

Brevard County



Community Health Improvement Plan 2013—2016

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**Community Health Improvement Plan
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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

Based on the five strategic issue areas, the steering committee determined the following health issues to be community health priorities.

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.
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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. The Brevard public health system must act quickly to:

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- 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. The public health system should:

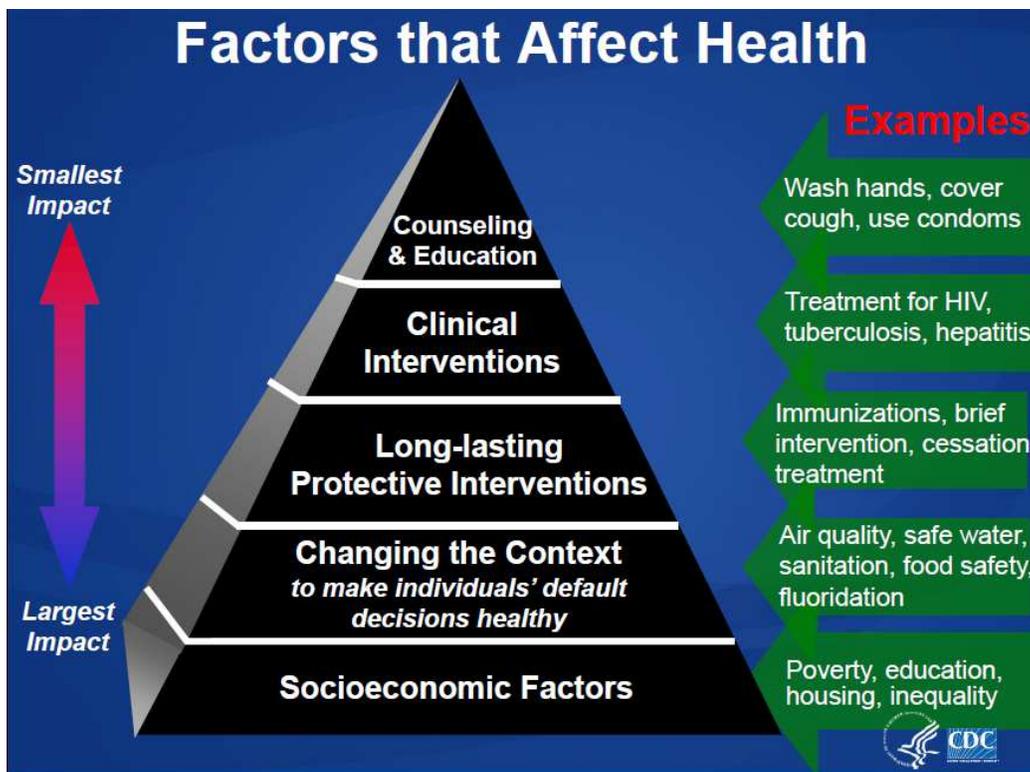
- Enhance access to preventive, restorative and emergency oral health care services.



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, 2015, increase the percentage of two-year-olds who are fully immunized from 85.7% (2008) to 90%. STATE: 86.6% (2005) to 90%.

Objective HP1.1.2 By Dec. 31, 2015, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 70% (2010) to 75%. STATE: 65.3% to 75%.

Objective HP1.1.3 By Dec. 31, 2015, increase the percentage of two year old CHD clients fully immunized from 99% (2011) to 100%. STATE: 94% (2011) to 95%.

Objective HP1.1.4 By Dec. 31, 2015, the number of confirmed cases of measles in children under 19 will remain 0 (2011).

Objective HP1.1.5 By Dec. 31, 2015, the number of confirmed cases of Haemophilus influenzae type B in children under 5 will remain 0 (2011). STATE: uses under 19, CHARTS has County data for under 5.

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, 2013, reduce the bacterial STD case rate among females 15–34 years of age from 2456.7 per 100,000 (2010) to 2400 per 100,000. STATE: 2627.3 (2010) to 2620 per 100,000.

Objective HP1.2.2 By Dec. 31, 2015, increase the percentage of women diagnosed with a bacterial STD and treated within 14 days from 80% to 90%. STATE: 75% to 90%.

