



Community Health Improvement Plan Annual Report, 2019

Florida Department of Health in Brevard County

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Introduction

This is the annual review report for the 2017 – 2021 Brevard County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Brevard County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Brevard County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

The community partnership consists of a broad range of engaged partners seeking to improve the health of Brevardians where they work, live and play. This includes government, education/academia, healthcare (including mental health and dental), private sector, social services, and a host of non-profits.

The four priority areas identified in 2017 were:

- 1. Access to Care**
- 2. Access to Dental Care**
- 3. Access to Behavioral Health**
- 4. Nutrition Physical Activity and Weight (chronic disease mitigation)**

Many changes occurred over the course of the year, but through commitment and dedication, progress is being made despite the challenges that arise. Further detail of activities and results are found in this report.

Overview of the Community Health Improvement Plan (CHIP)

In September of 2016, the Florida Department of Health in Brevard County convened the CHIP Planning Team. The Planning Team facilitated the CHIP process through using the National Association of City and County Health Officials Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. Subject matter experts from across a diverse group of partners conducted the four assessments suggested by the MAPP process. Individually, the assessment yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Brevard County.

The Planning Team developed findings and presented these findings to the Steering Committee. The Steering Committee comprised a diverse leadership group representing 14 agencies and organizations in Brevard County. The Steering Committee set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The Steering Committee approved the 2017-2021 CHIP in April of 2017 to go into effect on 01 July 2017. The Steering Committee reached consensus on four strategic issue areas: Health Protection, Chronic Disease Prevention, Access to Care and Health Finance and Infrastructure. See Table below for Strategic Issue Areas with their goals, developed by a workgroup of subject matter experts.

STRATEGIC ISSUE AREA	GOAL
Health Protection	1. Prevent and control infectious disease
	2. Prevent and reduce illness, injury and death related to environmental factors
	3. Minimize loss of life, illness and injury from natural or man-made disaster
	4. Prevent and reduce unintentional and intentional injuries
Chronic Disease Prevention	1. Increase the percentage of adults and children who are at a healthy weight
	2. Increase access to resources that promote healthy behaviors
	3. Reduce chronic disease morbidity and mortality
	4. Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
Community Redevelopment and Partnership	1. Integrate planning and assessment processes to maximize partnerships
	2. Build and revitalize communities so people can live healthy lives

	<ol style="list-style-type: none"> 3. <i>Provide equal access to culturally and linguistically competent care</i>
Access to Care	<ol style="list-style-type: none"> 1. <i>Regularly assess health care assets and service needs</i>
	<ol style="list-style-type: none"> 2. <i>Improve access to primary care services for Brevardians</i>
	<ol style="list-style-type: none"> 3. <i>Improve behavior health services so adults, children and families are active, self-sufficient participants in their communities</i>
	<ol style="list-style-type: none"> 4. <i>Reduce maternal and infant morbidity and mortality</i>
	<ol style="list-style-type: none"> 5. <i>Provide equal access to culturally and linguistically competent care</i>
	<ol style="list-style-type: none"> 6. <i>Enhance access to preventive, restorative and emergency oral care</i>
Health Finance and Infrastructure	<ol style="list-style-type: none"> 1. <i>Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Brevardians</i>
	<ol style="list-style-type: none"> 2. <i>Assure Adequate public health funding to control infectious disease, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors</i>
	<ol style="list-style-type: none"> 3. <i>Attract, recruit and retain a prepared, diverse and sustainable public health workforce in Brevard</i>
	<ol style="list-style-type: none"> 4. <i>Promote an efficient and effective public health system through performance management and collaboration among partners</i>

Summary of CHIP Annual Review Meeting

The annual review meeting centered around discussions of the four primary focus areas. While the CHIP is broad and expansive, by focusing on a few strategies and objectives it is thought that success is more likely given challenges and resources. It is recognized that much work and progress is being made that cannot be completely captured through the activities described in CHIP but momentum is surging along with the belief that change for the better will take place over time. It is noted that there are no new data points given the reliance on the Behavioral Risk Factor Surveillance System (BRFSS) but progress is being made at the local level. In addition to the three primary focus areas, DOH-Brevard presented several examples of activity surrounding Health Protection measures within the current CHIP.


Strategic Issue: Health Protection

All Floridians must be protected from infectious and environmental threats, injuries, and man-made disasters. The public health system should prevent and reduce illness, injury and death related to environmental factors and minimize loss of life, illness and injury from natural or man-made disasters.




