental Health Score (ACEHS)	<p>A. Maintain the Annual Comprehensive Environmental Health Score (ACEHS) to 90% or higher during the next 5 years (97.5% in 2019) by December 31, 2024 <u>2023</u>.</p> <p>Lead: EH</p>
5.1.3 Repair permits completion	<p>A. Decrease the average number of days it takes to complete repair permits from 5 days (2019) to 2 days by December 31, 2025.</p> <p>Lead: EH</p>



Objectives

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department’s objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department’s quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Strategic Plan - CFO Matrix 2021-2025												
Priority	Goals	Strategy	Objectives	Owner	Baseline/Target	Performance					Due	Linkage
						Actuals						
						21	22	23	24	25		
1. Healthy Moms and Babies	1.1 Improve maternal and infant health	1.1.1 Breastfeeding	A. Increase the percentage of infants ever breastfed from 83.75% (2020) to 85% by December 31, 2025.	WIC % Documentation of services FL-Wise HMS	83.75% (2020) 85%	83.00%	83.04%				12/31/2025 	ASP Goal 1.1 CHIP AC5.3.5 SHIP HW1.2
		1.1.2 Secure funding	A. Secure \$200,000 in grant funding for the expansion and sustainability of to sustain the Nurse Family Partnership Program annually (\$0 in 2020) by December 31, 2024 <u>by June 30, 2022</u> .	Administration (Budget) \$ Documentation	0 (2020) \$200K	0	0				12/31/2021 	ASP Goal 4.1
		1.1.3 Immunizations for Moms and babies	A. Increase <u>Maintain</u> immunization to moms and client babies (2-year-olds) from at 90% (2019) to 93% by December 31, 2025.	Immunization % FI Shots	90% (2019) 93% 90%	76.25%	83.00%				12/31/2025 	ASP Goal 1.1 & 3.1



Objectives

2. Long, Healthy Life	2.1 Increase healthy life expectancy, including the reduction of health disparities to improve the health of all Floridians	1.1.4 Hardware support for programs	A. Issue and support 3 2 iPads for NFP program for educational purposes from 0 (2019) to 3 2 by December 31, 2022.	IT # Documentation	0 (2019) 3 2	2	N/A	N/A	N/A	N/A	12/31/2022 Completed	ASP Goal 4.1
		1.1.5 Maintain current NFP Program	A. Maintain enrollment in the NFP program to 50 moms (2019) throughout December 31, 2021.	Nursing # Documentation	50 (2019) 50	55	N/A	N/A	N/A	N/A	12/31/2021 Completed	ASP Goal 4.1
		1.1.6 Reduce racial disparity in infant mortality	A. Reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher by December 31, 2025.	NFP Rate FL Charts	2.6 (2015) <=2	Lag	Lag					12/31/2025
	2.1.1 Increase the healthy weight of children enrolled in the Brevard County WIC Program	A. Increase the healthy weight of <u>Public Pre-School age</u> children from 71.94% (2020) to 73% by <u>December 31, 2025</u> <u>June 30, 2024</u> .	WIC % FL-Wise HMS	71.94% (2020) 73	72%	Lag				N/A	12/31/2025 6/30/2024	ASP Goal 2.1
		2.1.2 Completion of treatment for active TB cases	A. Increase the completion of treatment rate for active TB cases from 97.5% (2019) to 99% by December 31, 2025.	TB % HMS TB State SharePoint	97.5% (2019) 99%	100%	100%					12/31/2025



Objectives

	2.1.3 Opioid prevention	A. Increase the number of private, or charter, Home Schools, Middle and high schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022.	Administration % Documentation	0% (2019) 50%	0	0	N/A	N/A	N/A	12/31/2022 Not Completed Not Met	ASP Goal 2.1
		B. Increase the number of public Middle and High schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022.	Administration % Documentation	0% (2020) 50%	0	0	N/A	N/A	N/A	12/31/2022 Not Completed Not Met	ASP Goal 2.1
		2.1.4 Early introduction to Oral Hygiene	A. Increase dental exams and parental oral hygiene instruction for patients under the age of 5 annually by 5% to introduce the importance of oral hygiene, diet, and reducing habits at an early age from 534 clients (2019) to 682 by December 31, 2025.	Dental # Dentrux HMS	534 (2019) 682	330	898				12/31/2025