Objective HP1.2.3 By Dec. 31, 2015, reduce the TB case rate from 1.8 per 100,000 (2010) to 1.5 per 100,000. STATE: 4.4 per 100,000 (2009) to 3.5 per 100,000.

Objective HP1.2.4 By Dec. 31, 2015, the completion of treatment rate for active TB cases will remain 100% (CHARTS data for 2010 = 90% but one pt died prior to completion). STATE: 98% (70.4 in 2010).

Objective HP1.2.5 By Dec. 31, 2015, achieve a TB genotyping rate of 100%.

Objective HP1.2.6 By Dec. 31, 2015, reduce the enteric disease case rate per 100,000 from 82.0 (2009) to 65(21% reduction) STATE: 59.2 (2009) 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, 2015, reduce the AIDS case rate per 100,000 from 7.4 (2010) to 7.0. STATE: 21.8 (2010) to 20.5.

Objective HP1.3.2 By Dec. 31, 2015, increase the percentage of HIV-infected people in Brevard who know they are infected from 80% (2010 estimate) to 95%. STATE: same estimates

Objective HP1.3.3 By Dec. 31, 2015, increase the percentage of HIV-infected people in Florida who have access to and are receiving appropriate prevention, care and treatment services from 75% (2010) to 80%. STATE: 55% (2010) to 65%.

Objective HP1.3.4 By Dec. 31, 2015, reduce the number of new HIV infections in Brevard to be at or below the national county average per year with particular focus on the elimination of racial and ethnic disparities in new HIV infections.

Objective HP1.3.5 By Dec. 31, 2015, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients with suppressed viral load from 90% (2010) to 95%. STATE: 85% (2010) to 90%

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, 2015, 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, 2013, and annually, prepare and disseminate an annual summary of the occurrence of notifiable disease and conditions in Brevard.

Objective HP1.4.3 By Dec. 31, 2015, produce and disseminate a plan, protocols and procedures for enhanced surveillance and real-time data reporting during an event.



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 Dec. 31, 2014, Brevard County will complete the Environmental Public Health Performance assessment, use data to determine gaps and opportunities and create action plans.

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, 2013, 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, 2015, 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.

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

Objective HP2.3.1 By Dec. 31, 2015, ensure 95% of public water systems have no significant health drinking water quality problems.

Objective HP2.3.2 By Dec. 31, 2015, will continue to complete 100% (2011) of inspections of all other entities with direct impact on public health according to established standards

Strategy HP2.4 Provide consultation to community planners to ensure healthy re-use of land.

Objective HP2.4.1 By Jan. 31, 2015, Florida Department of Health in Brevard (DOH-Brevard) will offer comprehensive support and technical assistance to community partners to perform Health Impact Assessments that will inform the decision-making process about health consequences of plans, projects and policies.



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, 2013, 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 Annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less.

Strategy HP3.3 Ensure surge capacity to meet the needs of all hazards.

Objective HP3.3.1 By Dec. 31, 2013, achieve and maintain national Public Health Preparedness Capabilities and Standards through implementation of the Public Health and Health Care Preparedness Strategic Plan.

Strategy HP3.4 Institute appropriate and effective mitigation for the health consequences of any event.

Objective HP3.4.1 By Dec. 31, 2013, receive above 95% (2010) on Cities Readiness Initiative (CRI) audit performed by the state.

Strategy HP3.5 Detect, monitor and track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences.

Objective HP3.5.1 By Dec. 31, 2013, complete notification among CDC, on-call epidemiologist and on-call laboratorian within 45 minutes of threat.



Strategic Health Issue: Health Protection

Strategy HP3.6 Create an informed, empowered, and resilient public and a prepared health system.

Objective HP3.6.1 By June 30, 2015, disseminate risk communications messages to the public within three hours of any incident.

Objective HP3.6.2 From 2012 thru 2015, maintain the number of community sectors, in which CHDs identified key organizations to participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities, at 11 of 11 (2011).