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

Strategy 2: Advance programs to ensure compliance with public health standards.

Key Partners: Space Coast Health Foundation (SCHF), Brevard Health Alliance, DOH-Brevard

Why this is important to our community:					
Standards of health profoundly influence economic performance and quality of life.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
HP2.3.1 By Dec. 31, 2021, ensure and maintain 95% of public water systems have no significant health drinking water quality problems.	DEP Reports and Logs from inspections	100% (2018) 95% (2016)	95%		Our small drinking water systems we review quarterly and annual for water samples and we are at a 100%.

* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue: Access to Care


Limited access to health care services, including oral health care and behavioral health care, may contribute to poor health outcomes and high health care costs. This is especially significant since the access point of care for the uninsured and underinsured is often the emergency department which has the highest cost of care.




Goals: 1) Improve access to primary care services, 2) Enhance access to preventive, restorative and emergency oral health care



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

Strategy 2: 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.




Key Partners: Space Coast Health Foundation (SCHF), Space Coast Volunteers In Medicine (SCVIM), Brevard Health Alliance (BHA), Parrish Medical Center, Health First Health Systems, Healthy Start (HS), Private Obstetricians, DOH-Brevard

Why this is important to our community:					
One of the main barriers to improving community-wide health outcomes is in the inability to access available resources. Causes of inaccessibility include, but are not limit to, poverty and low health literacy. These social determinants disproportionately affect low income groups.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
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).	FIRS data	3285 (FY2017-18) 3484 (FY2016-17) 3988 (FY2015-16)	N/A		This objective is trending down in numbers decreased 17% last three years and 26.1% last six years.

<p>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).</p>	<p>FIRS data</p>	<p>7563 (FY2017-18) 7864 (FY2016-17) 8877 (FY2015-16)</p>	<p>N/A</p>		<p>This objective is trending down in numbers decreased 14.8% last three years and 29.4% last six years.</p>
<p>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)</p>	<p>FIRS data</p>	<p>8031 (FY2017-18) 7825 (FY2016-17) 8978 (FY2015-16)</p>	<p>N/A</p>		<p>This objective is trending down in numbers decreased 10.5% last three years and 32.0% last six years.</p>
<p>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%)</p>	<p>Percent of residents unable to see a doctor due to cost (Florida CHARTS)</p>	<p>16.9% (2016) 15.1% (2013)</p>	<p>12.0%</p>		<p>This indicator has worsened over three years. This is a complex issue due to the nature of healthcare and the ever-changing insurance landscape. High deductibles are beginning to have an impact on access. Information from CHARTS has not changed since last year. Unable to say if interventions are working.</p>

<p>AC4.1.3 By Dec 31, 2020, increase the percentage of low-income persons with access to dental care from 18.5% (2012) to 25% (STATE: 25%).</p> <p>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%).</p>	<p>Percent of residents with access to dental care (Florida CHARTS)</p> <p>The percentage of adults who have seen a dentist in the past year. (Florida CHARTS)</p>	<p>60.5% (2016)</p> <p>48.5% (2012)</p>	<p>63%</p> <p>25%</p>		<p>There is no update in CHARTS for this indicator. The 2016 BRFSS does report the % of adults who have seen a dentist in the past year. The indicator will change to this measure.</p>
<p>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.</p>	<p>FIRS data</p>	<p>15197 (FY2017-18)</p> <p>16022 (FY2016-17)</p> <p>17134 (FY2015-16)</p>	<p>N/A</p>		<p>This objective is trending down in numbers decreased 12.4% last three years and 8% last six years.</p>

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Strategic Issue: Chronic Disease Prevention


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.

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




Strategy 1: Documenting body mass index (BMI) and provide education and counseling on nutrition and physical activity

Key Partners: Healthy Weight Forum, Reduce Obesity in Central Florida Kids (ROCK), Brevard County Schools, DOH-Brevard

Why this is important to our community:					
Being overweight, having poor nutrition and living a sedentary lifestyle is one of the largest contributors to chronic disease and poor health outcomes. Increasing access to resources that promote healthy behaviors and achieving a healthy weight will reduce morbidity, mortality and health care costs.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
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%	Percentage of middle/high school students with a healthy weight Percent of middle school students with BMI ≥ 95 th percentile Percent of high school students with BMI ≥ 95 th percentile	66.6% (2014) Middle School 88% (2016) High School 90.4% (2016)	70% Middle School 91% High School 92%		Inability to completely evaluate due to BRFSS survey gaps. Change the measure to look at BMI > 95 th percentile as individual measures. BRFSS/ CHARTS

(STATE: Middle School 87.4% and High School 86.7%)					
CD1.1.1 By Dec. 31, 2021, increase the percentage of adults with healthy weight (BMI 18.5-24%) from 41.2% (2013) to 45%. STATE: 35%	Percentage of adults with healthy weight (Florida CHARTS)	33.3% (2016) 41.2% (2013)	45%		Data based on BRFSS survey results as recorded in CHARTS. This indicator has gotten worse. There is no clear indication as to why the drop.