Objectives

		<p><u>B. By December 31, 2025, increase the number of participants in the school-based dental sealant program in Brevard County to 70% (Baseline: 708/1531=46% (2022), Target: 919 (60% of students)).</u></p>	Dental % DOH-Brevard - Dental Program	46% (2022) 60%	N/A	N/A				12/31/2025	SHIP CD7 STRAT: 2.1
2.1.5 Reduce the incidence of HIV		<p>A. Increase the percentage of ADAP clients enrolled in the program for at least 6 months and who achieve HIV viral loads less than 200 copies/mL, at last viral load test, from 92.10% (2019) to 95% by December 31, 2025.</p>	HIV % ADAP Provide Enterprise database system CHD Snapshot	92.10% (2019) 95%	92.38%	94.51%				12/31/2025	ASP Goal 1.1 ASP Goal 2.1 CHIP HP1.3.3 SHIP ID2.1 SHIP ID2.2
		<p>B. Increase PrEP usage from 15 (2019) clients/year to 50 20 clients/year by December 31, 2025.</p>	HIV # HMS	15 (2019) 50 20	20	13				12/31/2025	ASP Goal 2.1
		<p><u>C. Increase % of clients who presented for STI (PC02) visit that were tested for HIV within the last 12 months from 65.98% in 2020 to 80% by December 31, 2025</u></p>	HIV % HMS	65.98% (2020) 80%	N/A	79.41%				12/31/2025	ASP Goal 2.1



Objectives

		2.1.6 % of teen CHD family planning clients who adopt an effective or higher method of birth control	A. Increase % of teen CHD family planning clients who adopt an effective or higher method of birth control from 79.62% (2018) to 80% by December 31, 2025.	Family Planning % HMS CHD Snapshot	79.62% (2018) 80%	88.00%	89.23%				12/31/2025	ASP Goal 2.1
		2.1.7 Increase traditional messaging	A. Increase digital messaging with advertisements from 0 (2020) to 5, and maintain annually thereafter, by December 31, 2025.	PIO # Documentation	0 (2020) 5	18	12				12/31/2025	ASP Goal 4.1 CHIP Goal CR1
		2.1.8 TB cases with documented sputum conversion	A. Increase the % of TB cases with documented sputum conversion within 60 days of initiation of treatment from 83.9% (2017) to 86.5% by December 31, 2025.	TB % HMS TB State SharePoint	83.9% (2017) 86.5%	100%	100%				12/31/2025	ASP Goal 2.1 CHIP Goal HP1
		<u>2.1.9 TB patients initiating treatment</u>	<u>A. Increase % of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection from 83.33% (2020) to 93% by December 31, 2025 (State: 90.6%)</u>	TB % HMS TB State SharePoint	83.33% (2020) 93%	N/A	88%				12/31/2025	ASP Goal 3.1