The 11 community sectors are: business, community leadership, cultural and faith-based groups and organizations, education and childcare settings, emergency management, health care, housing and sheltering, media, mental or behavioral health, social services and senior services.

Significant public health emergency preparedness efforts/activities include: development of key organizations' emergency operations or response plans related to public health, medical, and mental or behavioral health; exercises containing objectives or challenges (e.g. injects) related to public health, medical, and mental or behavioral health; competency-based training related to public health, medical, and mental or behavioral health emergency preparedness and response.

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, 2013, support annually the statewide early childhood (ages 1–4) safety and drowning prevention campaign.

Objective HP4.1.2 By Dec. 31, 2015, reduce the rate of deaths from all causes of external injury among Brevard resident children ages 0–14 from 14.0 per 100,000 (2009-11 3yr rolling) to 12.0 per 100,000. STATE: 9.1 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, 2015, increase the percentage of adults with a healthy weight (BMI 18.5-24%) from 30.9% (2010) to 35%. STATE: 33.4%

Objective CD1.1.2 By Dec. 31, 2015, decrease the percentage of middle and high school students who are obese from 10.69% to 9%. STATE: 11.6%

Objective CD1.1.3 By Dec. 31, 2015, decrease the percentage of high school students with BMI at or above 95th percentile from 15.2% to 14.0% (2012 data). STATE: 14.3%

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, 2014, support at least three statewide initiatives 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, 2015, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services.

Strategy CD3.1 Promote chronic disease self-management education.

Objective CD3.1.1 By Dec. 31, 2015, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 72.9% to 75% (2010 BRFSS data). STATE: 55.1%.

Objective CD3.1.2 By Dec. 31, 2015, increase the percentage of adults with diagnosed arthritis that have ever taken an educational course or class to learn how to manage problems related to arthritis or joint symptoms from 10.8% to 15% (2007 BRFSS data). STATE: 10.9%.

Objective CD3.1.3 By Dec. 31, 2015, decrease the age-adjusted rate of asthma hospitalizations per 10,000 from 12.17 to 10.5. STATE: 15.23.



Strategic Health Issue: Chronic Disease Prevention

Strategy CD3.2 Promote early detection and screening for chronic diseases such as asthma, cancer, heart disease and diabetes.

Objective CD3.2.1 By Dec. 30, 2015, increase by 10% the percentage of women who receive a breast cancer screening based on the most recent clinical guidelines from 61.9% (2010 BRFSS age 40 and above) to 71.9%. STATE: same percentages.

Objective CD3.2.2 By Dec. 30, 2015, increase by 10% the percentage of women who receive a cervical cancer screening based on the most recent clinical guidelines from 55.5 (2010) to 65.5%. STATE: 57.1%

Objective CD3.2.3 By Dec. 30, 2015, increase the percentage of adults 50 years of age and older who receive a colorectal cancer screening (blood stool test in the past year or sigmoidoscopy or colonoscopy in the past five years) from 59.3% (2010) to 70%. STATE: 56.4% to 80%.

Objective CD3.2.4 By Dec. 30, 2015, increase the percentage of adults who had their cholesterol checked in the past two years from 76.3% (2007) to 80%. STATE: 73.3% to 76.3%.

Objective CD3.2.5 By Dec. 30, 2015, increase the percentage of persons whose diabetes has been diagnosed from 4.9% (2010) to 7%. STATE: 10.4% to 12%. (As measured by the percentage of adults in Florida who have ever been told by a doctor they have diabetes. There are approximately 767,666 adults in Florida living with undiagnosed diabetes. Prevalence will increase until these adults are identified).

Strategy CD3.3 Promote use of evidence-based clinical guidelines to manage chronic diseases.

Objective CD3.3.1 By Dec. 31, 2015, decrease the percentage of adults with current asthma from 9.4% to 9.0%. STATE : 8.3%

Objective CD3.3.2 By Dec. 31, 2013, assess and implement at least three effective strategies for promoting clinical practice guidelines through DOH-Brevard clinics.

Objective CD3.3.3 By Dec. 31, 2015, increase the percentage of adults with diabetes who had two A1C tests in the past year from 78.7% (2010) to 82%. STATE: 75.6% to 80%.

