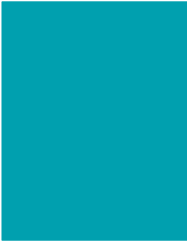
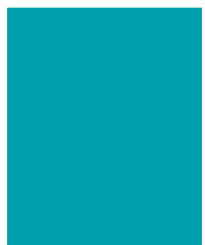


Florida Department of Health in Brevard
County
Strategic Plan 2016-2020



Maria Stahl, DNP, RN
Administrator



April 18, 2016
Revised July 21, 2016
Revised July 12, 2017
Revised September 20, 2018
Revised September 30, 2019





Florida Department of Health in Brevard County (DOH-Brevard)

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Produced by

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Revision History

Date	Notes	Version
4/18/16	Original Publication	1.0
5/26/16	Changes to the following areas: <ul style="list-style-type: none"> • Added: Appendix F – July 2016 Addendum/Update • Updated: Table of Contents 	Revised
5/18/17	Changes to the following areas: <ul style="list-style-type: none"> • Added: Appendix G – July 2017 Addendum/Update • Updated: Table of Contents 	Revised
9/20/18	Changes to the following areas: <ul style="list-style-type: none"> • Added: Appendix H – September 2018 Addendum/Update • Updated: Table of Contents 	Revised
8/23/19	Changes to the following areas: <ul style="list-style-type: none"> • Added: Appendix I – August 2019 Addendum/Update • Updated: Table of Contents • Updated: Minor grammatical errors throughout the document • Updated: Appendix D – Correct objective numbers and added new objectives • Updated: Appendix A – Past and current membership updates • Updated: Appendix B – Added important dates to grid • Updated: Appendix H – Adjusted completion dates and added objective ownership • Updated: Executive Summary – Added review and revision process • Updated: SWOT table was organized to include labels • Updated: Strategic Priorities to match hierarchy and labeling of Agency Strategic Plan 	Revised



Revision Summary 2019

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

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

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

- Added Appendix I – August 2019 Addendum/Update of new additions
- Updated: Table of Contents
- Updated: Minor grammatical errors throughout the document
- Updated: Appendix D – Correct objective numbers and added new objectives
- Updated: Appendix A – Past and current membership updates
- Updated: Appendix B – Added important dates to grid
- Updated: Appendix H – Adjusted completion dates and added objective ownership
- Updated: Executive Summary – Added review and revision process
- Updated: SWOT table was organized to include labels
- Updated: Strategic Priorities to match hierarchy and labeling of Agency Strategic Plan

A summary of the additions can be found in [Appendix I](#).

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Mission, Vision and Values

Public Health Accreditation Board (PHAB) 5.3.2A.a.

Mission – Why do we exist?

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

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

Executive Summary

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

DOH Brevard initiated a new strategic planning process in July 2015. The process involved numerous internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee along with front line input. External stakeholders were also engaged in the planning process through multiple channels that included face to face meetings, phone calls, emails, and partnership meetings.

DOH-Brevard approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

DOH-Brevard also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. Annual monitoring will take place (see appendix B). DOH-Brevard Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators and legislators seeking to understand the work of Brevard County public health. Our Strategic Plan is intended to position DOH-Brevard to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high quality public health services.

Our strategic planning process resulted in identifying three critical priorities. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-Brevard leadership team. DOH-Brevard's strategic priorities are:

1. Health protection and promotion
2. Financial and business excellence
3. Healthy mothers and babies

These priorities guided development of goals, strategies and objectives and will help to shape decisions about resources and actions.

The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging challenges and opportunities.

Review and Revision Process

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

The Performance Management Council met in May 2016 to perform an annual review and evaluation of the plan. Each lead presented information on progress and obstacles encountered. The Council added some objectives in order to maintain traction toward facility improvements, utilization and efficiencies for 2017. A summary of these revisions can be found in [Appendix F](#).

The Performance Management Council met in May 2017 to perform an annual review and evaluation of 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 were also reviewed.** Each lead presented information on progress and obstacles encountered. The Council did not add or modify any objectives for 2018. A summary of these revisions can be found in [Appendix G](#).

The Performance Management Council met in September 2018 to perform an annual review and evaluation of 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 were also reviewed.** The Council discussed the need to modify this plan based on emerging trends. Each lead presented information on progress and obstacles encountered. The Council added some objectives in order to strengthen our alignment with our current CHIP as well as changing State priorities for 2019. A summary of these revisions can be found in [Appendix H](#).

The Performance Management Council met in August 2019 to perform an annual review and evaluation of 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 were also reviewed.** Each lead presented information on progress and obstacles encountered. The Council added some objectives in order to strengthen our alignment with our newly developed Workforce Development Plan for 2020. The Council also decided to delete one objective due to the fact that its predecessor will not get accomplished during the span of this plan. A summary of these revisions can be found in [Appendix I](#).

Background and Overview

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

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

Demographics

DOH-Brevard serves a population of 568,049.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Brevard County apart is a slightly higher percentage of persons 65 and over compared to the state (22% compared to 18%).

