



# Brevard County Community Health Improvement Plan 2017–2022

PHAB 1.5 Standard 5.2, Measure 5.2.2L #1

Published July 2017  
Reviewed August 2018  
Revised September 2019  
Revised December 2020

# Revision History

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Date	Notes	Version
July 2017	Original Publication	Original
August 2018	Reviewed. No changes made.	Reviewed
September 2019	<p>Changes to the following Areas:</p> <ul style="list-style-type: none"> <li>• Revised objective AC3.2.1, AC4.1.1, AC4.1.3, CD1.1.2 to match indicator from FLCHARTS.</li> <li>• Deleted objective CD2.4.1 due to lost of funding.</li> <li>• Revised objective CD2.6.2 to update target date.</li> <li>• Deleted objective AC2.1.4, AC3.1.1, AC4.1.2, CR1.3.2 due to data not available.</li> <li>• Deleted objective CR1.1.1 out of scope.</li> <li>• Revised objective HP1.4.1, HP1.4.2, HP2.1.1, HP2.2.1, HP2.3.1, HP3.4.1, HP3.5.1, AC2.2.1, AC4.2.1, HI3.2.1, HI4.2.1 to update baseline information.</li> <li>• Revised HP2.2.2 change greater than to less than.</li> <li>• Added words for “policy changes” at each Strategic Priority.</li> <li>• Added appendices: Appendix A: CHIP Tracking Tool, Appendix B: Data Sources, Appendix C: CHIP Alignment.</li> <li>• Added Social Determinant and Healthy Equity page 5</li> </ul>	Revised
December 2020	<p>Changes to the following Areas:</p> <ul style="list-style-type: none"> <li>• Deleted the following objectives: <ul style="list-style-type: none"> <li>• Health Protection: HP1.1.2, HP1.2.4, HP1.2.5, HP2.2.2</li> <li>• Chronic Disease: CD1.1.1, CD1.1.2, CD2.3.1, CD2.4.2, CD2.4.3, CD2.5.1, CD2.6.1, CD2.6.3, CD2.7.1</li> <li>• Community Redevelopment: CR1.2.1, CR1.2.2, CR1.2.3</li> <li>• Access to Care: AC1.1.2, AC2.2.1, AC2.2.2, AC3.2.1, AC4.1.1, AC4.1.3</li> </ul> </li> <li>• Close out the following objectives (completed): <ul style="list-style-type: none"> <li>• Health Finance &amp; Infrastructure: CD2.2.1, HI1.1.1, HI1.1.2, HI1.2.1, HI2.1.1, HI2.1.2, HI2.1.3, HI3.1.1, HI3.3.1, HI4.1.1, HI4.1.2</li> </ul> </li> <li>• Modified HP3.3.1, HP1.3.1, AC2.1.1, and AC5.3.1 to comply with changes in tracking progress.</li> <li>• The dates for all open objectives were updated to reflect one more year of tracking to 2022.</li> </ul>	Revised

# Revision Summary 2020

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Every year, The Florida Department of Health in Brevard County reviews the Community Health Improvement Plan (CHIP) 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 CHIP is produced and republished.

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

Changes to the following Areas:

- Deleted the following objectives:
  - Health Protection: HP1.1.2, HP1.2.4, HP1.2.5, HP2.2.2
  - Chronic Disease: CD1.1.1, CD1.1.2, CD2.3.1, CD2.4.2, CD2.4.3, CD2.5.1, CD2.6.1, CD2.6.3, CD2.7.1
  - Community Redevelopment: CR1.2.1, CR1.2.2, CR1.2.3
  - Access to Care: AC1.1.2, AC2.2.1, AC2.2.2, AC3.2.1, AC4.1.1, AC4.1.3
- Close out the following objectives (completed):
  - Health Finance & Infrastructure: HI1.1.1, HI1.1.2, HI1.2.1, HI3.3.1, HI4.1.2
- Modified HP3.3.1, HP1.3.1, AC2.1.1, and AC5.3.1 to comply with changes in tracking progress.
- The dates for all open objectives were updated to reflect one more year of tracking to 2022.

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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

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## 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

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PHAB 1.5 Standard 5.2, Measure 5.2.2L

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

## **Access to Care**

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

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

## **Chronic Disease Prevention**

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

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

## **Access to Dental Care**

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

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

## **Access to Behavioral Health Care**

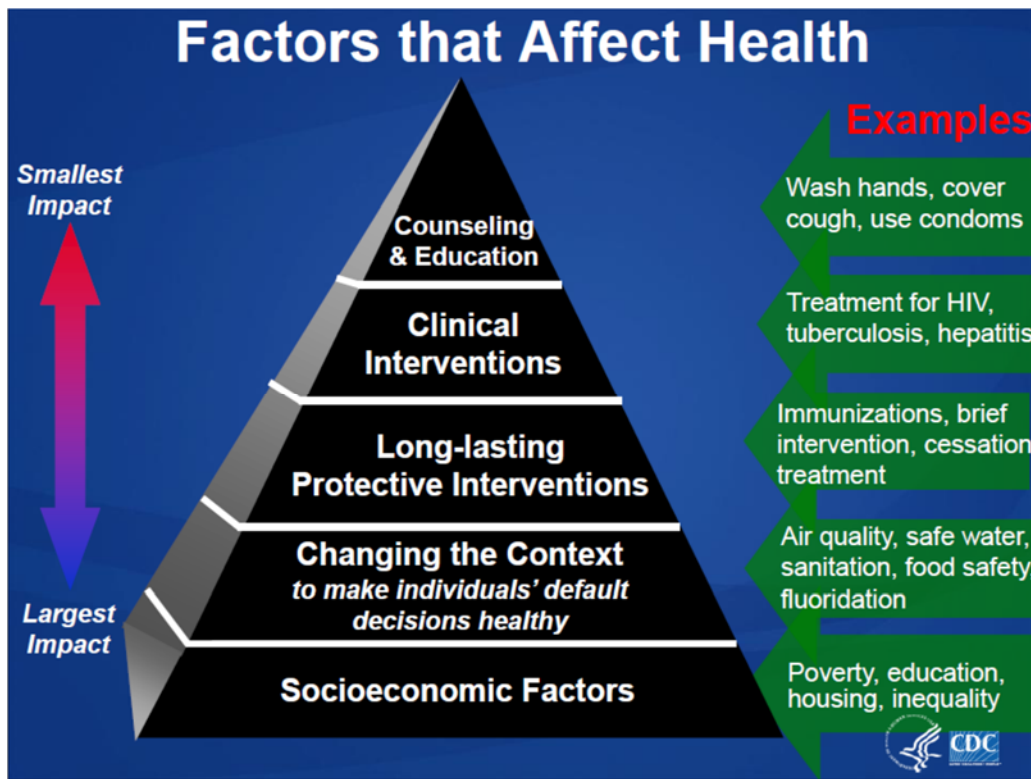
Limited access to behavioral health services may contribute to poor health outcomes and high health care costs. The lack of access has resulted in significant local law enforcement interventions as well as impacting emergency departments.

