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A plan for improving the health and well-being of Brevard County residents.

Brevard County
Community Health Improvement Plan
2023-2025

Brevard.FloridaHealth.gov

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Record of Changes

Date of Revision	Revision Description	Section/Component	Revision Completed By
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Contents

Executive Summary of the Brevard County Community Health Improvement Plan 2023-2027

BREVARD COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Behavior Healthcare Services (BH)

1. Goal BH1: Improve access to mental healthcare services including substance misuse treatment for drugs and alcohol.
2. Goal BH2: Promote mental wellness and prevention services.

Strategic Priority: Access to Healthcare Services (AC)

1. Goal AC1: Improve Access to Quality Health Care Services.
2. Goal AC2: Improve Health Literacy.
3. Goal AC3: Advocate for Enhanced Access to Healthcare.

Strategic Priority: Access to Oral Healthcare and Preventive Services (AO)

1. Goal AO1: Improve access to primary dental care services and oral health.

Strategic Priority: Address Social and Economic Condition Impacting Health (SD)

1. Goal SD1: Improve understanding of Social Determinants of Health.
2. Goal SD2: Implement Health Equity Plan.

In August 2021, the Florida Department of Health in Brevard County (DOH-Brevard) initiated a new community health assessment and health improvement planning cycle. Brevard County community partners employed a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by community partners in the Brevard County Space Coast Health Foundation Health Advisory Council, the process yielded a wealth of data (see companion document, 2022 Brevard County Community Health Assessment; referred to as the CHA going forward in this document) that were used to identify strategic priorities for the coming five years of 2023-2027. The strategic priorities and the data-driven rationales for their selection are described below.

- Access to Mental and Behavioral Healthcare Services: Mental, behavioral, and physical health are equally important for overall wellness and quality of life. Mental and behavioral health in this context includes emotional, psychological, behavioral, and social well-being and impacts how stress is handled, interpersonal relationships cultivated and managed, and healthy decision making. According to the 2022 CHA 27% of Brevard County Residents experience fair or poor mental health, compared to 13.4% in the U.S. This percentage has significantly increased over time. Results from 2022 are 1.6 times higher than 2019 and approximately 4 times higher than 2013[8]. A total of 32.2% of Brevard County adults have been diagnosed as having a depressive disorder (such as depression, major depression, dysthymia, etc.), significantly higher than Florida,17.7%, and the United States, 20.6%[8]. A total of 44.3% of Brevard County adults have had 2 or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression), significantly higher than the national findings, 30.3%[8]. It was more often reported in adults 18-39, 64.3% compared to adults 40-64, 42.5% and adults 65+, 26.9%[8]. There was significant disparity among LGBTQ+ 74.4%, compared to non- LGBTQ+, 41.3%. Individuals with very low-income and low income reported greater symptoms of chronic depression, 68.4% and 61.1% respectively, compared to those with mid/high income 36.3%[8]. Approximately 60% of both Hispanic and Black individuals reported symptoms of chronic depression compared to Whites, 40.7%[8]. 21.1% of Brevard County Adults feel that most days for them are “very” or “extremely” stressful, compared to 16.1% nationally[8]. It was more often reported in adults 18-39, 34.8% compared to adults 40-64, 22% and adults 65+, 5.7%[8]. Individuals with very low-income and low income reported higher days of stress, 40.8% and 33.5% respectively, compared to those with mid/high income 14.6%[8]. There was significant disparity among LGBTQ+ 39.9%, compared to non- LGBTQ+, 19.3%[8].

- Social Determinants of Health (SDOHs): SDOHs are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability.