Population by Age Brevard County and Florida

	County – 2015		State – 2015
Age Group	Total Number	Total Percentage	Total Percentage
< 5	27,833	5%	5%
5 - 14	59,214	11%	12%
15 - 24	63,327	11%	13%
25 - 44	121,001	21%	25%
Subtotal	271,375	48%	55%
45 - 64	170,718	30%	27%
65 - 74	67,502	12%	10%
> 74	58,454	10%	8%
Subtotal	296,674	52%	45%
Population TOTAL	568,049	100%	100%

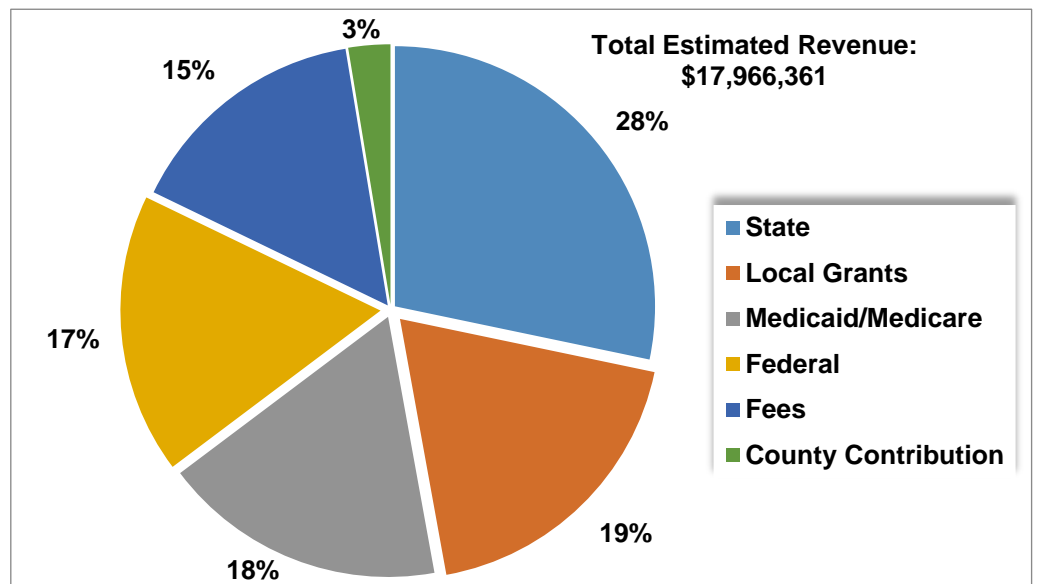
Source: Florida CHARTS- population data

Budget and Revenue

DOH-Brevard financial resources are provided through multiple sources. These include fees, grants, and budget allocations from the County, State and Federal governments. The following series of graphs shows the projected budget for Fiscal Year (FY) 2015-2016.

**The Florida Department of Health in Brevard County
Revenue Percentage by Source
Fiscal Year 2015-2016**

Funding Source	Contribution
State	\$5,081,065
Local Grants	\$3,388,711
Medicaid/Medicare	\$3,162,162
Federal	\$3,130,085
Fees	\$2,736,838
County Contribution	\$467,500
Total Est. Revenue	\$17,498,861

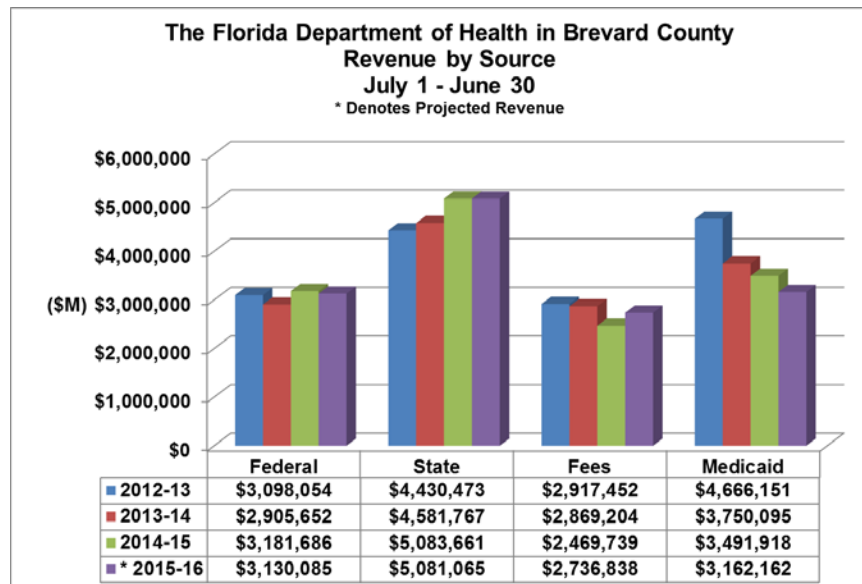
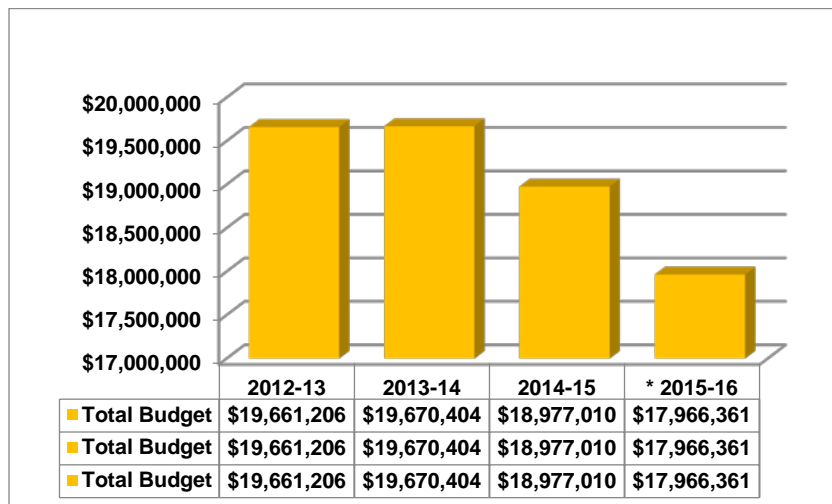


Source: FDOH Spending Plans in FIRS

Budget and Revenue cont...