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

# Introduction

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

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



## What Produces Our Health?

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



PHAB 1.5 Standard 5.2, Measure 5.2.2L

## 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. A multidisciplinary and multisectoral group of community leaders and local residents came together to develop this comprehensive action plan that takes into account the fact that social and environmental factors (social determinants) play a role in the health of a population. Using the lens of health equity (as well as the social determinants of health) as a guide, the Florida Department of Health in Brevard initiated a new community health improvement planning process with our many community partners in 2016, as the existing plan was due to be completed by the end of the year. 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:

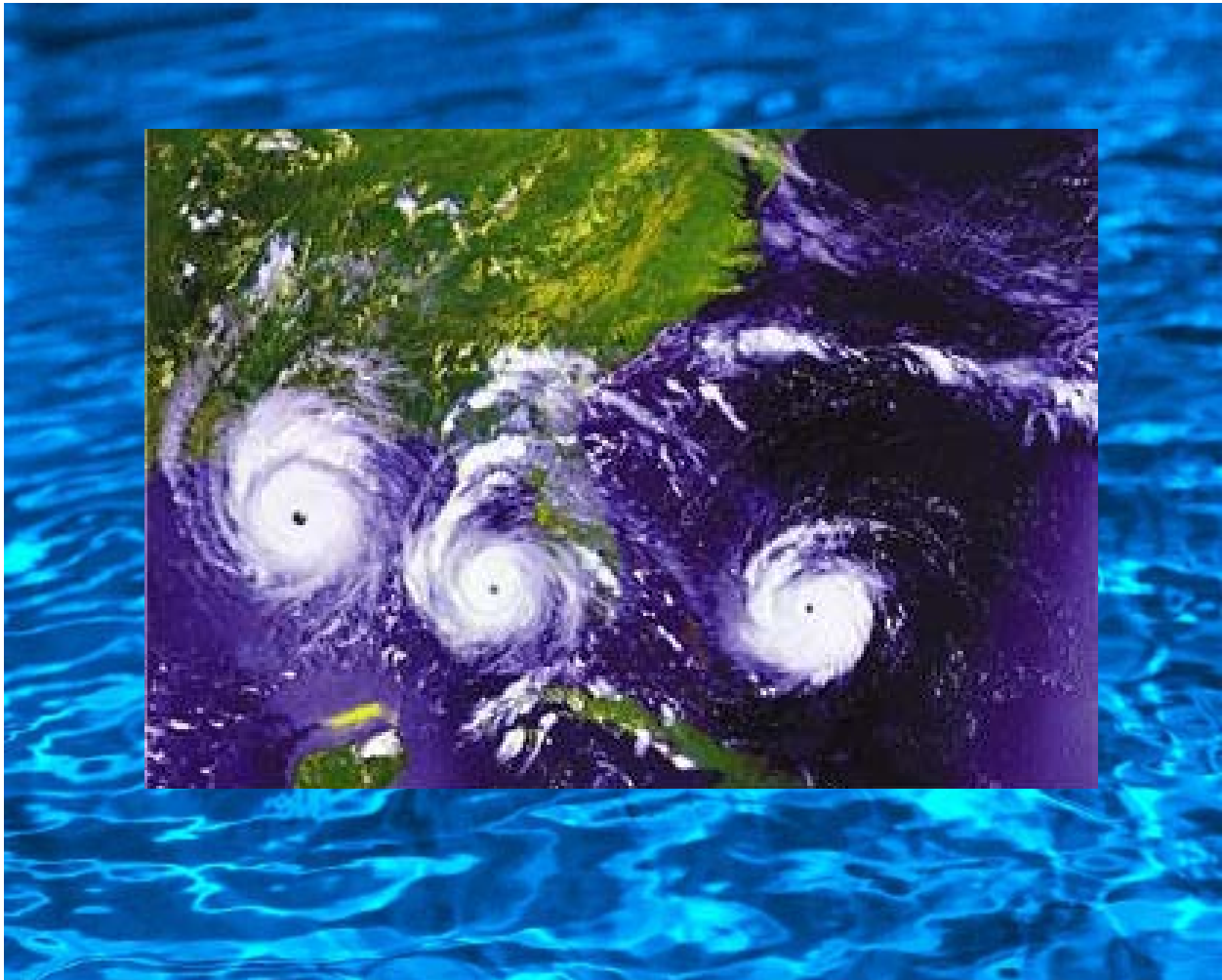
- Developing **strategic issues** based on the community health assessment findings;
- **Prioritizing issues** that need to be addressed in order to achieve the community health vision;
- Identifying overarching **goals and strategies** to accomplish those goals;
- Writing clear **objectives** and determining **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?”



PHAB 1.5 Standard 5.2, Measure 5.2.2L/PHAB 1.5 Standard 5.2, Measure 5.2.2L.

## 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.

Policy and system level changes needed to address identified causes of health inequity:

No changes identified at this time.

Alignment: Appendix C: CHIP Alignment.

## Strategic Health Issue:

# Health Protection

### Goal HP1: Prevent and control infectious disease.

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

**Objective HP1.1.1** By Dec. 31, ~~2021~~ **2022**, increase the percentage of two-years-old who are fully immunized from 72.3% (2015) to 85%. STATE: 85.5% (2015) to 90%.

**Objective HP1.1.2** By Dec. 31, ~~2021~~, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 62% (2013) to 70%. STATE: 54.6% (~~Deleted 2020~~)

**Objective HP1.1.3** By Dec. 31, ~~2021~~ **2022**, maintain the percentage of **two-year-old** CHD clients fully immunized at above 95% (2015 is 99%). STATE: 93% (2015) to 95%.

**Objective HP1.1.4** By Dec. 31, ~~2021~~ **2022**, maintain the number of kindergarten children fully vaccinated at above 95%. Baseline 95.7% (2016). STATE: 93.7%

**Objective HP1.1.5** By Dec. 31, ~~2021~~ **2022**, maintain the number of seventh graders fully vaccinated at above 95%. Baseline 97.4% (2016). STATE: 96.3%

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

**Objective HP1.2.1** By Dec. 31, ~~2021~~ **2022**, reduce the bacterial STD case rate among persons 15–24 years of age from 2,220 per 100,000 (2015) to 2,100 per 100,000. STATE: 2,816 (2015).

**Objective HP1.2.2** By Dec. 31, ~~2021~~ **2022**, maintain the percentage of persons diagnosed with a bacterial STD and treated within 14 days at or above 90% (2016 PRISM =90% of 2,482 cases: use All provider types and all providers). STATE: 75%.

**Objective HP1.2.3** By Dec. 31, ~~2021~~ **2022**, reduce the TB case rate from 2.1 per 100,000 (2015) to 1.5 per 100,000. STATE: 3.0 per 100,000 (2015) to 2.5 per 100,000.

**Objective HP1.2.4** By Dec. 31, ~~2021~~, the completion of treatment rate for active TB cases will remain 100%. (CHARTS data for 2015). STATE: 99% (99.4% in 2015). (~~Deleted 2020~~)

**Objective HP1.2.5** By Dec. 31, ~~2021~~, reduce the enteric disease case rate per 100,000 from 67.7 (2014) to 60.0 STATE: 71.4 (2014) to 51.7. (~~Deleted 2020~~)



## Strategic Health Issue: Health Protection

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**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, ~~2024~~ 2022, reduce the AIDS case rate per 100,000 from 4.5 (2015) to ~~3-0~~ 4.0. STATE: 11.2 (2015).

**Objective HP1.3.2** By Dec. 31, ~~2024~~ 2022, reduce the number of new HIV infection rate per 100,000 from 11.4 (2015) to 10. STATE: 24.5 (2015).

**Objective HP1.3.3** By Dec. 31, ~~2024~~ 2022, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients with suppressed viral load from 90% (2015) to 95%. STATE: 85% (2015)

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**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, ~~2024~~ 2022, greater than 75% of selected reportable disease cases of public health significance will be reported from Brevard CHD within 14 days of notification (100% 2016).

**Objective HP1.4.2** By Dec. 31, 2017, and annually thereafter, prepare and disseminate an annual summary of the occurrence of notifiable disease and conditions in Brevard (one in 2015).



## Strategic Health Issue: Health Protection

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

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

**Objective HP2.1.1** By Jun. 31, 2017, DOH-Brevard will meet with county and community partners on an annual basis regarding mosquito-borne disease education, mitigation and response (one in 2016).

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

**Objective HP2.2.1** By Sept. 30, 2017, and annually ensure 90% of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report (100% 2016).