Objectives

		2.1.10 Increase Awareness of the Impact of Basic Needs on Mental Health	A. Provide Mental Health First Aid training to DOH-Brevard frontline staff from 5 (2022) to 50 by December 31, 2025.	School Health # DOH-Brevard School Health	5 (2022) 50	N/A	N/A				12/31/2025	2022 CHA
3. Readiness for Emerging Health Threats	3.1 Demonstrate readiness for emerging health threats	3.1.1 Preparedness Readiness	A. Support and strengthen workforce through cross training 10% of staff (from 5% in 2020) to assist in prevention, investigation, mitigation, and control of emerging and public health threats by December 31, 2025.	Preparedness % Documentation	5% (2020) 10%	8%	8%				12/31/2025 	ASP Goal 3.1
			B. Expand and strengthen integrated, sustained surge capacities from 10% (2019) to 20% for hospitals utilizing pre-determined, functional alternate care sites by December 31, 2021.	Preparedness % Documentation	10% (2020) 20%	15%	N/A	N/A	N/A	N/A	12/31/2021 Completed/Target Not Met 	ASP Goal 3.1
			C. By December 31, 2025, increase the number of DOH-Brevard employees who are able to identify human trafficking and understand how to report it from 22 (2022) to 100.	Administration (Contact: Children Advocacy Center of Brevard)	22 (2020) 100 Florida TRAIN	N/A	N/A				12/31/2025	SHIP: ISV3 STRAT: 2.1, 3.1



Objectives

	3.1.2 Special Needs Shelter training	A. 100% of staff will be trained on special needs shelter support services and annually thereafter from 25% in 2019 by June 31, 2021.	Preparedness % Documentation	25% (2019) 100%	100%	100%				12/31/2021	ASP Goal 3.1
	3.1.3 N95 fit testing	A. 100% of clinical staff with direct patient contact will be fit tested for N95 masks at least once every 4 years from 65% in 2019 by December 31, 2024. <u>A. 100% of clinical staff working in high-risk settings (TB and select Epidemiology staff) will be fit tested on an annual basis from 65% in 2019 by December 31, 2021.</u>	Clinical % Documentation	65% (2019) 100%	100.00%	100.00%			N/A	12/31/2024	ASP Goal 3.1
	3.1.4 Everbridge response rate/Quarterly Everbridge drill response rate 80% or above (HAHS Procedure)	A. At least bi-annually, ensure pre-identified staff covering Public Health and incident management command roles can respond to an alert to duty within 60 minutes or less from 92% (2020) to 100% by December 31, 2025.	Preparedness % Documentation	92% (2020) 100%	98%	100%				12/31/2025	ASP Goal 3.1



Objectives

			A. Conduct a minimum of 6 COVID testing outreaches in underserved communities by June of 2021 (from 0 in March 2020).	COVID Response Team # Documentation	0 (2020) 6	N/A	N/A	N/A	N/A	N/A	6/30/2021 Deleted 	ASP Goal 1.1
	3.1.5 Increase COVID-19 Testing Outreach.		B. Conduct COVID case investigations within 24 hours of a case being reported in Merlin by December 31, 2021 (from 0 in 2020). B. Enter COVID outbreaks in Long-term Care Facilities and Congregate Living Facilities into MERLIN within 24 hours of notification by December 31, 2022 (from 0 in 2021).	EPI Hrs Merlin	0 (2020) (2021) 100	24	N/A	N/A	N/A	N/A	12/31/2021 12/31/2022 Completed/Target Not Met 	ASP Goal 1.1, Goal 2.1
	3.1.6 Immunization Outreach Flu and COVID-19		A. Conduct a minimum of 10 Flu immunization outreach events in underserved communities and offer expanded clinic hours for flu clinics from 0 (2020) by December 31, 2022.	COVID Response Team # Documentation	0 (2020) 10	100.00	N/A	N/A	N/A	N/A	12/31/2022 Completed 	ASP Goal 1.1