* Status indicators are as follows:

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-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue: Access to Behavioral Health Services

Limited access to behavioral health services may contribute to poor health outcomes and high health care costs. This is especially significant since the access point of care for the uninsured and underinsured is often the emergency department which has the highest cost of care along with the association of substance abuse.

Goals: 1) Improve access to behavioral health services



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

Strategy 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.




Key Partners: Space Coast Health Foundation (SCHF), Space Coast Volunteers In Medicine (SCVIM), Brevard Health Alliance (BHA), Parrish Medical Center, Health First Health Systems, Healthy Start (HS), DOH-Brevard, Circles of Care, Comprehensive Health, United Way, Central Florida Treatment Centers

Why this is important to our community:









One of the main barriers to improving community-wide health outcomes is in the inability to access available resources. Causes of inaccessibility include, but are not limit to, poverty and low health literacy. These social determinants disproportionately affect low income groups.








Objective	Indicator	Current Level	Target	Status	Explanation of Status*
<p>AC3.1.1 By Dec. 31, 2021, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders</p>	<p>Percent of assessed providers who routinely screen</p> <p>Average number of unhealthy mental health days in the past 30 days.</p>	<p>4 of 10 (2016)</p> <p>4.2 (2016) 3.6 (2013)</p>	8 of 10		<p>Data based on primary care offices responding to phone interview. Unable to measure this indicator as data not available. Changed the measure to Average number of unhealthy mental days in the past 30 days. BRFSS/CHARTS and still unable to measure this indicator as data not available. PMC agreed to delete this measure.</p>
<p>AC3.2.1 By Dec. 31, 2020, increase access to behavioral health services by 800/yr over the next three years for a total of 2400.</p> <p>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%.</p>	<p>Access to behavioral health</p> <p>Percentage of adults with good mental health for the past 30 days</p>	<p>800/yr 86% (2016)</p>	2400/yr 89%		<p>Data is based on assessment via the behavioral health task force. This data was not available. Changed the measure to Percentage of adults with good mental health for the past 30 days. BRFSS/CHARTS</p>

* Status indicators are as follows:




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-  = reached or surpassed objective target

Strategic Plan Tracking: *The following Objectives are being tracked under the Strategic Plan (please review the 2019 Strategic Plan Progress Report for more details).*

Objective	Current Level	Status
Health Protection		
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%.	78.2%	
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%.	95%	
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).	2300 per 100K	
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%.	94%	
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)	90%	
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.	90%	
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.	100%	
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	8 per 100K	

Chronic Disease Prevention		
CD2.2.1 By Dec. 31, 2017, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services.	3	
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%	9%	
Access to Care		
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%.	82%	
Health Finance and Infrastructure		
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.	New Melbourne facility in 2016	
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.	Annually	
HI3.3.1 By July 1, 2021, DOH-Brevard will implement a workforce development plan.	Created	
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.	97%	

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-  = reached or surpassed objective target

Revisions

Access to Primary Care, Access to Dental Care, Access to Mental Health services and Nutrition/Physical Activity/Weight (Chronic disease mitigation) continue to be the priorities of the Health Advisory Council moving into the next iteration of the CHIP.

It was recognized that data is limited and each agency is encouraged to monitor their respective areas of expertise and effort. A strategic long-range goal would be for each agency to own a portion of the CHIP regarding monitoring and activities directed at making improvements. No progress has been made on achieving this goal due to a host of complications.

Several indicators have been revised to allow for data tracking towards overall improvement.

Priority: Health Protection

Goal: HP1 Prevent and control infectious disease.

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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).	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.	DOH Division of Disease Control and Prevention, Bureau of Epidemiology.	1	1	Update Baseline data and year.
HP1.4.2 By Dec. 31, 2017, and annually thereafter, prepare and disseminate an annual summary of the occurrence of notifiable disease and	HP1.4.2 By Dec. 31, 2017, and annually thereafter, prepare and disseminate an annual summary of the	DOH Division of Disease Control and Prevention, Bureau of Epidemiology.	1	1	Update Baseline data and year.

conditions in Brevard (One in 2015).	occurrence of notifiable disease and conditions in Brevard.				
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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.