~~**Objective HP2.2.2** By Dec. 31, 2019, reduce the prevalence of lead poisoning among screened children less than 6 years old with blood lead levels equal to or greater less than 10 micrograms per deciliter. 2014 Baseline rate is 9.1 per 100,000 with count of 3 children. (Deleted 2020)~~

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

**Objective HP2.3.1** By Dec. 31, ~~2021~~ 2022, ensure and maintain 95% (2016) of public water systems have no significant health drinking water quality problems.

**Objective HP2.3.2** By Dec. 31, ~~2021~~ 2022, will continue to complete 100% (2014) of inspections of all other entities with direct impact on public health according to established standards.



## Strategic Health Issue: Health Protection

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

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

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

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

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

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

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

~~HP3.3.1 By Dec. 31, 2017, receive an ORR State Review Completed based on CDC's Operational Readiness Review performed by the state. Annually, DOH-Brevard Emergency Operations Plan will be reviewed, updated and exercised in accordance with State/Federal guidelines.~~

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

**Objective HP3.4.1** By Dec. 31, 2017, complete notification among CDC, on-call epidemiologist and on-call laboratorian within 45 minutes of threat. Annually review, update and exercise the Potassium Iodine (KI) emergency management plan in response to a St Lucie Nuclear Power Plant radiologic event (one in 2016).

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

**Objective HP3.5.1** By June 30, 2017, continue to disseminate risk communications messages to the public within three hours of any incident (100% 2016).



## Strategic Health Issue: Health Protection

### **Goal HP4: Prevent and reduce unintentional and intentional injuries.**

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

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

**Objective HP4.1.2** By Dec. 31, ~~2021~~ 2022, reduce the rate of deaths from all causes of external injury among Brevard resident children ages 0–14 from 11.7 per 100,000 (2015) to 10.0 per 100,000. STATE: 8.2 per 100,000







# Chronic Disease Prevention

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

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

[PHAB 1.5 Standard 5.2, Measure 5.2.2L](#)

Policy and system level changes needed to address identified causes of health inequity:

No changes identified at this time.

Alignment: Appendix C: CHIP Alignment.



## Strategic Health Issue:

# Chronic Disease Prevention

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

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

~~**Objective CD1.1.1** By Dec. 31, 2021, increase the percentage of adults with a healthy weight (BMI 18.5-24%) from 41.2% (2013) to 45%. STATE: 35% (Deleted 2020)~~

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

~~By Dec. 31, 2021, increase the percentage of middle and high school students with BMI > 95th percentile from Middle School 88% (2016) and High School 90.4% (2016) to Middle School 91% and High School 92% (STATE: Middle School 87.4% and High School 86.7%) (Deleted 2020)~~

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

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

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

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

**Objective CD2.2.1** By Dec. 31, 2017, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services. (Completed 2020)

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

~~**Objective CD2.3.1** By Dec. 31, 2021, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 54.4% to 60% (2013 BRFSS data). STATE: 49.1%. (Deleted 2020)~~

~~**Strategy CD2.4** Promote use of evidence-based clinical guidelines to manage chronic diseases. (Deleted 2020)~~

~~**Objective CD2.4.1** By Dec. 31, 2021, increase the percentage of adults with diabetes who had two A1C tests in the past year from 71.6% (2013) to 80%. STATE: 69.3%. (Deleted 2019)~~

~~**Objective CD2.4.2** By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual foot exam from 67.8% (2013) to 75%. STATE: 67.6% (Deleted 2020)~~

~~**Objective CD2.4.3** By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual eye exam from 76.6% (2013) to 85%. STATE: 69.7% (Deleted 2020)~~



## Strategic Health Issue: Chronic Disease Prevention

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~~**Strategy CD2.5** Prevent Florida's youth and young adults from initiating tobacco use.~~

~~**Objective CD2.5.1** By Dec. 31, 2021, increase the percentage of adults who have never smoked from 49.6% (2013) to 60%. STATE: 55%. (Deleted 2020)~~

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~~**Strategy CD2.6** Eliminate Floridians' exposure to secondhand tobacco smoke.~~

~~**Objective CD2.6.1** By Dec. 31, 2021, reduce current smoking rates among adults from 20.5% (2013) to 17%. STATE: 16.8%. (Deleted 2020)~~

~~**Objective CD2.6.2** By Dec. 31, ~~2021~~ 2022 2015, reduce the percentage of mothers who reported smoking during pregnancy from 12.6% (2015) to 9%. STATE: 5.8%~~

~~**Objective CD2.6.3** By Dec. 31, 2021, reduce the percentage of high school students smoking cigarettes in the past 30 days from 12.5% (2012) to 10%. STATE: 10.1% (Deleted 2020)~~

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~~**Strategy CD2.7** Eliminate Floridians' exposure to secondhand tobacco smoke.~~

~~**Objective CD2.7.1** By Dec. 31, 2021, reduce the percentage of adults who were exposed to secondhand smoke during the past 7 days from 17.8% (2007) to 14%. STATE: 14.9% (Deleted 2020)~~





# 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.

[PHAB 1.5 Standard 5.2, Measure 5.2.2L](#)

Policy and system level changes needed to address identified causes of health inequity:

Change needed to support community organizations' dissemination of health literature and education (schools).

Alignment: Appendix C: CHIP Alignment

## 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.**

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

~~**Objective CR1.1.1** By Dec. 31, 2017, DOH-Brevard will have public health attendance in their community planning processes with the county planning board. (Deleted 2019)~~

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**Strategy CR1.2** ~~Share effective strategies and messages that support the connection between the built environment and healthy behaviors. (Deleted 2020)~~

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

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

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

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

**Objective CR1.3.1** By July 31, ~~2021~~ 2022, DOH-Brevard will establish a mechanism for sharing data and information about community assessment work across organizations.

~~**Objective CR1.3.2** By Sept. 30, 2021, DOH-Brevard programs will incorporate recommendations and guidelines for integrating specific assessments into its program-specific assessment requirements. (Deleted 2019)~~





## 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.

[PHAB 1.5 Standard 5.2, Measure 5.2.2L](#)

Policy and system level changes needed to address identified causes of health inequity:

Change needed to support community organizations' dissemination of mental health literature and education. Changes needed to policy regarding acknowledgement of mental health as a potential chronic health condition.

Alignment: Appendix C: CHIP Alignment



## Strategic Health Issue:

# Access to Care

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

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

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

~~**Objective AC1.1.2** By Dec 31, 2017, and every three years thereafter, DOH-Brevard will review the Behavioral Risk Factor Surveillance System (BRFSS) data to assess related health behaviors and health status. (Deleted 2020)~~

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

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

**Objective AC2.1.1** By Jun 30, 2017, DOH-Brevard will continue to provide access to testing and treatment of sexually transmitted diseases (STD). 30% of STD is identified at DOH-Brevard with 3,988 visits (2015 2016 FIRS data).