Objectives

			B. Conduct a minimum of 10 COVID-19 immunization outreach events in underserved communities upon receipt of COVID-19 immunization from 0 (2020) by December 31, 2022.	COVID Response Team # Documentation	0 (2020) 10	17.00	N/A	N/A	N/A	N/A	12/31/2022 Completed	ASP Goal 1.1
4. Effective Agency Processes	4.1 Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology	4.1.1 % OF CSRs filed timely	A. Maintain a 95% or higher of CSRs that are accurately completed timely every year (97.57% (2019)) by December 31, 2021.	All Tracked by Business Office % Administrative Snapshot	97.57% (2019) >=95%	94.53%	93.01%				12/31/2021	ASP Goal 4.1
		4.1.2 % OF EARs/DARs certified 1 day of pay period end date	A. Maintain a 90% or higher of EARs that are accurately completed, reviewed and certified within 1 day of pay period end date every year (96.21% (2019)) by December 31, 2021.	All Tracked by Business Office % Administrative Snapshot	96.21% (2019) >=90%	93.75%	94.14%				12/31/2021	ASP Goal 4.1 CHIP HI4.3
		4.1.3 % of current employees who have completed the annual mandatory training	A. Maintain a 100% of current employees complete the annual mandatory training every year (100% in 2018) by December 31, 2021.	All Tracked by HR % TRAIN – Extracted by County Health Systems CHD Snapshot	100% (2018) 100%	100	100				12/31/2021	ASP Goal 4.1



Objectives

4.1.4 Workforce Focus	A. Reduce workforce turnover rate from 26.34% (2018) to 20% by December 31, 2025.	All Tracked by HR % Documentation	26.34% (2018) 20%	5%	6%				12/31/2025	ASP Goal 4.1
	B. Evaluate workforce satisfaction and engagement from 0 (April 2020) to 1 by December 31, 2022.	All Tracked by Administration (QI Liaison) Survey	N/A (2020) 1 (Survey)	0	100	N/A	N/A	N/A	12/31/2022 Completed	ASP Goal 4.1
4.1.5 Customer Focus	A. Increase collection of customer satisfaction survey results from 1430 956 (2019) to 1730 1147 by December 31, 2022.	All Tracked by Administration (Nancy) Survey	1430 (2019) 1730	455	744	N/A	N/A	N/A	12/31/2022 Completed/Target Not Met	ASP Goal 4.1 APMQIP 1.1.3 PMQI Goal 2
	B. Maintain customer satisfaction at 98% (2019) or better by December 31, 2025.	All Tracked by Administration (Nancy) Survey	98% (2019) >=98%	97%	93%				12/31/2025	ASP Goal 4.1 APMQIP 1.1.3 PMQI Goal 2
4.1.6 Maintain adequate revenue to help meet needs of community	A. Manage General Revenue and Schedule C OCA cash balances: Trust fund balance from 5.1% (2018) to >6.5% by December 31, 2025.	Business Office % Administrative Snapshot	5.1% (2018) >=6.5	8.54%	14.23%				12/31/2025	ASP Goal 4.1 ASP 4.1.2



Objectives

	B. Manage schedule C OCA cash balances: Federal funds – zero balance 60 days after grant period ends to 100% (100% 2019) by December 31, 2025.	Business Office % Administrative Snapshot	100% (2019) 100%	97.73%	100%				12/31/2025 	ASP Goal 4.1 ASP 4.1.2
4.1.7 Reduce late death recording	A. Reduce late death records from an average of 15 days (2019) to average of 5 10 days by December 31, 2025.	Vital Statistics # Vital system	15.00 (2019) 5 10	7.10	7.47				12/31/2025 	ASP Goal 4.1
4.1.8 Mitigate ticketing system to statewide system	A. Migrate the local IT helpdesk ticketing system (implemented in 2012) to statewide provider Cherawell system to increase efficiency and add end-user portal within next two years (by December 31, 2022).	IT Documentation	Current System (2012) Migrate	On Target	Completed (implementation by 3/2023)	N/A	N/A	N/A	12/31/2022 Completed 	ASP Goal 4.1
4.1.9 Completeness of acute disease investigations	A. Complete case investigations to ensure compliance with the communicable disease reporting with a 30% or less percent of total cases with unknown or missing values from 19.4 (2018) by December 31, 2025.	EPI % Merlin and Fax Evaluated quarterly on ongoing basis (5 years).	19.4% (2018) ≤30%	6%	4%				12/31/2025 	ASP Goal 3.1