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to DOH-Brevard. The graph below represents our total revenues over the past four years and the significant reduction in revenue over the past two years (over 10%). The second graph represents our revenues by source and shows the reductions in Medicaid revenue.

**The Florida Department of Health in Brevard County
Total Revenue 2012 – 2015**



Source: FDOH Spending Plans in FIRS

Programs and Services

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

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, safe swimming pools, complaints are investigated and enforcement of public health laws.

Communicable Disease Control

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

Public Health Preparedness

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

Family Planning

We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes.

Community Health

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

Women, Infants and Children (WIC)

We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

School Health

We collaborate with the local school board to improve student health by offering immunizations, vision and hearing screenings, and tracking of physical development in all children.

Vital Statistics

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

SWOT Analysis

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

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis*

Strengths (Internal)

- Enforce laws that protect PH
- Innovative solutions – pen tabs, streamlining systems
- Infrastructure – (dental)
- Disease control
- Preparedness
- Model practices – Quality
- Experienced workforce
- Data tracking systems – CHARTs
- Attention to detail/meet deadlines
- Adapt and overcome attitude
- Cross training staff
- Compliance with Agency policy/procedure
- Serving the needy/clinical expertise

Opportunities (External)

- Local partnerships – EOC, School Board, BCC, Pvt OB's, Hospitals, Clinicians
- Public health accreditation
- Outreach to community and coalition partners
- Promoting organization community wide
- Regional coordination for activities
- Established relationships with academic institutions

Emerging Trends:

- Online resources to meet pgm demands
- Collaborative training with partnerships
- Partnering with region/state
- Community expertise; provision of education
- Model practices to assist other agencies

Weaknesses (Internal)

- Limited statistical expertise (EH)
- PHAB trained employees
- Low salaries – retention
- IT system integration – lack of multi system interface (HIV w TB etc)
- Decreasing resources and personnel with increasing demands
- Training opportunities – conferences, face to face networking
- Substandard Electronic medical records and billing systems
- Public transportation

Threats or Challenges (External)

- County layout – 72mi long/15mi wide; difficult to cover/reach populations
- ICD 10 and EHR – slowing processes
- Resource reductions – money/people
- Lack of integrated computer systems
- Partnerships losing funding
- Constant turnover in community personnel
- Low county contribution to budget – resulting in lower pay for similar jobs
- Competing efforts for paying customers
- Public health emergencies given decreased staff
- Retention of skilled employees due to wages

Emerging Trends:

- Market shifts – HMO's, ACA
- National PH direction which pressures LHD ability to meet local issues/needs/expectations
- Shift away from clinical service despite need
- Political direction and demands

*See Appendix B for a description of the SWOT process

Strategic Priorities

PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1b and c.
PHAB Reaccreditation Guide, Measure 5.3, RD2.2a-b.

Priority 1: Health Protection and Promotion

Goal:
Improve the community's health through integrated, evidence-based prevention, protection and promotion initiatives

- Strategies:**
1. Prevent and control vaccine preventable disease
 2. Prevent the spread of communicable diseases
 3. Prevent and control HIV/Aids

Priority 2: Financial and Business Excellence

Goal:
Achieve operational efficiencies through sound financial and business practices within regulatory constraints to remain sustainable

- Strategies:**
1. Maintain adequate revenue to help meet needs of community
 2. Collect, track and use performance data to support business improvement

Priority 3: Healthy Mothers and Babies

Goal:
Provide high quality community needs-driven programs, services, and credible health information

- Strategies:**
1. Assure access to prenatal care

Strategies and Objectives

Priority 1: Health Protection and Promotion

Strategies	Objectives
HP.1.1 Prevent and control vaccine preventable disease	<p>HP.1.1.1 By December 31, 2020, increase the percentage of 2-year-old clients fully immunized from 85.7% (2016) to 90%</p> <p>HP.1.1.23 By December 31, 2020, maintain the percentage of 2-year-old CHD client fully immunized above 95% (99% in 2015)</p>
HP.1.2 Prevent the spread of communicable diseases	<p>HP.1.2.1 By December 31, 2020, reduce the rate of bacterial STD cases in women 15-34 from 2362.3/100k (2016) to 2300/100k</p> <p>HP.1.2.2 December 31, 2020, increase the percentage STD cases treated within 14 days of diagnosis from 90% (2016) to 90% or higher</p>
HP.1.3 Prevent and control HIV/Aids	<p>HP.1.3.3 By December 31, 2020, increase the percentage of ADAP clients who pick up their medications for each month of the year from 86% (2016) to 90%</p>

Priority 2: Financial and Business Excellence

Strategies	Objectives
HI.2.1 Maintain adequate revenue to help meet needs of community	<p>HP.2.1.1 By December 31, 2020, manage General Revenue and Schedule C OCA cash balances: Trust fund balance from 11.24 (2015) to >6.5%</p> <p>HP.2.1.2 By December 31, 2020, manage schedule C OCA cash balances: Federal funds – zero balance 60 days after grant period ends to 100% (100% 2015)</p>
HI.4.3 Collect, track and use performance data to support business improvement	<p>HI.4.3.1 By December 31, 2020, supervisor and employees certify accuracy of time recorded on EARS/DARS within 7 calendar days of end of the pay period to 95% (97.37% 2015)</p>

Priority 3: Healthy Mothers and Babies (Access to Care)

Strategies	Objectives
AC.5.4 Assure access to prenatal care	<p>AC.5.4 By December 31, 2020, ensure continued access to prenatal care for all women of Brevard – monitor entry into care during the third trimester from 10% (2015) to 9%</p>

	AC.5.4 By December 31, 2020, increase the percentage of WIC infants who are ever breastfed from 76.5% (2016) to 78%
--	---

Appendix A

PHAB 5.3.1.A.a.