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

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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).	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.	DOH Division of Disease Control and Prevention, Bureau of Epidemiology.	1	1	Update Baseline data and year.
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	HP2.2.1 By Sept. 30, 2017, and annually ensure 90% of illness outbreaks associated with a regulated facility has an environmental	DOH Division of Disease Control and Prevention, Bureau of Epidemiology.	100% (2016)	90%	

report (100% 2016).	assessment or inspection done within 48 hours of initial outbreak report.				
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.	HP2.2.2 By Dec. 31, 2019, reduce the prevalence of lead poisoning among screened children less than 6 years old with blood lead levels equal to or greater than 10 micrograms per deciliter. 2014 Baseline rate is 9.1 per 100,000 with count of 3 children.	CHARTS	91 (2014)	<5	Change target as well as greater than to less than to match data source values.
HP2.3.1 By Dec. 31, 2021, ensure and maintain 95% (2016) of public water systems have no significant health drinking water quality problems.	HP2.3.1 By Dec. 31, 2021, ensure and maintain 95% of public water systems have no significant health drinking water quality problems.	DEP Reports and Logs from inspections	100%	95%	Update Baseline data and year.

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

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

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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).	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.	Preparedness	1 (2016)	1	Update Baseline data and year.
HP3.5.1 By June 30, 2017, continue to disseminate risk communications messages to the public within three hours of any incident (100% 2016).	HP3.5.1 By June 30, 2017, continue to disseminate risk communications messages to the public within three hours of any incident.	Preparedness	100% (2016)	100%	Update Baseline data and year.

Priority: Access to Care

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.

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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.	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.	N/A	N/A	N/A	Delete - Cannot track.
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%.	AC2.2.1 By Dec. 31, 2021, increase the percentage of persons who report having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare from 77.2% to 85%. STATE: 77.1%.	CHARTS	77.2% (2013)	85%	Update Baseline data and year.

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.

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.

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
AC3.1.1 By Dec. 31, 2021, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders.	AC3.1.1 By Dec. 31, 2021, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders.	Average number of unhealthy mental health days in the past 30 days.	4 of 10 (2016) 4.2 (2016) 3.6 (2013)	8 of 10	Data based on primary care offices responding to phone interview. Unable to measure this indicator as data not available. Changed the measure to Average number of unhealthy mental days in the past 30 days. BRFSS/CHARTS and still unable to measure this indicator as data not available. PMC agreed to delete this measure.
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%.	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.	Percentage of adults with good mental health for the past 30 days (FL CHARTS)	800/yr 86 (2016)	2400/yr 89%	Data is based on assessment via the behavioral health task force. This data was not available. Changed the measure to Percentage of adults with good mental health for the past 30 days.

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.

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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 65% (STATE: 63% 64.7% to 67%).	AC4.1.1 By Dec. 31, 2021, increase the percentage of adults who report having visited a dentist or dental clinic in the past year from 61.8% to 65% (STATE: 64.7% to 67%).	CHARTS	60.5% (2016)	65%	Adjust baseline.
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%).	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%).	N/A	57.6%	62%	Delete - Cannot track
AC4.1.3 By Dec 31, 2020, increase the percentage of adults who have seen a dentist in the past year from 60.5%	AC4.1.3 By Dec 31, 2020, increase the percentage of low-income persons with	The percentage of adults who have seen a dentist in the past year. (Florida CHARTS)	60.5% (2016)	63%	There is no update in CHARTS for this indicator. The 2016 BRFSS does report the % of adults who have seen a

(2016) to 63% (STATE: 63%)	access to dental care from 18.5% (2012) to 25% (STATE: 25%).				dentist in the past year.
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).	AC4.2.1 By Jun. 31, 2021, Increase the number of schools offering dental sealants on site with a focus on the underserved. Baseline is one (2016).	Dental	1 2016	30	Adjust targets.

Priority: 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.

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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%)	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%	Percent of middle school students with BMI \geq 95 th percentile Percent of high school students with BMI \geq 95 th percentile	Middle School 88% (2016) High School 90.4% (2016)	Middle School 91% High School 92%	Inability to completely evaluate due to BRFSS survey gaps.

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

Strategy: CD2.4 Promote use of evidence-based clinical guidelines to manage chronic diseases. CD2.6 Eliminate Floridians' exposure to secondhand tobacco smoke.