Objectives

5. Regulatory Efficiency 5.1 Establish a regulatory structure that supports Brevard County strategic priorities related to global competitiveness and economic growth	5.1.1 Eliminate health gaps between different communities	<u>A. Between March 2021 and December 31, 2023, DOH-Brevard will engage in a PACE-EH project. A. By December 31, 2023, identify 1 (2020 baseline: 0) underresourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).</u>	EH Documentation	N/A (2020) Engage	Completed 12/16/21	N/A	N/A	N/A	N/A	12/31/2023 Completed 	ASP Goal 1.1 ASP 1.1.2
	5.1.2 Annual Comprehensive Environmental Health Score (ACEHS)	A. Maintain the Annual Comprehensive Environmental Health Score (ACEHS) to 90% or higher during the next 5 years (97.5% in 2019) by December 31, 2024.	EH % Environmental Health Database CHD Snapshot	97.5% (2019) >=90%	HOLD	HOLD	N/A	N/A	12/31/2021 	ASP 5.1	
	5.1.3 Repair permits completion	A. Decrease the average number of days it takes to complete repair permits from 5 days (2019) to 2 days by December 31, 2025.	EH # DOH Environmental Health Report Center-EH Database	5.00 (2019) 2.00	12.01	N/A	N/A	N/A	N/A	ASP-5.1	



Review Process

Reviews of the strategic plan take place during the DOH-Brevard Performance Management Council meetings. Quarterly, the lead entity for each objective provides updates on objectives that are not on track, not completed, or require a decision. Annually, the leads report progress and status for all objectives. Based on the reviews, the PMC revises the strategic plan based on emerging trends that affect the effectiveness and/or strategies.



Summary of Revisions

On January 11, 2023, the DOH-Brevard PMC conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective.

The table below depicts revisions to objectives from the January 11, 2023 review. Strikethrough indicates deleted text and underline will indicate added text.

December 31, 2022 Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
2.1.1	A. Increase the healthy weight of Public-Pre-School age children from 71.94% (2020) to 73% by December 31, 2025 <u>June 30, 2024</u> .	There is insufficient data to determine the percentage of healthy weight children. The USDA physical presence waiver has waived the requirement to obtain height and weight measurements for WIC clients.
2.1.3	A. Increase the number of private, or charter, <u>Home Schools, Middle and</u> high schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022.	Increase the scope of service.
2.1.3	B. Increase the number of public <u>Middle and High</u> schools in which Opioid prevention course is taught from 0% (2019) to 50% by December 31, 2022.	Clarify type of schools.
2.1.4	<u>B. By December 31, 2025, increase the number of participants in the school-based dental sealant program in Brevard County to 70% (Baseline: 708/1531=46% (2022), Target: 919 (60% of students)).</u>	Added new to start in 2023 out of the Community Health Assessment meetings as an action to support the Dental Task Force.
2.1.5	<u>C. Increase % of clients who presented for STI (PC02) visit that were tested for HIV within the last 12 months from 65.98% in 2020 to 80% by December 31, 2025.</u>	Added new to start in 2023 from PMC meetings Emerging Treats meeting.
<u>2.1.10</u>	<u>A. Provide Mental Health First Aid training to DOH-Brevard frontline staff from 5 (2022) to 50 by December 31, 2025.</u>	Added new to start in 2023 out of the Community Health Assessment to support