The Florida Department of Health in Brevard County 2019 Strategic Planning Committee Members

Maria Stahl – Administrator
Anita Stremmel – Assistant CHD Director
Patricia Seibert – Nursing Director
Tammy Massingill – Business Manager
Bruce Pierce – Community Health Director
Cynthia Leckey – Environmental Health Director
John Davis – Disease Control Supervisor
Helen Medlin – Nursing Program Specialist
Brianne Kane – HIV/AIDS Supervisor
Jay Rudy – Staff Assistant
Cynthia Ramos – Clinical Manager, Immunization Coordinator
Christie McNamara – Environmental Health Supervisor
Anthony Makielski – Information Technology Manager
Karen Street – Disaster Planner/Manager
Maureen Kelly – School Health Manager

**The Florida Department of Health in Brevard County
2018 Strategic Planning Committee Members**

Maria Stahl –Administrator
Patricia Seibert – Nursing Director
Bob Vitto- Business Manager
Tammy Massingill – Budget Manager
Bruce Pierce – Community Health Director
Cynthia Leckey – Environmental Health Director
John Davis – Disease Control Supervisor
Helen Medlin – Nursing Program Specialist
Jay Rudy – Staff Assistant
Teresa Miller – HIV/Aids Supervisor
Cynthia Ramos – Clinical Manager, Immunization Coordinator
Christie McNamara – Environmental Health Supervisor
Anthony Makielski – Information Technology Manager
Anita Stremmel – Human Resources Manager
Karen Street – Disaster Planner/Manager
Alicia Reyes-Perez – School Health Manager

**The Florida Department of Health in Brevard County
2017 Strategic Planning Committee Members**

Maria Stahl –Administrator
Patricia Seibert – Nursing Director
Bob Vitto- Business Manager
Bruce Pierce – Community Health Director
Cynthia Leckey – Environmental Health Director
Tammy Massingill – Budget Manager
John Davis – Disease Control Supervisor
Helen Medlin – Immunization Supervisor
Jay Rudy – Staff Assistant
Teresa Miller – HIV/Aids Supervisor
Cynthia Ramos – Clinical Manager
Christie McNamara – Environmental Health Supervisor
Anthony Makielski – Information Technology Manager
Anita Stremmel – Human Resources Manager
Karen Street – Disaster Planner/Manager
Alicia Reyes-Perez – School Health Manager

**The Florida Department of Health in Brevard County
2016 Strategic Planning Committee Members**

Miranda Hawker – Interim Administrator

Maria Stahl – Nursing Director

Bob Vitto- Business Manager

Bruce Pierce – Community Health Director

Melissa Brock – Environmental Health Director

John Davis – Disease Control Supervisor

Helen Medlin – Immunization Supervisor

Jay Rudy – Staff Assistant

Teresa Miller – HIV/Aids Supervisor

Patti Seibert – Clinical Manager

Cynthia Leckey – Environmental Health Supervisor

Anthony Makielski – Information Technology Manager

Anita Stremmel – Human Resources Manager

Karen Street – Disaster Planner/Manager

Pamelia Hamilton – School Health Manager

**The Florida Department of Health in Brevard County
Strategic Planning Committee Members as of 27 Aug 2015**

Dr. Heidar Heshmati - Director
Maria Stahl – Nursing Director
Bob Vitto- Business Manager
Bruce Pierce – Community Health Director
Melissa Brock – Environmental Health Director
John Davis – Disease Control Supervisor
Helen Medlin – Immunization Supervisor
Jay Rudy – Staff Assistant
Teresa Miller – HIV/Aids Supervisor
Patti Seibert – Clinical Manager
Cynthia Leckey – Environmental Health Supervisor
Anthony Makielski – Information Technology Manager
Anita Stremmel – Human Resources Manager
Karen Street – Disaster Planner/Manager
Pamelia Hamilton – School Health Manager

Appendix B

Planning Summary

PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1d.

PHAB Reaccreditation Guide, Measure 5.3, RD2.2c.

PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1e-f.

PHAB Reaccreditation Guide, Measure 5.3, RD2.2c.

Florida Department of Health in **Brevard** County's Performance Management Council (PMC), made up of leadership, Quality Improvement Liaison, and planners, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
Aug. 20, 2015	Establish timeline for strategic plan development
Sept.10, 2015	SWOT Analysis tool distribution
Sept. 15, 2015	SWOT Analysis and identification of priority areas
Sept.18, 2015	Discuss Agency Strategic Plan
Sept.22, 2015	Discuss and modify draft Agency Strategic Plan
Sept. 24, 2015	Review final draft of Agency Strategic Plan goals and objectives and submit to peer county for review
May 26, 2016	Approved changes to objectives. Annual evaluation and review of plan.
May 18, 2017	Approved changes to objectives. Annual evaluation and review of plan.
Sept. 20, 2018	Approved changes to objectives. Annual evaluation and review of plan.
Aug. 23, 2019	Approved changes to objectives. Annual evaluation and review of plan.