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

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

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

~~**Strategy AC2.2** Address health care service barriers (e.g., payment, enrollment and access impediments) for service care recipients. (Deleted 2020)~~

~~**Objective AC2.2.1** By Dec. 31, 2021, increase the percentage of persons who report having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare from 77.2% (2013) to 85%. STATE: 77.1%.~~

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



## Strategic Health Issue: Access to Care

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

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~~**Strategy AC3.1** Strengthen integration of substance abuse and mental health services with delivery of primary care. (Deleted 2019)~~

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

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~~**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. (Deleted 2020)~~

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

~~By Dec. 31, 2020, increase the percentage of adults with good mental health for the past 30 days from 86.0% (2016) to 89%. (Deleted 2020)~~

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

---

~~**Strategy AC4.1** Promote integration between the oral health care system and other health care providers, including information sharing, education for medical providers on preventive oral health services, more effective reimbursement, and incentives for improving. (Deleted 2020)~~

~~**Objective AC4.1.1** By Dec. 31, 2021, increase the percentage of adults who report having visited a dentist or dental clinic in the past year from 60.5% (2016) 61.8% to 63% 65% (STATE: 63% 64.7% to 67%). (Deleted 2020)~~

~~**Objective AC4.1.2** By Dec. 31, 2020, increase the percentage of adults who report having had their teeth cleaned in the past year from 57.6% to 62% (STATE: 60.9% to 64%). (Deleted 2019)~~

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

~~By Dec 31, 2020, increase the percentage of adults who have seen a dentist in the past year from 60.5% (2016) to 63% (STATE: 63%). (Deleted 2020)~~

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

~~**Objective AC4.2.1** By Jun. 31, 2024 2022, Increase the number of schools offering dental sealants on site with a focus on the underserved to 30. Baseline is one (2016).~~



## Strategic Health Issue: Access to Care

### Goal AC5: Reduce maternal and infant morbidity and mortality.

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**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, ~~2024~~ 2022, reduce the rate of births to mothers with 3<sup>rd</sup> Trimester or no Prenatal care from 3.1% (2015) to 2.0%. STATE: 5.5%

**Objective AC5.1.2** By Dec. 31, ~~2024~~ 2022, increase the rate of births to mothers with 1st Trimester Prenatal care from 84.8% (2015) to 88%. STATE: 79.3%

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

**Objective AC5.2.1** By Dec. 31, ~~2024~~ 2022, decrease the percentage of teen births, ages 15–17, that are subsequent (repeat) births from 11.8% (2015) to 8%. STATE: 8%.

**Objective AC5.2.2** By Dec. 31, ~~2024~~ 2022, reduce live births to mothers aged 15–19 from 19.2% per 1000 females (2015) to 15%. STATE: 20.3

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

**Objective AC5.3.1** By Dec. 31, ~~2024~~ 2022, maintain the ~~three-year-rolling~~ **three-year-rolling** Sudden Infant Death (SID) rate at 0.1% (2013-15). STATE: 0.3%

**Objective AC5.3.2** By Dec. 31, ~~2024~~ 2022, ensure continued access to prenatal care for all women of Brevard. DOH-Brevard accounted for 17,134 prenatal visits in fiscal year 2014/2015 and over 99% of the uninsured.

**Objective AC5.3.3** By Dec. 31, ~~2024~~ 2022, decrease the infant mortality rate from 6.3 (2015) to 5.5 per 1000 live births. STATE: 6.2.

**Objective AC5.3.4** By Dec. 31, ~~2024~~ 2022, reduce the black infant mortality rate from 10.6 (2015) to 9.0 per 1000 live births. STATE: 11.4.

**Objective AC5.3.5** By Dec. 31, ~~2024~~ 2022, increase the percentage of women who initiate breastfeeding their infant from 78.7% (2015) to 85%. STATE: 85%.







## Health Finance and Infrastructure

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

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

[PHAB 1.5 Standard 5.2, Measure 5.2.2L](#)

Policy and system level changes needed to address identified causes of health inequity:

No changes identified at this time.

Alignment: Appendix C: CHIP Alignment

## Strategic Health Issue:

# Health Finance and Infrastructure

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

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

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

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

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

**Objective HI1.2.1** By Jan. 1, 2019, 100% of DOH-Brevard dental clinics will be using digital panoramic x-rays. (Completed 2018)

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

**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.**

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

**Objective HI2.1.1** By Sept. 30, 2017, DOH-Brevard will implement the rule revision recommendations from the CHD Fee Workgroup to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay. (Completed 2018)

**Objective HI2.1.2** By Dec. 1, 2017, DOH-Brevard will have documented a fee adjustment process to better align fees with actual cost. (Completed 2018)

**Objective HI2.1.3** By Sept. 30, 2017, all non-clinical DOH-Brevard program offices will have documented a fee adjustment process to align fees with actual cost. (Completed 2018)



## Strategic Health Issue: Health Finance and Infrastructure

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

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

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

**Objective HI3.1.2** By Aug. 1, ~~2024~~ 2022, 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.

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

**Objective HI3.2.1** By July 01, 2017, DOH-Brevard will maintain Memorandums of Agreement with at least three Florida public colleges/universities to provide training opportunities in public health for their students. Target 24, Baseline 3 (2016)

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**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, ~~2024~~ 2022, DOH-Brevard will implement a workforce development plan. (Completed 2019)

**Objective HI3.3.2** By Dec 1, ~~2024~~ 2022, DOH-Brevard will achieve a minimum of two objectives in each of the goal areas of the Workforce Development Plan.



## Strategic Health Issue: Health Finance and Infrastructure

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

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

**Objective HI4.1.1** By Jun. 30, 2017, DOH-Brevard will have produced a current (within the past 3–5 years) community health improvement plan in concert with community partners. (Completed 2020)

**Objective HI4.1.2** By Dec. 31, 2019, at least 50% of community health improvement plans will be aligned with the goals and strategies in the State Health Improvement Plan. (Completed 2017)

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

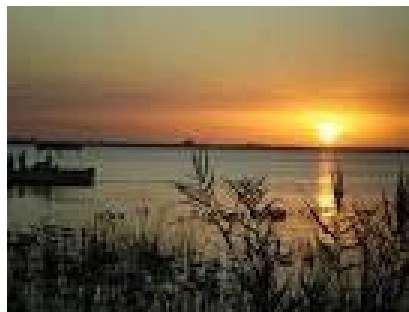
**Objective HI4.2.1** By Jan. 31, 2018, Community Health Improvement Plan partners will convene to discuss progress of plan implementation at least annually (one in 2016).

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

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

**Objective HI4.3.2** By Jun. 31, ~~2021~~ 2022, DOH-Brevard will be re-accredited by the Public Health Accreditation Board as a portion of the state application.



# APPENDICES



# Appendix A: CHIP Tracking Tool

Strategy 1: HP. 1.2 Prevent the spread of Communicable Diseases									
Indicators									
Objectives	Baseline	Direction of Change	Unit of Measurement	Current Measurement				Total for Year	Data Source
				Q1	Q2	Q3	Q4		

Q1	Activity Progress and Comments								
	KEY ACCOMPLISHMENTS								
	BARRIERS/ISSUES ENCOUNTERED								
	PLANS TO OVERCOME BARRIERS/ISSUES								
Q2	Activity Progress and Comments								
	KEY ACCOMPLISHMENTS								
	BARRIERS/ISSUES ENCOUNTERED								
	PLANS TO OVERCOME BARRIERS/ISSUES								
Q3	Activity Progress and Comments								
	KEY ACCOMPLISHMENTS								
	BARRIERS/ISSUES ENCOUNTERED								
	PLANS TO OVERCOME BARRIERS/ISSUES								
Q4	Activity Progress and Comments								
	KEY ACCOMPLISHMENTS								
	BARRIERS/ISSUES ENCOUNTERED								
	PLANS TO OVERCOME BARRIERS/ISSUES								



# Appendix B: Data Sources

<b>DEMOGRAPHICS</b>
U.S. Census Bureau: State and County QuickFacts-Brevard County, Florida. Florida Legislature's Office of Economic and Demographic Research – Brevard County Profile. Brevard County Crime Statistics. Florida Department of Education-1998-99 to 2019-2020 Brevard County School District Graduation Rates, School Enrollment, Lunch Program.
<b>HEALTH INFORMATION</b>
Brevard County FDOH CHARTS County Profile 2015, 2016, 2017, 2018, & 2019. Brevard County FDOH CHARTS County Chronic Disease Profile 2015, 2016, 2017, 2018, & 2019. County Health Rankings & Roadmaps 2016—2020. Brevard County FL-CHARTS Pregnancy & Young Child Profile. Brevard County FL-CHARTS School-aged Child & Adolescent Profile. FDOH Communicable Disease Frequency Report. 01/01/2014 – 12/31/2020. FL-CHARTS -Transmittable Disease Cases & Morbidity. August 2016. Florida Youth Tobacco Survey 2014—2020 – Brevard County. Community Environmental Health Profile Report, Brevard County. Florida Department of Health, Environmental Health Tracking Tool.
<b>ADDITIONAL HEALTH INFORMATION</b>
<a href="#">Florida Department of Health in Brevard County Annual Health Report 2015.</a> <a href="#">Infant Mortality in Brevard County, FL. by Census Tract, 2010-2014.</a> <a href="#">Brevard County Census Tracts with Greatest Number of Infant Deaths 2010-2014.</a> <a href="#">Infant Mortality Counts and Rates by Census Tract, 2010-2014.</a> FIRS Report 2015-2019.