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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%.	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%.	CHARTS	71.6% (2013)	80%	Delete - Lost of funding for primary access to healthcare program (PATH).
CD2.6.2 By Dec. 31, 2015 2021, reduce the percentage of mothers who reported smoking during pregnancy from 12.6% (2015) to 9%. STATE: 5.8%.	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%	CHARTS	12.6% (2015)	9%	Update target date.

Priority: 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.

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

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
CR1.1.1 By Dec. 31, 2017, DOH-Brevard will have public health attendance in their community planning processes with the county planning board.	CR1.1.1 By Dec. 31, 2017, DOH-Brevard will have public health attendance in their community planning processes with the county planning board.	N/A	N/A	N/A	Delete – Out of Scope
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.	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.	N/A	N/A	N/A	Delete – No data available.

Priority: Health Finance and Infrastructure

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

Strategy: HI3.2 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.

Revised Objective	Current Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
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)	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.	Administration	3 (2016)	24	Update baseline and target.
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).	HI4.2.1 By Jan. 31, 2018, Community Health Improvement Plan partners will convene to discuss progress of plan implementation at least annually.	Administration	1 (2016)	1	Update baseline.

Accomplishments

2019 Activities of Note: Through the Brevard Opioid Task Force, DOH-Brevard contracted with RASE Project and now has peer recovery specialists in two clinics. The peer recovery specialists provide counseling to maternity clients who self-report drug abuse.

The nationwide Hepatitis A outbreak resulted in 168 cases in 2019 in Brevard County. To combat this outbreak, DOH-Brevard hired additional staff and completed numerous outreach events at shelters, homeless camps, food banks, and cold night shelters. DOH-Brevard coordinated with vaccination partners at the jail, drug treatment facilities, EMS providers, and hospitals to enroll them in the Section 317 Program to provide vaccination services.

DOH-Brevard participated in two county-wide dental days which attracted 87 adults in need of oral care. DOH-Brevard dentists and volunteer dentists from the community provided education, exams, x-rays, and extractions. This activity will continue to occur on a bi-annual basis with the next dental day in October of 2019.

Get Healthy Brevard (formerly Healthiest Weight Brevard) is a broad partnership focused on health and mitigating chronic disease through healthy living. Once again, they marketed the “Mayors’ Fitness Challenge” to local municipalities; participants from 11 municipalities logged in over two million minutes of activity.

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

The priority areas for this year remained access to basic health; primary care, oral health and behavioral health. Partnerships continue to strengthen as agencies bring to bear needed resources to address complex problems. Definitive progress was made in addressing these concerns and these areas will remain priorities as we move forward as a community. Challenges have centered around available real time data as well as economic shifts in market. In addition, it is recognized there are multiple agencies and efforts focused on improving the health of the citizens of Brevard. It is not feasible to collect and report on all areas regarding all the good work being done.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Brevard County. The community forum is in the process of strategic planning, generating a new community health assessment and then revising the current CHIP once those documents have been finalized. Despite significant challenges, progress is being made and the community is mobilizing toward better health.

Appendices

- A. List of Community Partners**
- B. Health Advisory Council Meeting Agenda (8/6/19)**
- C. Health Advisory Council Meeting Minutes (8/6/19)**

Appendix A: Community Partners

Community Partners (2019)

- Libby Donoghue - 2-1-1 Brevard
- Johnette Gindling - Space Coast Health Foundation
- Joy Blazek Space Coast Health Foundation
- Tricia Romesberg - Space Coast Health Foundation
- Ian Golden - Housing and Human Services Department, Brevard County
- Austin Helton - Brevard Health Alliance
- Maegan Anderson - Brevard Health Alliance
- Alicia Moore - Brevard Health Alliance
- Paulette Howell - Eastern Florida State College
- Christine Moore - Brevard Public Schools
- Tracy Pelligrino - Brevard C.A.R.E.S.
- Robert Rains - United Way of Brevard
- Maria Stahl - Florida Department of Health in Brevard County
- Shauna Christian - Florida Department of Health in Brevard County
- Karen Van Caulil - Florida Health Care Coalition
- Jason Wiesler - Circles of Care
- Audrey Joiner - Space Coast Volunteers in Medicine

Appendix B: Heath Advisory Council Meeting Agenda

SPACE COAST HEALTH FOUNDATION

Health Advisory Council Meeting
August 6, 2019
3:30 p.m. – 5:00 p.m.