Summary of Revisions

		the Behavioral Health Task Force.
3.1.1	<u>C. By December 31, 2025, increase the number of DOH-Brevard employees who are able to identify human trafficking and understand how to report it from 22 (2022) to 100.</u>	Added new to start in 2023 out of the Community Health Assessment to support the Behavioral Health Task Force.
3.1.5	B. Conduct COVID case investigations within 24 hours of a case being reported in Merlin by December 31, 2021 (from 0 in 2020). <u>B. Enter COVID outbreaks in Long-term Care Facilities and Congregate Living Facilities into MERLIN within 24 hours of notification by December 31, 2022 (from 0 in 2021).</u>	Modified text for 2022 reporting.
4.1.4	B. Evaluate workforce satisfaction and engagement <u>from 0 (April 2020) to 1</u> by December 31, 2022.	Modified text for 2022 reporting.
4.1.8	A. Migrate <u>the</u> local IT helpdesk ticketing system (<u>implemented in 2012</u>) to statewide provider Cherawell system to increase efficiency and add end-user portal within next two years (by December 31, 2022).	Modified text for 2022 reporting.
5.1.1	A. Between March 2021 and December 31, 2023, DOH Brevard will engage in a PACE-EH project. A. By December 31, 2023, identify 1 (2020 baseline: 0) under resourced community to engage, identify their environmental health issues, set priorities for action, and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).	Modified text for 2022 reporting.
5.1.2	A. Maintain the Annual Comprehensive Environmental Health Score (ACEHS) to 90% or higher during the next 5 years (97.5% in 2019) by December 31, 2024 3 .	On hold until 2023 Modified for 2023 reporting.
5.1.3	A. Decrease the average number of days it takes to complete repair permits from 5 days (2019) to 2 days by December 31, 2025.	Removed in 2022.



Environmental Scan Resources

Updated Environmental Scan 2022:

1. [Agency Strategic Plan, 2016-2021](#)
2. [Agency Quality Improvement Plan, 2018-2021](#)
3. [DOH-Brevard Community Health Improvement Plan, 2023-2025](#)
4. [DOH-Brevard Quality Improvement Plan, 2020-2023](#)
5. [DOH-Brevard Workforce Development Plan, 2019-2023](#)
6. [DOH-Brevard Employee Satisfaction Survey, 2022](#)
7. [Florida Community Health Assessment Resource Tool Set \(FLCHARTS\)](#)
8. [Administrative Scorecard, FY2021-22](#)
9. [County Performance Snapshot, 2021](#)

Other available resources:

1. [Behavioral Risk Factor Surveillance System \(BRFSS\), 2021](#)
2. [Biomedical Research Advisory Council Annual Report, 2010-2021](#)
3. [DOH-Brevard Community Health Assessment, 2022](#)
4. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2024](#)
5. [Florida Department of Health, Office of Inspector General Annual Report, 2022](#)
6. [Florida Department of Health Workforce Development Plan 2019-2022](#)
7. [Florida State Health Improvement Plan, 2012-2026](#)
8. [Florida Middle School Health Behavior Survey Results \(MSHBS\), 2021](#)
9. [Florida Morbidity Statistics Report, 2018](#)
10. [Florida Pregnancy Risk Assessment Monitoring System Trend Report \(PRAMS\), 2013](#)
11. [Florida Strategic Plan for Economic Development, 2018-2023](#)
12. [Florida Vital Statistics Annual Report, 2021](#)
13. [Florida Youth Risk Behavior Survey Results, 2019](#)
14. [Florida Youth Tobacco Survey Results \(FYTS\), 2022](#)
15. [Physician Workforce Annual Report, 2022](#)
16. [Tuberculosis Control Section Report, 2021](#)
17. [Volunteer Health Services Annual Report, 2020](#)
18. [Healthy People 2030](#)
19. [DOH-Brevard Strategic Plan Annual Report, 2021](#)
20. [Healthiest Weight profile \(Brevard\), 2021](#)
21. [Florida Environmental Health Tracking](#)
22. [RWJF County Rankings and Roadmaps](#)

Updated Environmental Scan 2021:

1. [Agency Strategic Plan, 2016-2021](#)
2. [Agency Quality Improvement Plan, 2018-2021](#)
3. [DOH-Brevard Community Health Improvement Plan, 2017-2021](#)
4. [DOH-Brevard Quality Improvement Plan, 2020-2023](#)
5. [DOH-Brevard Workforce Development Plan, 2019-2022](#)
6. [DOH-Brevard Employee Satisfaction Survey, 2015](#)
7. [Florida Community Health Assessment Resource Tool Set \(FLCHARTS\)](#)
8. [Administrative Scorecard, FY2020-21](#)
9. [County Performance Snapshot, 2020](#)