    - Education access and quality: In 2020, the percentage of individuals 25 years and over with no high school diploma in Brevard County was 7.8% compared to Florida at 11.8%[9]. The percentage of Hispanic individuals 25 years and over in Brevard County, with no high school diploma, was 12.7% compared to non-Hispanic individuals at 6.2%[9]. The percentage of Black individuals 25 years and over in Brevard County with no high school diploma was 14.7% compared to white individuals at 6.6%[9]. Individuals with a disability 25 years and over with no high school diploma in Florida was 21.4% compared to 10.7% for those without a disability[1]. Data at the county level was

unavailable but other cities, Tampa and St. Petersburg followed the same trend[1]. 28.7% of households in Brevard County have at least 1 person with a disability[7]. Education was found to be a protective factor of mental health, particularly for women and individuals at greater risk of mental illness[2]. There are also generational effects, studies found a strong association between parental education and parent- reported child mental health[3]. Education was also found to reduce the transition to depression[2].

- Health care access and quality: More than two-thirds of adults in Brevard County had a routine checkup in the past year[8]. Those less likely to have had a checkup include adults younger than 65, lower-income individuals and LGBTQ+ respondents[8]. 88.3 % of parents reported that their child has had a routine checkup in the past year[8]. Among Brevard County adults, 46.0% said they would be “extremely likely” or “very likely” to use telemedicine instead of office visits for routine medical care[8].
    - Insurance Coverage: A total of 51.2% of Brevard County adults aged 18 to 64 reports having health care coverage through private insurance[8]. Another 31.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits)[8]. Among adults aged 18 to 64, 17.2% report having no insurance coverage for health care expenses[8]. This is better than statewide percentage but worse than the US percentage of 8.7%[8]. It fails to satisfy the Healthy People 2030 objective. North and Central Brevard have more adults who lack health care insurance coverage[8]. Very low-income and low-income adults are more likely to lack health insurance coverage[6]. 6% of Black individuals do not have health insurance coverage compared to 16.8% of White individuals[8]. Approximately two-thirds if Brevard County adults have dental insurance that covers all or part of their dental care costs[8].
    - Access to Healthcare: 54.7% of Brevard County adults report some type of difficulty or delay in obtaining health care services in the past year[8]. Significantly worse than found nationally, 35%. Lack of access to health care has increased significantly since 2016[8]. More often reported among women, adults younger than 65, lower-income adults, Black respondents (when compared to White respondents), and those who identify as LGBTQ+[8]. 11.3% of parents said they were unable to get medical care for their child when they needed it[8]. Appointment availability and finding a physician impacted Brevard County adults are the most prevalent barriers to health care access[8].
- Neighborhood and built environment: Brevard County has a total area of 1,557 square miles, of which 34.6% is water.
    - Transportation: One of the unique and relevant features of Brevard County is that it is 72 miles from north to south, making transportation an important factor. Brevard county is usually broken into North, Central and South Brevard. The commute for the majority of Brevard County Residents is 15-24 minutes[6]. However, for residents using public transit their commute can be significantly longer. For example, if someone needed to travel from North Brevard, Titusville, to South Brevard, Palm Bay, by public transit it would take over 3 hours and 5 bus routes[6].
    - Housing: In 2019, 47.6% renter households in Brevard County were cost-burdened[4].93% of very low-income/ low-income Black renters are cost burdened

or severely cost burdened[4]. 70% of very low-income/ low-income Latinx renters are cost burdened or severely cost burdened compared to 73% for white renters[4]. For all income levels Black and Latinx renters are more cost- burdened or severely cost burdened compared to White renters[4]. A total of 17.8% of Brevard County residents report living in unhealthy or unsafe housing conditions during the past year[8]. Central Brevard residents reported unhealthy or unsafe living conditions[8]. It was more often reported among women, adults younger than 65, lower-income adults, Black residents (when compared to White residents), members of the LGBTQ+ community, and renters[8.]

- Food Insecurity: The CHA showed that overall, 32.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food. This represents a significant increased overtime from 21.7% in 2016 to 32.3% in 2022[8]. It was more often reported among women, adults younger than 65, lower-income respondents, Black residents, Hispanic residents, and members of the LGBTQ+ community[8].