Objective CD3.3.4 By Dec. 31, 2015, increase the percentage of adults with diabetes who had an annual foot exam from 78.4% (2010) to 82%. STATE: 72.2%

Objective CD3.3.5 By Dec. 31, 2015, increase the percentage of adults with diabetes who had an annual eye exam from 82.6% (2010) to 85%. STATE: 70.2%

Strategy CD4.1 Prevent Florida's youth and young adults from initiating tobacco use.

Objective CD4.1.1 By Dec. 31, 2015, reduce the percentage of students who smoked a whole cigarette for the first time before age 13 years from 9.2% to 8.5%.



Strategic Health Issue: Chronic Disease Prevention

Strategy CD4.2 Promote quitting among Florida's youth and adults.

Objective CD4.2.1 By Dec. 31, 2014, reduce current smoking rates among adults from 21.3% (2010) to 18%. STATE: 17.1% to 14.5%.

Objective CD4.2.2 By Dec. 31, 2015, reduce the percentage of mothers who reported smoking during pregnancy from 11.6% (2008) to 9%. STATE: 6.8%

Objective CD4.2.3 By Dec. 31, 2015, reduce the percentage of high school students smoking cigarettes in the past 30 days from 12.5% to 10%. STATE: 10.1%

Strategy CD4.3 Eliminate Floridians' exposure to secondhand tobacco smoke.

Objective CD4.3.1 By Dec. 31, 2015, 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%

Objective CD4.3.2 By Dec. 31, 2015, reduce the percentage of middle school students who were exposed to secondhand smoke during the past 7 days from 56.3% (2007) to 53%. STATE: 50.3%.





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, 2014, DOH-Brevard will have public health attendance in their community planning processes with each of the 67 county planning boards.

Objective CR1.1.2 By Dec. 31, 2015, Brevard county comprehensive plans will include health components.

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, 2013, 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, 2014, 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, 2015, 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, 2014, DOH-Brevard will establish a mechanism for sharing data and information about community assessment work across organizations.

Objective CR1.3.2 By Sept. 30, 2015, DOH-Brevard programs will incorporate recommendations and guidelines for integrating specific assessments into its program-specific assessment requirements.

Strategy CR1.4 Provide consultation to community planners to ensure healthy re-use of land. See Health Protection Strategy HP2.4 and Objective HP2.4.1.



Strategic Health Issue: Community Redevelopment and Partnerships

Goal CR2: Build and revitalize communities so people can live healthy lives.

Strategy CR2.1 Make it safer for people to live active, healthy lives by increasing community policing, addressing substandard housing and increasing aging-in-place opportunities.

Objective CR2.1.1 By Oct. 31, 2014, DOH-Brevard will forge partnerships with local, regional and federal funding agencies to support “Moving to Opportunity” which improves housing conditions for vulnerable populations.

Goal CR3: Provide equal access to culturally and linguistically competent care.

Strategy CR3.1 Promote health in all policies to ensure that decisions and investments promote health or mitigate the negative health consequences of previous policies.

Objective CR3.1.1 By July 31, 2013, DOH will offer systematic support and technical assistance to perform Health Impact Assessments that will systematically inform the decision-making process about health consequences of plans, projects and policies.





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, 2013, and annually thereafter, review DOH Physician Workforce Shortage Annual Report and report on workforce shortage areas and patterns as they apply to Brevard.

Objective AC1.1.2 By Dec 31, 2013, 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 Brevardians.

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

Objective AC2.1.1 By Jun 30, 2016, DOH-Brevard will continue to provide access to testing and treatment of sexually transmitted diseases (STD). 38.3% of STD is identified at DOH-Brevard with 5,193 visits (2010).

Objective AC2.1.2 By Jun 30, 2016, DOH-Brevard will continue to provide immunization access to children and adults in concert with community partners and need. 15,700 vaccinations were given in 2011 to adults and children.

Objective AC2.1.3 By Jun 30, 2016, DOH-Brevard will continue to provide family planning services in concert with community partners and need. 13,409 clinical visits occurred in fiscal year 2011/12.