In preparation for the SWOT analysis, staff from DOH-Brevard County summarized data from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, the County Snapshot, the County Health Profile, and customer satisfaction data. Further, they looked at financial data, and they interviewed key stakeholders.

DOH-Brevard County staff presented their environmental scan to the PMC, who reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting.

PMC members then used the SWOT analysis and the agency mission, vision and values to choose strategic issue areas and agency goals. After a face-to-face meeting, members arrived at the final strategic issue areas: reportable disease surveillance and control, financial and business excellence, and healthy mothers and babies. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area, which were then routed back to the PMC for comment and approval.

Monitoring Summary

The PMC is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the PMC will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. We will revise the Strategic Plan annually beginning Aug. 2016, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.

Appendix C

Stakeholder Engagement

The Florida Department of Health in Brevard County (DOH-Brevard) has been working diligently to maintain transparency throughout the Strategic planning process. Dr. Heshmati, CHD director, has engaged community stakeholders through numerous channels. Some key activities include:

7/5/2015: Bruce and Maria met with the Director of Student Services at the school board to discuss strengths, opportunities for improvement and threats with regard to DOH-Brevard and the school district.

8/03/2015: Dr. Heshmati had a face to face meeting with Board of County Commissioner (BCC) Robin Fisher (Chairperson) at 2:15 in Mr. Fisher's office in Titusville. Strategic planning and SWOT items were discussed along with a review of financial challenges.

8/06/2015: Dr. Heshmati had a face to face meeting with BCC James Barfield at 11:30 in Mr. Barfield's office in Merritt Island. Strategic planning and SWOT items were discussed along with a review of financial challenges.

8/24/2015 and 9/2/2015: Dr. Heshmati had two face to face meetings totaling one and one half hours with County Manager Stockton Whitten in Viera. Strategic planning and SWOT items were discussed along with a review of financial challenges. In addition, partnership opportunities were explored regarding space issues and facility needs.

9/16/15: SWOT analysis was sent to the following via - email to School Board /Law Enforcement Board of County Commissioners – Health and Human Services section /Emergency Operations Center/ Patrick Air Force Base Space Coast Health Foundation /Hospital partners/ Mental Health partners

9/18/15: Dr. Heshmati/Bruce presented the SWOT analysis and Priorities at the all staff meeting held in the Viera Conference Center. Input was solicited from staff in attendance.

9/30/15: Bruce and Maria presented the DOH-Brevard SWOT analysis and draft Strategic Plan to community leaders at the Space Coast Health Foundation (SCHF). (Brevard Health Alliance, Florida Institute of Technology, Space Coast Volunteers in Medicine, SCHF).

Appendix D

PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1g.
 PHAB Reaccreditation Guide, Measure 5.3, RD2.2e.

Plan of Work

Priority 1: Health Protection and Promotion

Objective	Baseline	Target	CHIP Alignment	PMQI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
HP.1.1.1 By December 31, 2020, increase the percentage of 2-year-old clients fully immunized from 85.7% (2016) to 90%	85.7 (2016)	90%	HP1.1.1		Goal 1.1 (3.1.1)	IM2.1.1		12/31/2020	Immunization Team
HP.1.1.3 By December 31, 2020, maintain the percentage of 2-year-old County Health Department (CHD) clients fully immunized at above 95% (99% 2015)	99% (2015)	≥95%	HP1.1.23		Goal 1.1	IM2.1.1		12/31/2020	Immunization Team
HP.1.2.1 By December 31, 2020, reduce the rate of bacterial STD cases in women 15-34 from 2362.3/100k (2016) to 2300/100k	2362.3 per 100K (2016)	2300 per 100K	HP1.2.1		Goal 1.1	ID1.2		12/31/2020	STD Team

Objective	Baseline	Target	CHIP Alignment	PMQI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
HP.1.2 HP.1.2.2 By December 31, 2020, increase the percentage of sexually transmitted disease (STD) cases treated according to the most recent STD guidelines within 14 days of diagnosis from 90% (2016) to 90% or higher	90% (2016) 96.3%	≥90.0%	HP1.2.2		Goal 1.1	Goal ID1		12/31/2020	STD Team
HP.1.3 HP.1.3.3 By December 31, 2020, increase the percentage of ADAP clients who pick up their medications for each month of the year from 86% (2016) to 90%	86% (2016)	90.0%	HP1.3.3		Goal 1.1 Goal 2.1	ID2.1 ID2.2		12/31/2020	HIV/Aids Team
HP.4.1.1 By December 31, 2017, and annually thereafter, 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. (Added 9/2018)	N/A	4	HP4.1.1		Goal 2.1	ISV1.5		12/31/17 (annually)	Administration Office Team

Objective	Baseline	Target	CHIP Alignment	PMQI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
HP.4.1.2 By December 31, 2020, reduce the rate of deaths from all 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. (Added 9/2018)	11.7 per 100K (2015)	10.0 per 100K	HP4.1.2		Goal 2.1	ISV1.4 ISV1.5		12/31/2020	Community Health Team
CD.2.2.1 By December 31, 2017 and annually thereafter, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services. (Added 9/2018)	N/A	3	CD2.2.1		Goal 2.1	HW1.1.5		12/31/17 (annually)	Health Educator
AC.3.1.1 By December 31, 2020, increase the number of primary care providers who routinely screen for abuse and mental health disorders. (Added 9/2018) (Deleted 8/2019)	N/A	N/A	AC3.1.1					12/31/2020	TBD