- Social and community context: According to the CHA most surveyed adults (65.7%) agree with the statement, "I feel that my community is a welcoming place for all people, regardless of race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences." However, 17.5% said they "disagree" or "strongly disagree" with the statement[34]. Adults aged 18 to 64, those with very low incomes, and LGBTQ+ respondents are more likely to disagree that the community is welcoming to all[8].

- Economic stability: In 2020, the median household income in Brevard County was $59,35935. White individuals had a higher income of $61,212, while Black individuals had an income of $44,767, Hispanic individuals had an income of $54,159 and those of other races had the lowest income, $40,40035. Additionally, Black and Hispanic individuals are almost two times more likely to live below the poverty levels compared to their white counterparts[9]. According to the CHA, a total of 30% of Brevard County Residents would not be able to afford an unexpected $400 expense without going into debt, compared to the United States at 24.6%. When compared geographically, 34.1% North Brevard residents would not be able to afford an unexpected $400 expense without going into debt, compared to 28.2 % for Central Brevard, 30.3% for South Brevard[8]. The percentage of Black individuals who are unable to afford a $400 expense without going into debt is 51.7%, compared to 37.3% for Hispanics and 26.6% white[8]. The percentage of LGBTQ+ individuals who are unable to afford a $400 expense without going into debt is 43.8%, compared to 28.7% non- LGBTQ+[8].

- Dental Health: Tooth decay is the most common chronic disease in children and adults in the United States. Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases. Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems (Healthy People 2030 (https://health.gov/healthypeople)).

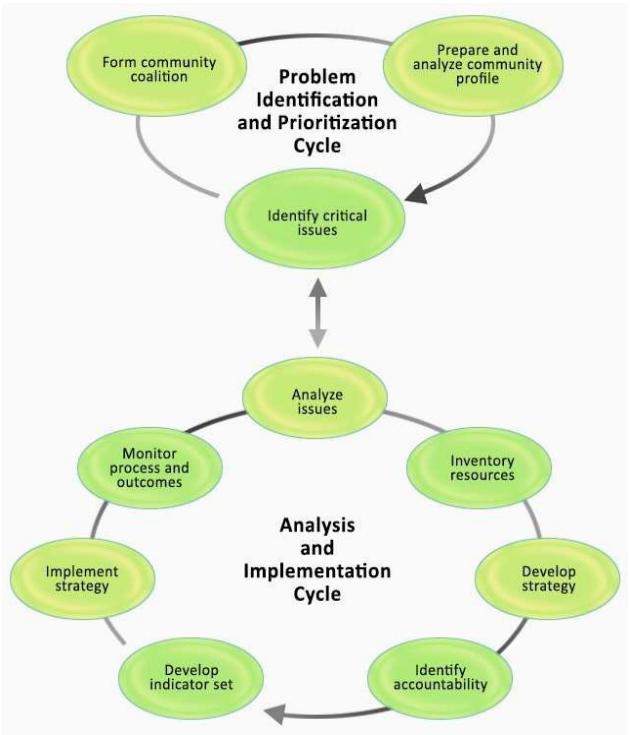
- Dental Insurance: Nearly two-thirds of Brevard County adults (65.0%) have dental insurance that covers all or part of their dental care costs[8].
- Dental Care: A total of 54.4% of Brevard County adults have visited a dentist or dental clinic (for any reason) in the past year[8].

Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine's (IOM) 1997 foundational publication Improving Health in the Community, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community's health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000, the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention's (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) Improving Health in the Community, Washington, DC: National Academy Press. Retrieved: January 19, 2022, https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main

Brevard County community partners employed a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by community partners in the Brevard County Space Coast Health Foundation Health Advisory Council, the Community Health Needs Assessment followed-up to similar studies conducted in 2004, 2009, 2013, 2016, and 2019. This is a systematic, data-driven approach to

determining the health status, behaviors, and needs of residents in Brevard County. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment serves as a tool toward reaching three basic goals:

1. To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
2. To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
3. To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Space Coast Health Foundation by Professional Research Consultants (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool "to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status." The community health improvement plan is described as a "long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process." Further, the community health improvement process "involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process." Public Health Accreditation Board (December 2013). PHAB Standards and Measures. Retrieved January 21, 2022, Guide-to-Accreditation-final_printed.pdf (phaboard.org)

METHODOLOGY

The CHA incorporates data from primary research (the PRC Community Health Survey) and allows for trending and comparison to benchmark data at the state and national levels.

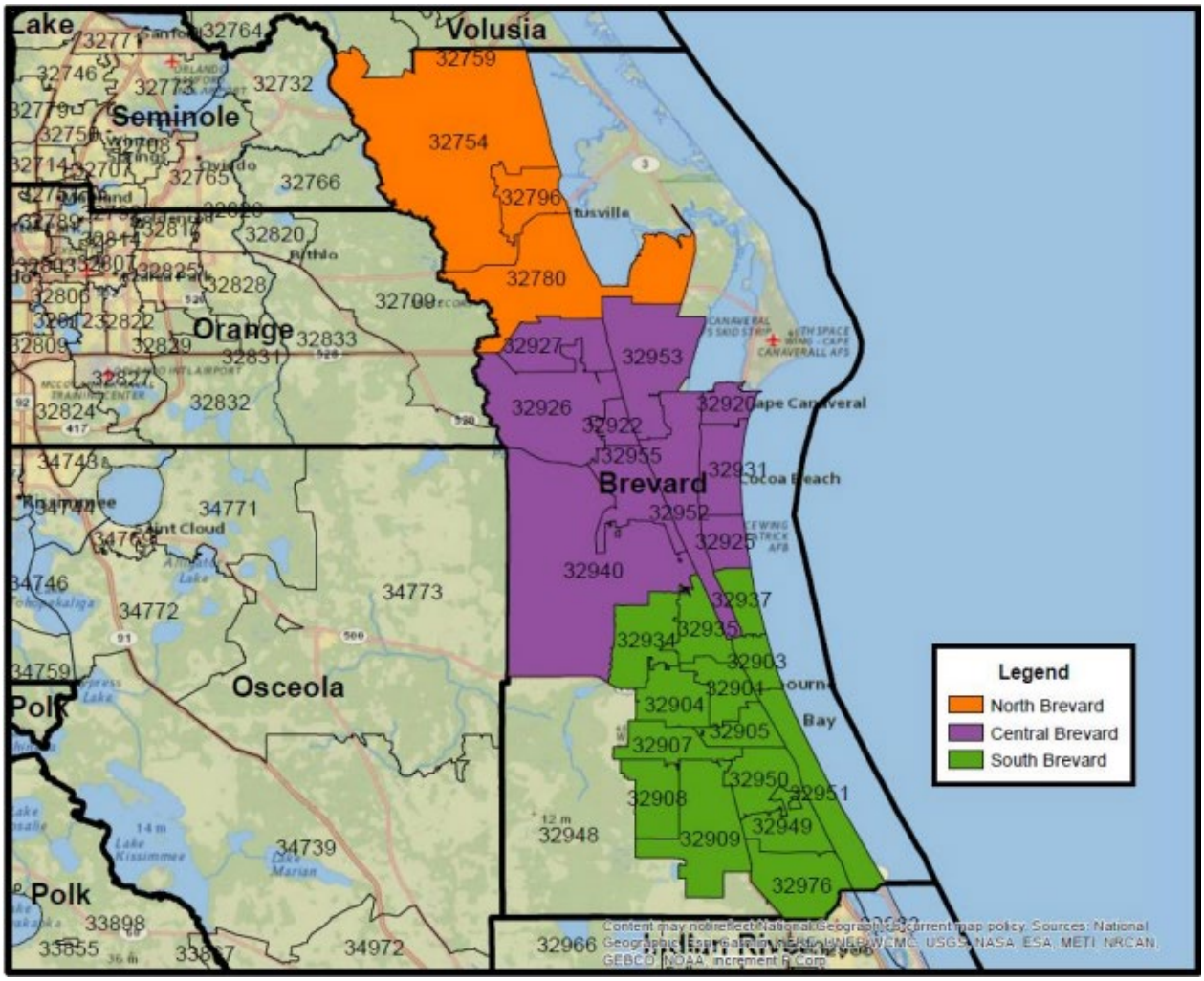
1. PRC Community Health Survey
    1. Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Space Coast Health Foundation and PRC and is similar to the previous surveys used in the county, allowing for data trending.