Other available resources:

1. [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), 2020
2. [Biomedical Research Advisory Council Annual Report](#), 2017
3. [DOH-Brevard Community Health Assessment](#), 2019
4. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2024](#)
5. [Florida Department of Health, Office of Inspector General Annual Report](#), 2021
6. [Florida Department of Health Workforce Development Plan 2019-2021](#)
7. [Florida State Health Improvement Plan, 2017-2021](#)
8. [Florida Middle School Health Behavior Survey Results \(MSHBS\)](#), 2019
9. [Florida Morbidity Statistics Report](#), 2018
10. [Florida Pregnancy Risk Assessment Monitoring System Trend Report \(PRAMS\)](#), 2013
11. [Florida Strategic Plan for Economic Development, 2018-2023](#)
12. [Florida Vital Statistics Annual Report](#), 2020
13. [Florida Youth Risk Behavior Survey Results](#), 2019
14. [Florida Youth Tobacco Survey Results \(FYTS\)](#), 2020
15. [Physician Workforce Annual Report](#), 2020
16. [Tuberculosis Control Section Report](#), 2020
17. [Volunteer Health Services Annual Report](#), 2020
18. [Healthy People 2030](#)
19. [DOH-Brevard Strategic Plan Annual Report](#), 2019
20. [Healthiest Weight profile \(Brevard\)](#), 2020
21. [Florida Environmental Health Tracking](#)

Original Environmental Scan done 2020:

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), 2018
4. [Biomedical Research Advisory Council Annual Report](#), 2017
5. [DOH-Brevard Community Health Assessment](#), 2019
6. [DOH-Brevard Community Health Improvement Plan](#), 2017-2021
7. [DOH-Brevard Quality Improvement Plan](#), 2017-2020
8. [DOH-Brevard Workforce Development Plan](#), 2019-2022
9. [DOH-Brevard Employee Satisfaction Survey](#), 2015
10. [Florida Community Health Assessment Resource Tool Set \(FLCHARTS\)](#)
11. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2024](#)
12. [Florida Department of Health, Office of Inspector General Annual Report](#), 2019
13. [Florida Department of Health Workforce Development Plan](#)
14. [Florida State Health Improvement Plan, 2017-2021](#)
15. [Florida Middle School Health Behavior Survey Results \(MSHBS\)](#), 2019
16. [Florida Morbidity Statistics Report](#), 2017
17. [Florida Pregnancy Risk Assessment Monitoring System Trend Report \(PRAMS\)](#), 2000
18. [Florida Strategic Plan for Economic Development, 2018-2023](#)
19. [Florida Vital Statistics Annual Report](#), 2018
20. [Florida Youth Risk Behavior Survey Results](#), 2019
21. [Florida Youth Tobacco Survey Results \(FYTS\)](#), 2019
22. [Physician Workforce Annual Report](#), 2019
23. [Tuberculosis Control Section Report](#), 2018



Environmental Scan Resources

24. [Volunteer Health Services Annual Report](#), 2019
25. [Administrative Scorecard](#), FY2018-19
26. [County Performance Snapshot](#), 2018
27. Healthy People 2020
 - Midcourse Review (<https://www.healthypeople.gov/2020/data-search/midcourse-review/lhi>)
 - Brochure (https://www.healthypeople.gov/sites/default/files/HP2020_brochure_with_LHI_508_FN_L.pdf)
28. DOH-Brevard Strategic Plan Annual Report, 2019
29. Healthiest Weight profile (Brevard), 2018
30. Florida Strategic Plan for Economic Development, 2018
31. Florida Environmental Health Tracking