Objective	Baseline	Target	CHIP Alignment	PMQI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
<p>CD.2.6.1 By December 31, 2020, reduce current smoking rates among adults from 20.5% (2013) to 17%. STATE: 16.8%.</p> <p>CD.2.6.3 By December 31, 2020, Reduce the % of high school students smoking cigarettes in the past 30 to from 12.5% (2012) to 10%.</p> <p>CD.2.6.3 By December 31, 2020, reduce the % of students who use any tobacco or vapor product in the past 30 days from 18.8% (2014) to 15%.</p> <p>(Added/Revised during annual report 9/2018 and 8/2019)</p>	<p>20.5% (2013)</p> <p>12.5% (2012)</p> <p>18.8% (2014)</p>	<p>17%</p> <p>10%</p> <p>15%</p>	<p>CD2.6.4</p> <p>CD2.6.3</p>		<p>Goal 3.4 (3.1.4B)</p> <p>Goal 3.1 (3.1.4A)</p>	CD1.1.1		12/31/2020	Health Educator
<p>By September 30, 2020 December 31, 2019, and annually thereafter, engage and make progress in a PACE-EH project. (Added 8/2019)</p>	N/A	1			Goal 1.1 (1.1.2A)	HE2.2.1 CD2.1	6.2.1	12/31/2019 9/30/2020	Environmental Health Team

Objective	Baseline	Target	CHIP Alignment	PMQI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
By December 31, 2020, increase the percentage of DOH-Brevard employees who completed Cultural Awareness: Introduction to Cultural Competency and Humility and Addressing Health Equity: A Public Health Essential online trainings from less than 1% (2018) to 75%. (Added 8/2019)	1% (2018)	75%			Goal 1.1 (1.1.3A)	Goal HE1		12/31/2020	HR Team
By September 30, 2019, establish baseline data that shows the diversity of the department's current workforce to include race, ethnicity and gender. Annually thereafter, compare workforce demographics to county demographics to ensure our workforce reflects county demographics. (Added 8/2019)	N/A	Y			Goal 1.1 (1.1.3C)	Goal HE1		9/30/2019 (annually)	HR Team

Source of data for baseline measures: Florida Community Health Assessment Resource Tool Set (CHARTS), Florida Department of Health – County Snapshot data

Priority 2: Health Finance and Infrastructure

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
HI.2.4 HI.2.1.1 By December 31, 2020, manage General Revenue and Schedule C OCA cash balances: Trust fund balance from 11.24% (2015) >6.5%	11.24% (2015)	>6.5%	HI2.1.1 Strategy 2.1.1	RPI Project (2016)	Goal 4.1 (4.1.2)			12/31/2020	Business Office
HP.2.1.2 By December 31, 202, manage schedule C OCA cash balances: Federal funds – zero balance 60 days after grant period ends to 100% (100% 2015)	100% (2015)	100%			Goal 4.1 (4.1.2)			12/31/2020	Business Office
HP.3.2.1 By December 31, 2020, at least bi-annually, ensure pre-identified staff covering Public Health and incident management command roles can respond to an alert to duty within 60 minutes or less. (85% 2015) (Added 9/2018)	85% (2015)	90%	HP3.2.1		Goal 3.1 (3.1.3)	Goal ISV1		12/31/2020	Preparedness

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
<p>HI.4.3 HI.4.3.1 By December 31, 2020, supervisor and employees certify accuracy of time recorded on EARS/DARS within \pm 1 calendar days of end of the pay period to 95% (97.31% 2015)</p>	97.37% (2015)	\geq 95%	HI4.3 Strategy 4.3.1		Goal 4.1 (4.1.2)			12/31/2020	Business Office
<p>HI.1.1.2 By December 31, 2020, 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. (Added 5/2016)</p>	N/A	Consolidate Administration	HI1.1.2		Goal 4.1			12/31/2020	Business Office

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
HI.3.3.1 By September 30, 2019, create workforce development plan that identifies gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addresses those gaps through targeting training and development opportunities. (Added 8/2019)	N/A	Create	HI3.3.1		Goal 4.1			9/30/2019	HR
HI.3.3.2 By September 30, 2020, and annually thereafter, review and/or revise the workforce development plan. (Added 8/2019)	N/A	Review	HI3.3.2		Goal 4.1			9/30/2020	HR

Source of data for baseline measures: Florida Administrative Snapshot, Financial Information Reporting System (FIRS)

Priority 3: Healthy Mothers and Babies

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Agency SHIP Alignment	Agency PMQI Alignment	Due Date	Responsibility
AC.5.4.2 By December 31, 2020, ensure continued access to prenatal care for all women of Brevard (100%); reduce entry into late (3 rd Trimester) prenatal care from 10% (2015) to 7% 9%	10% (2015)	7% 9%		Prenatal Immunization Project (2016)	Goal 1.13			12/31/2020	Clinical services/Immunization team
AC.5.4.5 By December 31, 2020, increase the percentage of WIC infants who are ever breastfed from 76.5% (2016) to 78%	76.5% (2016) 66.2%	78% 82.8%	AC5.3.5 AC5.4	WIC Breastfeeding Project (2018)	Goal 1.1 Goal 1.3	HW1.2		12/31/2020	WIC Program

Source of data for baseline measures: Florida Community Health Assessment Resource Tool Set (CHARTS), Florida Department of Health – County Snapshot data and HMS reports.