Objective AC2.1.4 By Jun 30, 2016, DOH-Brevard will continue to provide primary care clinical services to uninsured adults below 100% poverty to the level of community need and support identified. 13,714 clinical visits occurred in fiscal year 2011/2012.

Objective AC2.1.5 By Jun 30, 2016, Space Coast Volunteers in Medicine will continue to provide primary care clinical services to uninsured adults below 200% poverty to the level of community need and support identified. 3,006 clinical visits occurred in calendar year 2012.

Strategy AC2.1 Address health care service barriers (e.g., payment, enrollment and access impediments) for service care recipients.

Objective AC2.1.1 By Dec. 31, 2015, 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 84.2% to 89% (STATE: 83% to 87%).

Objective AC2.1.2 By Dec. 31, 2015, decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.9% to 16% (STATE: 17.3% to 16.4%).



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, 2015, determine the number of primary care providers who know where to refer children and adults for early intervention and treatment of substance abuse and mental health disorders.

Developmental Objective AC3.1.2 By Dec. 31, 2015, 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, 2015, the percentage of children and adults adequately prepared to achieve and maintain independence will be sustained.

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 dental health services, more effective reimbursement, and incentives for improving.

Objective AC4.1.1 By Dec. 31, 2014, 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, 2014, reduce the percentage of adults who report having permanent teeth removed because of tooth decay or gum disease from 49.6% to 47% (STATE: 53% to 51%).

Objective AC4.1.3 By Dec. 31, 2014, 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 AC4.1.4 By Dec. 31, 2015, increase the percentage of low-income persons with access to dental care from 25.1% to 35% (STATE: 36.1%).

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

Objective AC4.2.1 By Dec. 31, 2014, DOH-Brevard dental services will have electronic dental records.

Objective AC4.2.2 By Dec. 31, 2015, maintain the percentage of the Brevard population served by community water systems with optimally fluoridated water at 100%. (STATE: 78.7% (2008)).



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, 2015, reduce the rate of maternal deaths per 100,000 live births from 0.2% to 0.1% (STATE: 0.3%).

Strategy AC5.2 Raise the awareness of Medicaid Family Planning Waiver services for all women who lost full Medicaid services within the last two years to potentially eligible women.

Objective AC5.2.1 By Dec. 31, 2015, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 40.1% to 38%. STATE: 36.9% (2010) to 36%.

Objective AC5.2.2 By Dec. 31, 2015, increase the number of women aware of the Medicaid Family Planning Waiver who attend DOH-Brevard from 95% to 100%.

Strategy AC5.3 Utilize positive youth development sponsored programs to promote abstinence and reduce teen sexual activity.

Objective AC5.3.1 By Dec. 31, 2015, decrease the percentage of teen births, ages 15–17, that are subsequent (repeat) births from 3.7% to 3%. (STATE: 9% (2010) to 8.5%).

Objective AC5.3.2 By Dec. 31, 2015, reduce live births to mothers aged 15–19 from 25.6% to 23%. (STATE: 32.8 (2010) to 31.6 per 1000 females).

Strategy AC5.4 Support the DOH educational health care provider and consumer campaign on safe sleep and assure access to prenatal care.

Objective AC5.4.1 By Dec. 31, 2015, decrease the Sudden Infant Death (SID) rate from 0.8% to 0.4%. (STATE: 0.2%).

Objective AC5.4.2 By Dec. 31, 2015, ensure continued access to prenatal care for all women of Brevard. DOH-Brevard accounted for 16,134 prenatal visits in fiscal year 2011/2012 and over 99% of the uninsured.

Objective AC5.4.3 By Dec. 31, 2015, decrease the infant mortality rate from 6.4 (2010) to 6.0 per 1000 live births. (STATE: 6.5 (2010) to 6.1 per 1000 live births).

Objective AC5.4.4 By Dec. 31, 2015, reduce the black infant mortality rate from 17.5 (2010) to 12.0 per 1000 live births. (STATE: 11.8 (2010) to 10.9 per 1000 live births).