AGENDA

- I. **Welcome**
- II. **Central Florida Cares Community Needs Health Assessment**
 - Michael Lupton, Chief Information Officer, Central Florida Cares Health System
- III. **Exploring a community information exchange?**
 - Overview of a community information exchange
 - Examples from other communities
 - How might it benefit Brevard County
 - What conditions would need to exist?
- IV. **Community Health Improvement Plan Annual Review**
 - Bruce Pierce, Community Health Director, Florida Department of Health in Brevard County
- V. **Council Member Announcements**
- VI. **Other**
 - Article on coding for social determinants of health <[click here](#)>

NEXT MEETING: TUESDAY, October 1, 2019
3:30PM – 5:00PM

Appendix C: Heath Advisory Council Meeting Minutes



Health Advisory Council
Meeting Notes
Tuesday, August 6, 2019

-
- I. Central Florida Cares Community Needs Health Assessment Presentation**
- Michael Lupton, Chief Information Officer for Central Florida Cares Health System presented its [community needs health assessment for Brevard County](#).
- II. Exploring a community information exchange?**
Considerations:
- Health Information Exchange – what is the status of these? PCAN (Orlando) may have information per Ken Peach.
 - What would be the cost of a CIE?
 - Who would own it?
 - FLDOH and any state agency may have issues with PHI
 - What are benefits? The ROI?
 - Can we accomplish this with care managers? Do we need the technology?
 - Start with a specific group of patients. An example would be patients with CHF.
- III. Community Health Improvement Plan Annual Review**
- Bruce Pierce, Community Health Director, Florida Department of Health in Brevard County presented the CHIP Annual Review.
 - Annual Review was approved after brief discussion
- IV. Council Member Announcements**
- Maria Stahl, Florida Department of Health Brevard reported:
 - Recently appointed Surgeon General, Dr. Scott Rivkees M.D. His priorities at this time are:
 - Hepatitis A – Dr. Rivkees has issued a public health emergency declaration the week prior, the primary purpose of that is to really increase awareness among consumers. Implemented VEST (Vaccinate, Education, Sanitize and Track) Program. 70 cases have been reported since January 2018. Brevard County is rated #10 in the State. They have been doing outreach in Central Florida for treatments, going to the jails, collaborated with BHA, House of Hope and the Sharing Centers, 3 hospital systems coming on board to become Hip A provider (Circles of Care, Rockledge Regional, and Palm Point). The DOH is offering vaccinations. He has also requested public bathrooms to be washed and cleaned with Clorox at least once a day.

- Toxic algae-blooms
 - Vibrio - flesh eating bacteria
 - Decrease in HIV
 - Infant and maternal ward
- Dental clinic in Melbourne was closed, consolidated to Titusville and Viera. They have offered the space to BHA.
 - Administration for the Health Department office is moving from Merritt Island to Viera
 - There was a Townhall meeting about Lake Washington blue-green algae. The water is being tested.

NEXT MEETING: Tuesday, October 1, 2019, 3:30pm-5pm

MEETING ATTENDANCE			Y	N
Anderson	Maegan	Brevard Health Alliance		X
Benton	Jane	Brevard Health Alliance	X	
Blazek	Joy	Space Coast Health Foundation		X
Cribb	Kim	Health First		X
Donoghue	Libby	2-1-1 Brevard	X	
Gindling	Johnette	Space Coast Health Foundation	X	
Golden	Ian	Brevard County Housing and Human Services	X	
Gurri	Lisa	Brevard Health Alliance		X
Howell	Paulette	Eastern Florida State College		X
Joiner	Audrey	Space Coast Volunteers in Medicine		X
Kahlan	Summerpal	Steward Health Care Network		X
Lee	Liz	United Way of Brevard County		X
McAlpine	Chris	Parrish Medical Center	X	
Moore	Alicia	Brevard Health Alliance	X	
Moore	Christine	Brevard Public Schools		X
Peach	Ken	Health Council of East Central Florida	X	
Pierce	Bruce	Florida Department of Health Brevard	X	
Rains	Rob	United Way of Brevard County	X	
Romesberg	Tricia	Nemours	X	
Stahl	Maria	Florida Department of Health Brevard	X	
Van Caulil	Karen	Florida Health Care Coalition		X
Wieseler	Jason	Circles of Care	X	
GUEST AND/OR SUBSTITUTES				
Lupton	Michael	Chief Information Officer, Central Florida Cares Health System		

Facilitator: Michael Corley
Staff: Sanette Rigney