Appendix E

Glossary

Baseline Data

Existing data that show current level of the indicator you are seeking to improve. Baseline data are used to determine the quantitative level for success and indicates how much change will occur if the desired outcome is achieved.

Goal

Long-range outcome statements that are broad enough to guide the agency's programs, administrative, financial and governance functions (Allison & Kaye, 2005).

Objective

Short to intermediate outcome statements that are specifically tied to the strategy and goal. Objectives are clear and measurable.

Measure of change, in what, by whom, by when

Strategy

The approach you take to achieve a goal.

SWOT Analysis

A structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in your agency.

- **Strengths:** characteristics of your agency that give it an advantage.
- **Weaknesses:** characteristics that place the agency at a disadvantage.
- **Opportunities:** outside elements that the agency could use to its advantage.
- **Threats:** elements in the environment that could cause trouble for the agency.

Target

Measurable and time specific target for achieving objectives.

Appendix F

July 2016 Addendum / Update

In assessing and reviewing our local strategic plan it became apparent that we needed to add to our existing strategies in order to maintain traction toward facility improvements, utilization and efficiencies. Through our Strategy and Performance Improvement Leadership Team meetings and discussions it was unanimously agreed to add to our current Strategic Plan during our May 2016 meeting due to the following data points:

1. We have had a change in our internal leadership due to retirement. While operating under an “interim” administrator is functional, it is important that all the work and strategy previously laid out remain at the forefront of direction and include relevant historical information.
2. The relocation of our Melbourne facility has had its set of challenges in working with both the State and the County. Funding streams have been strained, but the plan is moving forward and we have been able to balance all the moving pieces to keep the project on tract.
3. We have vacant space on the second floor of the Viera facility. The original facility was designed to combine Rockledge clinic, Rockledge Annex and Merritt Island Administration. Due to construction costs and funding issues, only the clinic could be relocated. We still have the goal of moving the other two sites to the one thus saving money and in addition, freeing up space for our County partners as growth has resumed within the County.

Priority 2: Added measure Financial and Business Excellence

Goal:

Achieve operational efficiencies through sound financial and business practices within regulatory constraints in order to remain sustainable

Strategies:

1. Maintain adequate revenue to help meet needs of community
2. Collect, track and use performance data to support business improvement
3. Improve and Consolidate Facilities in order to maximize efficiencies, meet client needs, and maintain community image (**Added May 2016**)

Priority 2: Financial and Business Excellence

Strategies	Indicators
HI.2.1 Maintain adequate revenue to help meet needs of community	HI.2.1.1 By December 31, 2020, manage General Revenue and Schedule C OCA cash balances: Trust fund balance from 11.24% (2015) to >6.5% HP.2.1.2 By December 31, 2020, manage schedule C OCA cash balances: Federal funds – zero balance 60 days after grant period ends to 100% (100% 2015)
HI.4.3 Collect, track and use performance data to support business improvement	HI.4.3.1 By December 31, 2020, supervisor and employees certify accuracy of time recorded on EARS/DARS within 7 1 calendar days of end of the pay period to 95% (97.37% 2015)

Consolidate the Annex (Community Health/Public Health Preparedness) into the Viera facility freeing up approximately 3,900 square feet in potential space for local government utilization/determination

Complete the Melbourne facility with expanded Dental capacity to meet community needs

Once the Annex is moved, focus energy and resources on moving Administrative services to the Viera facility and freeing up an additional approximate 8,700 square feet for local government utilization/ determination.

Appendix G

July 2017 Addendum / Update

The 2016-2020 Strategic Plan and Addendum have been reviewed and the following changes are noted:

1. Our interim administrator has been replaced with a permanent administrator. Maria Stahl is the new administrator of the Brevard County Health Department.
2. The Strategy and Performance Improvement Leadership Team has had a statewide name change and is now the Performance Management Council or PMC. The meetings are reflecting the name change.

No other changes to the Strategic Plan.

Appendix H

September 2018 Addendum / Update

The 2016-2020 Strategic Plan and Addendum have been reviewed and the following changes are noted:

While reviewing our local strategic plan it became apparent that we needed to add to our existing strategies to strengthen our alignment with our current CHIP as well as changing State priorities. Through our Strategy and Performance Improvement Leadership Team meetings and discussions it was unanimously agreed to include the following additions to our current Strategic Plan during our September 20, 2018 Performance Management Council meeting.