# Appendix C: CHIP Alignment

PHAB 1.5 Standard 5.2, Measure 5.2.2L

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance			Linkage
			Actual	Targets 21	Due	
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.	HP1.1.1 By Dec. 31, 2021, increase the percentage of two-year-olds who are fully immunized from 72.3% (2015) to 85%. STATE: 85.5% (2015) to 90%.	Immunization	72.3% (2015)	85%	12/31/2021	ASP Goal 1.1 ASP 3.1.1 STRAT HP.1.1.1 SHIP IM2.1.1 Healthy IID-1
	HP1.1.2 By Dec. 31, 2021, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 62% (2013) to 70%. STATE: 54.6%.	Immunization	62% (2013)	70%	12/31/2021	ASP Goal 1.1 Healthy IID-12
	HP1.1.3 By Dec. 31, 2021, maintain the percentage of two year old CHD clients fully immunized at above 95% (2015 is 99%). STATE: 93% (2015) to 95%.	Immunization	99% (2015)	≥95%	12/31/2021	ASP Goal 1.1 STRAT HP.1.1.3 SHIP IM2.1.1 Healthy IID-1
	HP1.1.4 By Dec. 31, 2021, maintain the number of kindergarten children fully vaccinated at above 95%. Baseline 95.7% (2016). STATE: 93.7%.	Immunization	95.7% (2016)	≥95%	12/31/2021	ASP Goal 1.1 ASP Goal 3.1 SHIP Goal IM2 Healthy IID-1, IID-10
	HP1.1.5 By Dec. 31, 2021, maintain the number of seventh graders fully vaccinated at above 95%. Baseline 97.4% (2016). STATE: 96.3%.	Immunization	97.4% (2016)	≥95%	12/31/2021	ASP Goal 1.1 SHIP Goal IM2 Healthy IID-1, IID-11
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.	HP1.2.1 By Dec. 31, 2021, reduce the bacterial STD case rate among persons 15–24 years of age from 2,220 per 100,000 (2015) to 2,100 per 100,000. STATE: 2,816 (2015).	STD	2220 (2015)	2100	12/31/2021	STRAT HP.1.2.1 ASP Goal 1.1 SHIP ID1.2 Healthy STD-1
	HP1.2.2 By Dec. 31, 2021, maintain the percentage of persons diagnosed with a bacterial STD and treated within 14 days at or above 90% (2016 PRISM =90% of 2,482 cases; use All provider types and all providers). STATE: 75%.	STD	90% (2016)	≥90%	12/31/2021	STRAT HP.1.2.2 ASP Goal 1.1 SHIP Goal ID1 Healthy STD-1, STD-6, STD-7, STD-8
	HP1.2.3 By Dec. 31, 2021, reduce the TB case rate from 2.1 per 100,000 (2015) to 1.5 per 100,000. STATE: 3.0 per 100,000 (2015) to 2.5 per 100,000.	TB	2.1 (2015)	1.5	12/31/2021	ASP Goal 1.1
	HP1.2.4 By Dec. 31, 2021, the completion of treatment rate for active TB cases will remain 100%. (CHARTS data for 2015). STATE: 99% (99.4% in 2015).	TB	99% (2015)	100%	12/31/2021	ASP Goal 1.1





# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance Targets		Due	Linkage
			Actual	21		
	HP1.2.5 By Dec. 31, 2021, reduce the enteric disease case rate per 100,000 from 67.7 (2014) to 60.0 STATE: 71.4 (2014) to 51.7.	EPI	67.7 (2014)	60.0	12/31/2021	ASP Goal 1.1
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.	HP1.3.1 By Dec. 31, 2021, reduce the AIDS case rate per 100,000 from 4.5 (2015) to 3.0 STATE: 11.2 (2015).	HIV/AIDS	4.5 (2015)	3.0	12/31/2021	ASP Goal 2.1 SHIP Goal ID2 Healthy HIV-4
	HP1.3.2 By Dec. 31, 2021, reduce the number of new HIV infection rate per 100,000 from 11.4 (2015) to 10 STATE: 24.5 (2015).	HIV/AIDS	11.4 (2015)	10	12/31/2021	ASP Goal 2.1 SHIP Goal ID2 Healthy HIV-1
	HP1.3.3 By Dec. 31, 2021, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients with suppressed viral load from 90% (2015) to 95% STATE: 85% (2015)	HIV/AIDS	90% (2015)	95%	12/31/2021	STRAT HP.1.3.3 ASP Goal 1.1 ASP Goal 2.1 SHIP ID2.1 SHIP ID2.2 Healthy HIV-10
HP1.4 Conduct disease surveillance to detect, monitor and collect data for public health program planning, evaluation and policy development.	HP1.4.1 By Dec. 31, 2021, greater than 75% of selected reportable disease cases of public health significance will be reported from Brevard CHD within 14 days of notification (100% 2016)	EPI	100% 2016	>75%	12/31/2021	ASP Goal 3.1 SHIP Goal HE2
	HP1.4.2 By Dec. 31, 2017, and annually thereafter, prepare and disseminate an annual summary of the occurrence of notifiable disease and conditions in Brevard (One in 2015).	EPI	1 (2015)	1	12/31/2017 Annually	ASP Goal 3.1 SHIP Goal HE2
HP2.1 Prevent illness, injury and death related to environmental factors through educational outreach, human behavior change, and county and community collaborations.	HP2.1.1 By Jun. 31, 2017, DOH-Brevard will meet with county and community partners on an annual basis regarding mosquito-borne disease education, mitigation and response (One in 2016).	EPI/EH	1 (2016)	1	6/31/2017 Annually	ASP Goal 3.1 SHIP HE3.5
HP2.2 Identify environmental threats through monitoring and surveillance from inspections, notifications from other agencies, data collection, analysis and data sharing.	HP2.2.1 By Sept. 30, 2017, and annually ensure 90% of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report (100% 2016).	EPI	100% (2016)	90%	9/30/2017 Annually	ASP Goal 3.1 SHIP Goal HE2