2. Community Defined for This Assessment

The study area for the survey effort (Brevard County) is defined as each of the residential ZIP Codes comprising the county, divided into three strata (North, Central, and South Brevard). This community definition is illustrated in the following map.

FIGURE 2: BREVARD ZIP CODE MAP



3. Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone) as well as a community outreach component promoted by Space Coast Health Foundation through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 611 random-sample interviews by phone throughout Brevard County (including 127 in North Brevard, 220 in Central Brevard, and 264 in South Brevard).

COMMUNITY OUTREACH SURVEYS (SPONSORING ORGANIZATIONS) ► PRC also created a link to an online version of the survey, and Space Coast Health Foundation promoted this link throughout the various communities in order to drive additional participation and bolster overall samples, yielding an additional 754 surveys to the overall sample.

In all, 1,365 surveys were completed through these mechanisms (237 in North Brevard, 480 in Central Brevard, and 648 in South Brevard). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Brevard County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

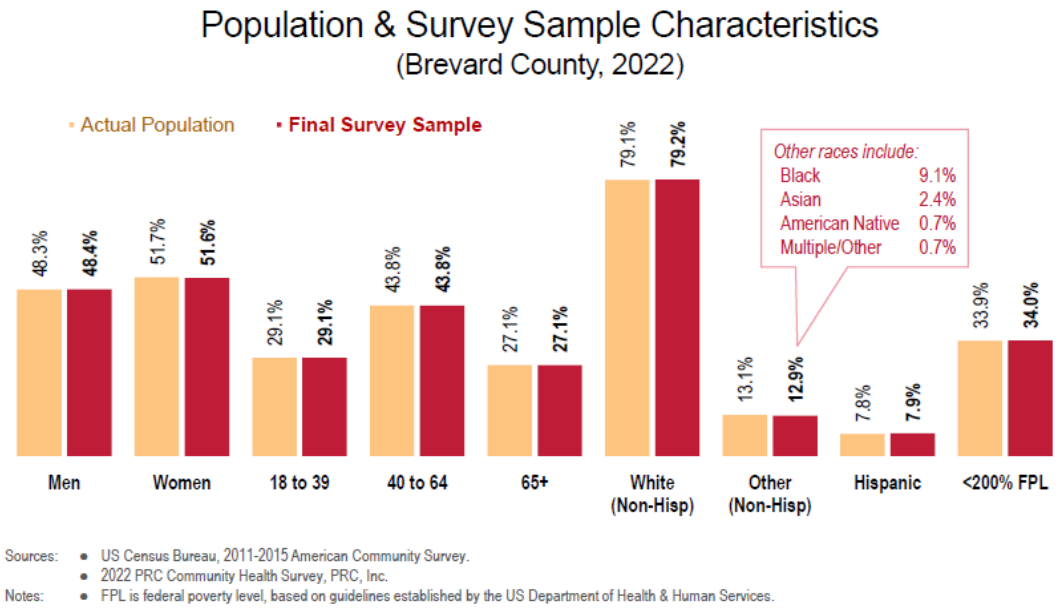
For statistical purposes, the maximum rate of error associated with a sample size of 1,365 respondents is ±2.6% at the 95 percent confidence level.

4. Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Brevard County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

FIGURE 3: POPULATION & SURVEY SAMPLE CHARACTERISTICS



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

2. Benchmark Data:
   1. Trending
      Similar surveys were administered in Brevard County in 2004, 2009, 2013, 2016, and 2019 by PRC on behalf of Space Coast Health Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.
   2. Florida Risk Factor Data
      Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention.
   3. Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2020 PRC National Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

4. Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

1. Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors, and well-being across all life stages.
5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

3. Determining Significance:

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates.

4. Information Gaps:

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant

groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

THE ROLE OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 4: SOCIAL DETERMINANTS OF HEALTH (SDOH)

Source: Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved January 22, 2022, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) include the "conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks". (About Social Determinants of Health," World Health Organization, accessed January 22, 2022 https://www.who.int/health-topics/social-determinants-ofhealth#tab=tab_1). The SDOH include factors such as socioeconomic status, education, neighborhood and physical environment, employment and social networks as well as access to health care. Addressing social determinants of health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and

economic factors shape individuals' ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address the SDOH are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. Community Health Improvement Plan interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 5: HEALTH IMPACT PYRAMID

Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. American Journal of Public Health, 100(4):590595. Retrieved January 22, 2022 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

Brevard County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Brevard County CHIP is a continuation of the county's efforts to better understand and address health issues. Community health assessment work began in August 2021 and concluded in April 2022. Soon after finalizing the community health assessment, Brevard County partners launched into planning for the CHIP process.

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

This document presents the CHIP which was developed by the Community Health Improvement Steering Committee through a series of meetings over a six-month period. A multidisciplinary and multisectoral group of community leaders and local residents came together to develop this comprehensive action plan that takes into account the fact that social and environmental factors (social determinants) play a role in the health of a population. Using the lens of health equity (as well as the social determinants of health) as a guide, the Florida Department of Health in Brevard initiated a new community health improvement planning process with our many community partners in 2022, as the existing plan was due to be completed by the end of the year. The plan was largely based on the results of the community health assessment. The steering committee facilitated the CHIP process Mobilizing for Action through Planning and Partnerships (MAPP) framework to create the plan which included:

- Developing strategic issues based on the community health assessment findings;
- Prioritizing issues that need to be addressed in order to achieve the community health vision;
- Identifying overarching goals and strategies to accomplish those goals;
- Writing clear objectives and determining performance measures to monitor
- Implementation and improvement; and
- Creating action plans that determined the steps to implement chosen strategies, who would lead the implementation, and the time frame for implementation.

The Brevard Health Status Assessment identifies the major health, social, and environmental issues in Brevard County. Questions answered include "How healthy are our residents?" and "What does the health status of our community look like?"

The Brevard Community Health Assessment (CHA) focuses on all the organizations entities that contribute to the public's health. The CHA answers the questions, "What are the components, activities, competencies and capacities of our public health system?" and "How are the essential services being provided to our county?"

The County Themes and Strengths Assessment identifies the important health issues as perceived by county residents. The assessment answers the questions, “What is important to the county?”; “How is quality of life perceived in the county?” and “What assets exist that can be used to improve health in the county?”

FIGURE 5: MAAP FRAMEWORK

FOCUS GROUPS AND PRIORITATION

Community Health Improvement Steering Committee in combination with Collaborative Labs facilitated four community focus groups with a total of 47 participants including some medical providers.