Objective AC5.4.5 By Dec. 31, 2015, increase the percentage of women who initiate breastfeeding their infant from 73.5% (2011) to 76%. (STATE: 79%).



Strategic Health Issue: Access to Care

Goal AC6: Provide equal access to culturally and linguistically competent care.

Strategy AC6.1 Develop, implement and promote strategic plans that outline mechanisms to provide culturally and linguistically appropriate services, conduct self-assessments of culturally and linguistically appropriate services (CLAS), and ensure that individual client records include race, ethnicity and spoken and written languages.

Objective AC6.1.1 By September 30, 2015, DOH and the DOH-Brevard will identify or include objectives in agency strategic plans that address providing culturally and linguistically appropriate services.





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 health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians.

Strategy HI1.1 Promote provider adoption of certified electronic health record software.

Objective HI1.1.1 By Jan. 1, 2013, 25% of DOH-Brevard prescriptions will be transmitted electronically.

Objective HI1.1.2 By Dec. 31, 2013, DOH-Brevard will implement certified electronic health records for clinical services.

Objective HI1.1.3 By Dec. 31, 2013, DOH-Brevard clinical providers in all three clinical sites will be using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination.

Strategy HI1.2 Use public health information technology and systems to efficiently track reportable diseases and conditions of public health significance, and to support public health disease prevention programs and epidemiological activities.

Objective HI1.1.1 By Jan. 1, 2015, DOH-Brevard will be using the statewide health information exchange to support public health case reporting and epidemiological case follow-up.

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 Maintain an adequate level of Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.

Objective HI2.1.1 By Dec. 1, 2015, DOH-Brevard will implement the Health Management System Billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.



Strategic Health Issue: Health Finance and Infrastructure

Strategy HI2.2 Routinely review and update fee policies and fee schedules.

Objective HI2.2.1 By Sept. 30, 2013, 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 HI2.2.2 By Dec. 1, 2013, DOH-Brevard will have documented a fee analysis or fee adjustment process to better align fees with actual cost.

Objective HI2.2.3 By Sept. 30, 2013, all non-clinical DOH-Brevard program offices will have documented a fee analysis or fee adjustment process to better align fees with actual cost.

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, 2013, DOH-Brevard will implement the next workforce development needs assessment for public health professionals produced by the DOH and the Florida Public Health Training Centers (anticipated production Jul 30, 2013).

Objective HI3.1.2 By Aug. 1, 2014, 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, 2013, DOH-Brevard will have 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, 2013, DOH-Brevard will implement the workforce development plan that is shared throughout the Department and with public health system partners.

Objective HI3.3.2 By Dec 1, 2013, DOH-Brevard will achieve a minimum of two objectives in each of the goal areas of the Workforce Development Plan.

Objective HI3.3.3 By Jul. 1, 2013, DOH-Brevard will implement an employee mentoring and succession planning program to encourage professional advancement.



Objective HI3.3.4 By July 1, 2014, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase from 19.5% to 30%.

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, 2013, DOH-Brevard will have produced a current (within the past 3–5 years) community health improvement plan.

Objective HI4.1.2 By Dec. 31, 2014, 100% 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, 2014, Community Health Improvement Plan partners will convene to discuss progress of plan implementation.

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

Objective HI4.3.1 By Dec. 31, 2015, the county public health system assessment (using the National Public Health Performance Standards tool) will show results indicating moderate to significant activity in mobilizing partnerships.

Objective HI4.3.2 By Dec. 31, 2015, the county public health system assessment (using the National Public Health Performance Standards tool) will show results indicating moderate to significant activity related to assessment and assurance that programs to educate, empower and inform are effective.

Objective HI4.3.3 By Feb. 2014, 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 HI4.3.4 By Jan. 31, 2015, 31 DOH-Brevard will be accredited by the Public Health Accreditation Board as a portion of the state application.

Objective HI4.3.5 By July 1, 2013, DOH-Brevard will have sent at least one team to DOH Practice Management Institute training to achieve a higher level of clinical and operational efficiency.

Objective HI4.3.6 By Dec. 31, 2016, DOH-Brevard strategic plan will align with community health improvement plans.