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance			Linkage
			Actual	Targets 21	Due	
	HP2.2.2 By Dec. 31, 2019, reduce the prevalence of lead poisoning among screened children less than 6 years old with blood lead levels equal to or greater than 40.5 micrograms per deciliter. 2014 Baseline rate is 9.1 per 100,000 with count of 3 children.	Community Health	9.1 (2014)	<5	12/31/2019	ASP Goal 1.1 ASP Goal 3.1
HP2.3 Advance programs to ensure compliance with public health standards.	HP2.3.1 By Dec. 31, 2021, ensure and maintain 95% (2016) of public water systems have no significant health drinking water quality problems.	EH	95% (2016)	95%	12/31/2021	ASP Goal 1.1 ASP Goal 3.1 SHIP Goal HE2
	HP2.3.2 By Dec. 31, 2021, will continue to complete 100% (2014) of inspections of all other entities with direct impact on public health according to established standards.	EH	100% (2014)	100%	12/31/2021	ASP Goal 1.1
HP3.1 Prepare the public health and health care system for all hazards, natural or man-made.	HP3.1.1 By Dec. 31, 2017, complete After Action Reports and Improvement Plans within 30 days of exercise or real event.	Preparedness	2 (2015)	3	12/31/2017	ASP Goal 3.1
HP3.2 Ensure that systems and personnel are available to effectively manage all hazards.	HP3.2.1 At least bi-annually, ensure pre-identified staff covering Public Health and Medical incident management command roles can respond to an alert to duty within 60 minutes or less.	Preparedness	85% (2015)	90%	12/31/2021	STRAT HP.3.2.1 ASP 3.1.3 ASP Goal 3.1 SHIP Goal ISV1
HP3.3 Institute appropriate and effective mitigation for the health consequences of any event.	HP3.3.1 By Dec. 31, 2017, receive above 95% (2010) on Cities Readiness Initiative (CRI) audit performed by the state. Annually, DCH-Brevard Emergency Operations Plan will be reviewed, updated and exercised in accordance with State/Federal guidelines.	Preparedness	95% (2010)	>95%	12/31/2017	ASP Goal 3.1
HP3.4 Detect, monitor and track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences.	HP3.4.1 By Dec. 31, 2017, complete notification among CDC, on-call epidemiologist and on-call laboratorian within 45 minutes of threat. Annually review, update and exercise the Potassium Iodine (KI) emergency management plan in response to a St Lucie Nuclear Power Plant radiologic event (one in 2016).	Preparedness	1 (2016)	1	12/31/2017	ASP Goal 3.1



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance		Due	Linkage
			Actual	Targets '21		
HP3.5 Create an informed, empowered, and resilient public and a prepared health system.	HP3.5.1 By June 30, 2017, continue to disseminate risk communications messages to the public within three hours of any incident (100% 2016).	Preparedness/ PIO	100% (2016)	100%	6/30/2017	ASP Goal 3.1
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.	HP4.1.1 By Dec. 31, 2017, support quarterly the local Child Abuse Death Review committee to identify and support efforts in child health and safety to prevent child abuse and deaths.	Administration Office	N/A	4	12/31/2017 Annually	STRAT HP.4.1.1 ASP Goal 2.1 SHIP ISV1.5 Healthy IVP-1
	HP4.1.2 By Dec. 31, 2021, reduce the rate of deaths from all causes of external injury among Brevard resident children ages 0-14 from 11.7 per 100,000 (2015) to 10.0 per 100,000. STATE: 8.2 per 100,000	Administration Office	11.7 (2015)	10	12/31/2021	STRAT HP.4.1.2 ASP Goal 2.1 SHIP ISV1.4 SHIP ISV1.5 Healthy IVP-1
CD1.1 Documenting body mass indices (BMI) and provide education and counseling on nutrition and physical activity.	CD1.1.1 By Dec. 31, 2021, increase the percentage of adults with a healthy weight (BMI 18.5-24.9) from 41.2% (2013) to 45%. STATE: 35%	Health Educator	41.2% (2013)	45%	12/31/2021	ASP Goal 2.1 SHIP Goal HW1 Healthy NWS-8
	CD1.1.2 By Dec. 31, 2021, increase the percentage of middle and high school students with a healthy weight from 66.6% (2014) to 70%. STATE: 67.6% CD1.1.2 By Dec. 31, 2021, increase the percentage of middle and high school students with BMI > 95th percentile from Middle School 88% (2016) and High School 90.4% (2016) to Middle School 91% and High School 92% (STATE: Middle School 87.4% and High School 86.7%)	Health Educator	66.6% (2014) Middle School 88% (2016) High School 90.4% (2016)	70% Middle School 91% High School 92%	12/31/2021	ASP Goal 2.1 SHIP Goal HW1 Healthy NWS-10
CD2.1 Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors.	CD2.1.1 By Dec. 31, 2017, support at least three community events per year that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.	Health Educator	N/A	3	12/31/2017 Annually	ASP Goal 2.1 SHIP Goal HW1 Healthy NWS-8, TU-4
CD2.2 Support use of evidence-based employee wellness programs to promote healthy behaviors.	CD2.2.1 By Dec. 31, 2017, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services.	Health Educator	N/A	3	12/31/2017	ASP Goal 2.1 STRAT CD.2.2.1 SHIP HW1.1.5 Healthy NWS-8, TU-4



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance		Due	Linkage
			Actual	Targets		
CD2.3 Promote chronic disease self-management education.	CD2.3.1 By Dec. 31, 2021, increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 54.4% to 60% (2013 BRFSS data). STATE: 49.1%.	Nursing Director/Health Educator	54.4% (2013)	60%	12/31/2021	ASP Goal 1.1 SHIP CD1.3.3
CD2.4 Promote use of evidence-based clinical guidelines to manage chronic diseases.	CD2.4.1 By Dec. 31, 2021, increase the percentage of adults with diabetes who had two A1C tests in the past year from 71.6% (2013) to 80%. STATE: 69.3%.	Nursing Director/Health Educator	71.6% (2013)	80%	12/31/2021	ASP Goal 1.1 SHIP Goal CD1 Healthy D-5.1
	CD2.4.2 By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual foot exam from 67.8% (2013) to 75%. STATE: 67.6%	Nursing Director/Health Educator	67.8% (2013)	75%	12/31/2021	ASP Goal 1.1 SHIP Goal CD1 Healthy D-9
	CD2.4.3 By Dec. 31, 2021, increase the percentage of adults with diabetes who had an annual eye exam from 76.6% (2013) to 85%. STATE: 69.7%	Nursing Director/Health Educator	76.6% (2013)	85%	12/31/2021	ASP Goal 1.1 SHIP Goal CD1 Healthy D-10
	CD2.5.1 By Dec. 31, 2021, increase the percentage of adults who have never smoked from 49.6% (2013) to 60%. STATE: 55%.	Health Educator	49.6% (2013)	60%	12/31/2021	ASP Goal 3.1 SHIP Goal CD1
CD2.6 Eliminate Floridians' exposure to secondhand tobacco smoke.	CD2.6.1 By Dec. 31, 2021, reduce current smoking rates among adults from 20.5% (2013) to 17%. STATE: 16.8%.	Health Educator	20.5% (2013)	17%	12/31/2021	ASP Goal 3.1 ASP 3.1.4B SHIP CD1.3 Healthy TU-1
	CD2.6.2 By Dec. 31, 2015, reduce the percentage of mothers who reported smoking during pregnancy from 12.6% (2015) to 9%. STATE: 5.8%	Health Educator	12.6% (2015)	9%	12/31/2021	ASP Goal 3.1 SHIP MCH1.2.1 Healthy TU-6
	CD2.6.3 By Dec. 31, 2021, reduce the percentage of high school students smoking cigarettes in the past 30 days from 12.5% (2012) to 10%. STATE: 10.1%	Health Educator	12.5% (2012)	10%	12/31/2021	ASP Goal 3.1 ASP 3.1.4A STRAT CD.2.6.3 SHIP CD1.1.1 Healthy TU-2
CD2.7 Eliminate Floridians' exposure to secondhand tobacco smoke.	CD2.7.1 By Dec. 31, 2021, reduce the percentage of adults who were exposed to secondhand smoke during the past 7 days from 17.8% (2007) to 14%. STATE: 14.9%	Health Educator	17.8% (2007)	14%	12/31/2021	ASP Goal 3.1 SHIP Goal CD1 Healthy TU-11