Priority 2: Financial and Business Excellence

Agency Priority Areas: Readiness for Emerging Health Threats (1) **Added 9/2018**

Strategies	Objectives
HP.3.2 Ensure that systems and personnel are available to effectively manage all hazards.	HP.3.2.1 By December 31, 2020, at least bi-annually, ensure pre-identified staff covering Public Health and incident management command roles can respond to an alert to duty within 60 minutes or less by 90% (85% 2015) Lead: Preparedness

Priority 1: Health Protection and Promotion

Agency Priority Areas: Injury/Safety/Violence and Trauma Services, Health Equity (1)

Added 9/2018

Strategies	Objectives
HP.4.1 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	HP.4.1.1 By December 31, 2017, and annually thereafter, 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. Lead: Administrative Office HP.4.1.2 By December 31, 2020, reduce the rate of deaths from all 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 Lead: Community Health

Agency Priority Areas: Healthy Weight/Nutrition/Physical Activity and Long Healthy Life (1) Added 9/2018

Strategies	Objectives
CD.2.2 Support use of evidence-based employee wellness programs to promote healthy behaviors.	<p>CD.2.2.1 By December 31, 2017, and annually thereafter, implement the DOH wellness program that addresses nutrition, weight management and smoking cessation counseling services</p> <p>Lead: Health Educator</p>

Agency Priority Areas: Behavioral Health (Includes Substance Abuse), Health Equity (1) Added 9/2018

Strategies	Objectives
AC.3.1 Strengthen integration of substance abuse and mental health services with delivery of primary care.	<p>AC.3.1.1 By December 31, 2020, increase the number of primary care providers who routinely screen for abuse and mental health disorders.</p> <p>Lead: TBD</p>

Agency Priority Areas: Chronic Diseases and Conditions (Includes Cancer and Nicotine), Health Equity (1) Added 9/2018

Strategies	Objectives
CD.2.6 Eliminate Floridians exposure to secondhand tobacco smoke.	<p>CD.2.6.1 By December 31, 2020, reduce current smoking rates among adults from 20.5% (2013) to 17%. STATE: 16.8%</p> <p>Lead: Health Educator</p>

Appendix I

August 2019 Addendum / Update

The 2016-2020 Strategic Plan and Addendum have been reviewed and the following changes are noted:

While reviewing our local strategic plan it became apparent that we needed to add to our existing strategies to strengthen our alignment with our newly developed Workforce Development Plan. While health equity is an underlying factor throughout the local strategic plan, we have better delineated health equity as a priority on its own in this revision. Through our Performance Management Council meetings and discussions, it was unanimously agreed to include the following additions to our current Strategic Plan during our August 23, 2019 Performance Management Council meeting. During this meeting, the Council also agreed to delete an objective due to the lack of data to be able to track.

Priority 2: Financial and Business Excellence

Agency Priority Areas: Effective DOH-Brevard Agency Processes

Added 8/2019

Strategies	Objectives
HI.3.3 Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	<p>HI.3.3.1 By September 30, 2019, create workforce development plan that identifies gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addresses those gaps through targeting training and development opportunities.</p> <p>Lead: Human Resources Department</p> <p>HI.3.3.2 By September 30, 2019, and annually thereafter, review and/or revise the workforce development plan.</p> <p>Lead: Human Resources Department</p>

Priority 1: Health Protection and Promotion

Agency Priority Area: Health Equity

Goal 1.1 Ensure Brevard citizens in all communities will have opportunities to achieve healthier outcomes.

Added 8/2019

Strategies	Objectives
Eliminate health gaps between different communities	<p>By September December 310, 201920, and annually thereafter, engage and make progress in a PACE-EH project.</p> <p>Lead: Environmental Health Department</p>
Adopt a system of ongoing agency capacity building on health equity	<p>By December 31, 2020, increase the percentage of DOH-Brevard employees who completed <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings from less than 1% (2018) to 75%.</p> <p>Lead: Human Resources Department</p> <p>By September 30, 2019, establish baseline data that shows the diversity of the department’s current workforce to include race, ethnicity and gender. Annually thereafter, compare workforce demographics to county demographics to ensure our workforce reflects county demographics.</p> <p>Lead: Human Resources Department</p>

Priority 1: Health Protection and Promotion

Agency Priority Areas: Behavioral Health (Includes Substance Abuse), Health Equity (1)

Goal. Improve the community’s health through integrated, evidence-based prevention, protection and promotion initiatives.

Deleted 8/2019

Strategies	Objectives
AC.3.1 Strengthen integration of substance abuse and mental health services with delivery of primary care. (Added 9/2018)	AC.3.1.1 By December 31, 2020, increase the number of primary care providers who routinely screen for abuse and mental health disorders.

Priority Area: Health Protection and Promotion

Goal. Improve the community’s health through integrated, evidence-based prevention, protection and promotion initiatives.

Modified 8/2019

Strategies	Objectives
CD2.6 Eliminate Floridians’ exposure to secondhand tobacco smoke.	CD.2.6.3 By December 31, 2020, Reduce the % of high school students smoking cigarettes in the past 30 to from 12.5% (2012) to 10%. CD.2.6.3 By December 31, 2020, reduce the % of students who use any tobacco or vapor product in the past 30 days from 18.8% (2014) to 15%.

Priority Area: Financial and Business Excellence

Goal. Achieve operational efficiencies through sound financial and business practices within regulatory constraints to remain sustainable.

Modified 8/2019

Strategies	Objectives
HI.4.3 Collect, track and use performance data to support business improvement.	HI.4.3.1 By December 31, 2020, supervisor and employees certify accuracy of time recorded on EARS/DARS within 7 1 calendar days of end of the pay period to 95% (97.37% 2015).

Priority Area: Healthy Mothers and Babies (Access to Care)

Goal. Provide high quality community needs-driven programs, services, and credible health information.

Modified 8/2019

Strategies	Objectives
AC.5.4 Assure access to prenatal care.	AC.5.4.2 By December 31, 2020, ensure continued access to prenatal care for all women of Brevard – monitor entry into care during the third trimester from 10% (2015) to 7% 9%. Target: Changed from less than or equal to 7% to less than or equal to 9%.