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance Targets		Due	Linkage
			Actual	21		
CR1.1 Include a public health component in community planning processes to increase awareness and opportunity for the built environment to impact healthy behaviors.	CR1.1.1 By Dec. 31, 2017, DOH-Brevard will have public health attendance in their community planning processes with the county planning board.	EH	N/A	2	12/31/2017	ASP Goal 3.1 SHIP Goal HE2
CR1.2 Share effective strategies and messages that support the connection between the built environment and healthy behaviors.	CR1.2.1 By Sept. 30, 2021, DOH-Brevard will work with DOH and others to document evidence-based practices that support the connections between health and the built environment health.	PACE-EH	N/A	1	9/30/2021	ASP Goal 1.1 SHIP Goal HE3
	CR1.2.2 By Dec. 31, 2021, DOH-Brevard will distribute resources and training materials created by DOH and the Florida Association of Health Planning Agencies (et al) that promote health-related conversations about health benefits to communities resulting from the built environment.	PACE-EH	N/A	2	12/31/2021	ASP Goal 1.1 SHIP Goal HE4
	CR1.2.3 By March 30, 2021, DOH-Brevard will conduct training about health benefits to communities resulting from the built environment.	PACE-EH	N/A	2	3/30/2021	ASP Goal 1.1 SHIP Goal HE5
CR1.3 Maximize effective and efficient means of collecting and sharing data that is common to multiple assessment processes.	CR1.3.1 By July 31, 2021, DOH-Brevard will establish a mechanism for sharing data and information about community assessment work across organizations.	Community Health	N/A	1	7/31/2021	ASP Goal 4.1 SHIP Goal HE6
	CR1.3.2 By Sept. 30, 2021, DOH-Brevard programs will incorporate recommendations and guidelines for integrating specific assessments into its program-specific assessment requirements.	Community Health	N/A	N/A	9/30/2021	ASP Goal 4.1 SHIP Goal HE7
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.	AC1.1.1 By Dec. 31, 2017, every three to five years, a comprehensive community health assessment will be conducted for the Brevard County and made available via multiple agency venues.	Space Coast Volunteer in Medicine	CHA (2016)	N/A	12/31/2017 Every 3 years	ASP Goal 1.1



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance		Due	Linkage
			Actual	Targets '21		
	AC1.1.2 By Dec 31, 2017, and every three years thereafter, DOH-Brevard will review the Behavioral Risk Factor Surveillance System (BRFSS) data to assess related health behaviors and health status.	Community Health	1 (2016)	N/A	12/31/2017 Every 3 years	ASP Goal 1.1
AC2.1 Improve access to preventative care, selected core public health services and primary care services.	AC2.1.1 By Jun 30, 2017, DOH-Brevard will continue to provide access to testing and treatment of sexually transmitted diseases (STD). 30% of STD is identified at DOH-Brevard with 3,988 visits (2015 FIRS data).	STD	3988 (2015)	Provide	6/30/2017	ASP Goal 2.1 SHIP Goal ID1 Healthy STD-1, STD-6, STD-7, STD-8
	AC2.1.2 By Jun 30, 2017, DOH-Brevard will continue to provide immunization access to children and adults in concert with community partners and need. 8877 vaccinations were given in 2015 (FIRS data).	Immunization	8877 (2015)	Provide	6/30/2017	ASP Goal 3.1 SHIP Goal IM2 Healthy IID-1
	AC2.1.3 By Jun 30, 2017, DOH-Brevard will continue to provide family planning services in concert with community partners and need. 8,978 clinical visits occurred in fiscal year 2015 (FIRS data).	Nursing Director	8978 (2015)	Provide	6/30/2017	ASP Goal 1.1 SHIP MCH2.2
	<del>AC2.1.4 By Jun 30, 2019, the primary care task force committee will increase the number of underinsured/uninsured primary care adults with access to care by 8,000 clients.</del>	Primary Care Task Force	N/A	N/A	6/30/2019	ASP Goal 4.1
AC2.2 Address health care service barriers (e.g., payment, enrollment) and access impediments) for service care recipients.	AC2.2.1 By Dec. 31, 2021, increase the percentage of persons who report having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare from 77.2% (2013) to 85%. STATE: 77.1%.	Community Health	77.2% (2013)	85%	12/31/2021	ASP Goal 1.1 Healthy AHS-1.1
	AC2.2.2 By Dec. 31, 2021, decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 15.1% (2013) to 12%. STATE: 20.8%.	Community Health	15.1% (2013)	12%	12/31/2021	ASP Goal 1.1 SHIP HE3.3.1 Healthy AHS-6



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance Targets		Due	Linkage
			Actual	21		
AC3.1 Strengthen integration of substance abuse and mental health services with delivery of primary care.	AC3.1.1 By Dec. 31, 2021, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders.	TBD	N/A	N/A	12/31/2021	STRAT AC3.1.1 SHIP BH1.1
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.	AC3.2.1 By Dec. 31, 2020, increase access to behavioral health services by 900 per year over the next three years for a total of 2400. AC3.2.1 By Dec. 31, 2020, increase the percentage of adults with good mental health for the past 30 days from 86.0% (2016) to 89%.	Access to Behavioral Health Task Force	800/yr 86 (2016)	2400/yr 89%	12/31/2020	ASP Goal 2.1 SHIP BH1.1 SHIP MCH3.2.1 Healthy MHMD-9
AC4.1 Promote integration between the oral health care system and other health care providers, including information sharing, education for medical providers on preventive oral health services, more effective reimbursement, and incentives for improving.	AC4.1.1 By Dec. 31, 2021, increase the percentage of adults who report having visited a dentist or dental clinic in the past year from 60.5% (2016) 64.2% to 65% (STATE: 63% 64.7% to 67%).	Access to Dental Care Task Force	60.5% (2016)	65%	12/31/2021	ASP Goal 2.1 Healthy AHS-6.3
	AC4.1.2 By Dec. 31, 2020, increase the percentage of adults who report having had their teeth cleaned in the past year from 67.6% to 62% (STATE: 60.0% to 64%).	Access to Dental Care Task Force	57.6% (year)	62%	12/31/2020	ASP Goal 2.1 Healthy AHS-6.3
	AC4.1.3 Dec. 31, 2020, increase the percentage of low income persons with access to dental care. From 49.5% (2012) to 26% (STATE: 26%). AC4.1.3 By Dec. 31, 2020, increase the percentage of adults who have seen a dentist in the past year from 60.5% (2016) to 63% (STATE: 63%).	Access to Dental Care Task Force	49.5% (2012) 60.5% (2016)	26% 63%	12/31/2020	ASP Goal 2.1 Healthy AHS-6.3
AC4.2 Promote innovative oral health care delivery practice models.	AC4.2.1 By Jun. 31, 2021, increase the number of schools offering dental sealants on site with a focus on the underserved to 30. Baseline is one (2016).	Dental	1 (2016)	30	6/30/2021	ASP Goal 2.1 Healthy AHS-6.3
AC5.1 Raise awareness among providers and consumers on the importance and benefits of being healthy prior to pregnancy.	AC5.1.1 By Dec. 31, 2021, reduce the rate of births to mothers with 3rd Trimester or no Prenatal care from 3.1% (2015) to 2.0%. STATE: 5.5%	Clinical Services	3.1% (2015)	2%	12/31/2021	ASP Goal 1.1 Healthy MICH-10





# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance			Linkage
			Actual	Targets '21	Due	
	AC5.1.2 By Dec. 31, 2021, increase the rate of births to mothers with 1st Trimester Prenatal care from 84.8% (2015) to 88%. STATE: 79.3%	Clinical Services	84.8% (2015)	88%	12/31/2021	ASP Goal 1.1 Healthy MICH-10
AC5.2 Utilize positive youth development sponsored programs to promote abstinence and reduce teen sexual activity.	AC5.2.1 By Dec. 31, 2021, decrease the percentage of teen births, ages 15-17, that are subsequent (repeat) births from 11.8% (2015) to 8%. STATE: 8%	Nursing Director	11.8% (2015)	8%	12/31/2021	ASP Goal 1.1
	AC5.2.2 By Dec. 31, 2021, reduce live births to mothers aged 15-19 from 19.2% per 1000 females (2015) to 15%. STATE: 20.3	Nursing Director	19.2% (2015)	15%	12/31/2021	ASP Goal 1.1
AC5.3 Support the DOH educational health care provider and consumer campaign on safe sleep and assure access to prenatal care.	AC5.3.1 By Dec. 31, 2021, maintain the three year rolling Sudden Infant Death (SID) rate at 0.1% (2013-15). STATE: 0.3%	HS Coalition	0.1% (2013-15)	0.1%	12/31/2021	ASP Goal 2.1 SHIP Goal MCH-1 Healthy MICH-1
	AC5.3.2 By Dec. 31, 2021, ensure continued access to prenatal care for all women of Brevard. DOH-Brevard accounted for 17,134 prenatal visits in fiscal year 2014/2015 and over 99% of the uninsured.	Nursing Director	17,134 (FY2014-15)	Provide	12/31/2021	ASP Goal 1.1 Healthy MICH-1
	AC5.3.3 By Dec. 31, 2021, decrease the infant mortality rate from 6.3 (2015) to 5.5 per 1000 live births. STATE: 6.2	Health Educator/HS	6.3 (2015)	5.50	12/31/2021	ASP Goal 1.1 SHIP Goal MCH-1 Healthy MICH-1
	AC5.3.4 By Dec. 31, 2021, reduce the black infant mortality rate from 10.6 (2015) to 9.0 per 1000 live births. STATE: 11.4.	Health Educator/HS	10.6 (2015)	9	12/31/2021	ASP Goal 1.1 SHIP Goal MCH-1 Healthy MICH-1
	AC5.3.5 By Dec. 31, 2021, increase the percentage of women who initiate breastfeeding their infant from 78.7% (2015) to 85%. STATE: 85%	WIC	78.7% (2015)	85%	12/31/2021	STRAT AC5.4.5 ASP Goal 1.1 Healthy MICH-21
HI1.1 Maximize facility resources to respond to community needs and meet fiscal responsibility	HI1.1.1 By Jan. 1, 2018, 100% of DOH-Brevard facilities which are over 10yrs old, will be assessed and prioritized for safety and operational effectiveness.	Business Office	N/A	N/A	1/1/2018	ASP Goal 4.1
	HI1.1.2 By Dec. 31, 2018, 100% of DOH-Brevard facilities which are over 10yrs old, will be assessed and prioritized for facility consolidation which will potentiate operational efficiency and cost savings.	Business Office	N/A	N/A	12/31/2018	ASP Goal 4.1 STRAT HI.1.1.2





# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance			Linkage
			Actual	Targets 21	Due	
HI1.2 Use public health information technology and systems to efficiently and effectively provide public health services to the community.	HI1.2.1 By Jan. 1, 2019, 100% of DOH-Brevard dental clinics will be using digital panoramic x-rays.	Dental	N/A	N/A	1/1/2019	ASP Goal 4.1
	HI1.2.2 By Jan. 1, 2020, 25% of all tuberculosis cases will be treated via video direct observed therapy.	TB	N/A	25%	1/1/2020	ASP Goal 4.1
HI2.1 Routinely review and update fee policies and fee schedules.	HI2.1.1 By Sept. 30, 2017, DOH-Brevard will implement the rule revision recommendations from the CHD Fee Workgroup to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay.	Business Office	N/A	Yes Annually	9/30/2017	STRATHI.2.1.1 ASP 4.1.2 PMQI RPI Project (2016) ASP Goal 4.1
	HI2.1.2 By Dec. 1, 2017, DOH-Brevard will have documented a fee adjustment process to better align fees with actual cost.	Business Office	N/A	Yes Annually	12/1/2017	ASP Goal 4.1
	HI2.1.3 By Sept. 30, 2017, all non-clinical DOH-Brevard program offices will have documented a fee adjustment process to align fees with actual cost.	Business Office	N/A	Yes Annually	9/30/2017	ASP Goal 4.1
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.	HI3.1.1 By December 30, 2017, DOH-Brevard will utilize the Training Finder Real-time Affiliate Integrated Network (TRAIN), the premier learning resource for professionals who protect the public, by distributing training opportunities.	HR	N/A	1	12/30/2017	ASP Goal 4.1
	HI3.1.2 By Aug. 1, 2021, DOH-Brevard will implement the plan developed by DOH and Florida Public Health Training Centers to collaboratively address identified training gaps, using data from the needs assessment.	HR	N/A	N/A	8/1/2021	ASP Goal 4.1
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.	HI3.2.1 By July 01, 2017, DOH-Brevard will maintain Memorandums of Agreement with at least three Florida public colleges/universities to provide training opportunities in public health for their students. Target 24, Baseline 3 (2016)	Community Health	3 (2016)	24	7/1/2017	ASP Goal 4.1 SHIP Goal HE1 SHIP Goal CD2
HI3.3 Promote the development of workforce development plans for public health system partners who address	HI3.3.1 By July 1, 2021, DOH-Brevard will implement a workforce development plan.	HR	N/A	N/A	7/1/2021	STRATHI.3.3.1 ASP Goal 4.1



# Appendix C: CHIP Alignment (cont...)

CHIP Plan - CFO Matrix 2017-2021						
Strategy	Objectives	Owner	Performance		Due	Linkage
			Actual	Targets 21		
current and future training and resource needs.	HI3.3.2 By Dec 1, 2021, DOH-Brevard will achieve a minimum of two objectives in each of the goal areas of the Workforce Development Plan.	HR	N/A	1	12/1/2021	STRAT HI.3.3.2 ASP Goal 4.1
HI4.1 Implement and link health improvement planning at state and local levels.	HI4.1.1 By Jun. 30, 2017, DOH-Brevard will have produced a current (within the past 3-5 years) community health improvement plan in concert with community partners.	Administration Office	Create	N/A	6/30/2017	ASP Goal 1.1
	HI4.1.2 By Dec. 31, 2019, at least 50% of community health improvement plans will be aligned with the goals and strategies in the State Health Improvement Plan.	Administration Office	N/A	N/A	12/31/2019	ASP Goal 1.1
HI4.2 Coordinate with public health system partners to monitor the Community Health Improvement Plan.	HI4.2.1 By Jan. 31, 2018, Community Health Improvement Plan partners will convene to discuss progress of plan implementation at least annually (One in 2016).	Administration Office	1 (2016)	1	1/31/2018	ASP Goal 4.1
HI4.3 Collect, track and use performance data to inform business decisions and support continuous improvement.	HI4.3.1 By Feb. 2018, DOH-Brevard will have produced current (in the past four years) prerequisite documents (e.g., Health Status Assessment, Health Improvement Plan and Strategic Plan) for accreditation.	Administration Office	N/A	N/A	2/29/2018	STRAT HI.4.3 ASP Goal 4.1
	HI4.3.2 By Jun. 31, 2021, DOH-Brevard will be re-accredited by the Public Health Accreditation Board as a portion of the state application.	Administration Office	N/A	N/A	6/31/2021	ASP Goal 4.1

SHIP = State Health Improvement Plan  
 ASP = Agency Strategic Plan  
 APMQI = Agency Performance Management Quality Improvement Plan  
 WFD = DOH-Brevard Workforce Development Plan  
 CHIP = DOH-Brevard Community Health Improvement Plan  
 PMQI = DOH-Brevard Performance Management Quality Improvement Plan  
 Healthy = Healthy People 2020