- March 29, 2022 – 16 participants
- March 31, 2022 – 8 participants
- March 31, 2022 (providers only) – 8 participants
- April 21, 2022 – 15 participants

These focus group meetings were 90 minutes in length and the main goal was to prioritize the most important issues that must be addressed to improve the health of the community as well as listing external factors that have an impact on the community health. All these based on findings from the CHA. The following were the top 10 themes that align across stakeholders groups:

- Access to affordable care
- Access to culturally sensitive providers
- Scheduling available hours
- Access to healthy food and walkable places
- Cost of insurance and services
- Cost of living
- Lack of preventive care
- Navigation of healthcare system
- Health literacy and marketing
- Attrition of healthcare workers

On April 27, 2022, we had a meeting (Equity Forum) open to the public to discuss our findings. All partners were invited plus the public at large. The Space Coast Health Foundation, DOH-Brevard, and Collaborative Labs facilitated this meeting. The CHA findings were presented as well as the results of all focus group meetings. At this meeting, the group decided that we should focus our efforts on the following themes from above.

- Access to affordable care (33%)
- Cost of insurance and services (13%)
- Cost of living (11%)

Then we followed with a feasibility study. We had a great dispersion of community leaders in the room. We rated the themes on scale of 1-5, with 5 being optimal. We considered impact, timeframe, ease, cost, and determine a mean of all four. That helped determine the overall feasibility. Following the feasibility study, we created some bold actions on these themes.

FIGURE 5: WORD CLOUD, BREVARD COUNTY, 2022

Source: Brevard County Community Health Survey, 2022. Prepared by CollaborativeLabs, 2022

Below are the priorities that came out from these different groups:

Areas of Opportunity	BOARD	PARTNERS	EQUITY FORUM	AVERAGE
Mental Health	8.30	8.26	8.11	8.22
Access to Health Care Services	7.70	7.50	8.32	7.84
Social Determinants of Health	7.40	7.41	7.80	7.54
Nutrition/Physical Activity/Weight	5.70	7.69	7.47	6.95
Oral Health	7.00	6.46	6.53	6.66
Diabetes	6.00	6.63	6.88	6.50
Substance Abuse	6.20	7.10	6.19	6.49
Heart Disease/Stroke	5.40	6.64	6.68	6.24
Injury/Violence	5.80	6.38	6.38	6.18
Tobacco Use	5.70	5.56	5.53	5.60
Cancer	3.90	5.79	6.25	5.31
Potentially Disabling Conditions	5.10	5.00	5.19	5.10
Respiratory Disease	4.00	5.36	5.61	4.99

Community Description and Health Status:

A comprehensive review of secondary data for Brevard County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and racial and ethnic disparities. The 2022 Brevard County Community Health Assessment was developed as part of this assessment and to serve as a community resource for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Social Determinants of Health (SDOH)

As described earlier, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can cause health disparities that are often rooted in social and economic disadvantages. Data show Brevard County has continuing challenges with SDOH-related issues as listed below (table references are from the 2022 Brevard County Community Health Assessment).

1. Financial Resilience: A total of 30.0% of Brevard County residents would not be able to afford an unexpected $400 expense without going into debt (CHA pages 25-26).
2. Housing Insecurity: Most surveyed adults rarely, if ever, worry about the cost of housing. However, a considerable share (34.3%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year. A total of 17.8% of Brevard County residents report living in unhealthy or unsafe housing conditions during the past year. Overall, 32.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food. (CHA pages 27-28)
3. Diversity and Inclusion: A majority of surveyed adults (65.7%) agree with the statement, "I feel that my community is a welcoming place for all people, regardless of race, ethnicity, sexual orientation, gender identity, age, physical disability, or other differences." However, 17.5% said they "disagree" or "strongly disagree" with the statement. (CHA pages 30-31)
4. Adverse Childhood Experiences (ACEs): By category, ACEs were most prevalent in Brevard County for emotional abuse (affirmed by 42.3% of respondents), followed by household substance abuse (35.4%), parental separation or divorce (32.8%), and household mental illness (26.0%). In all, 24.3% of Brevard County residents reported four or more of the adverse childhood experiences tested (a high ACE score). (CHA pages 30-31)

Health Status

Most Brevard County residents rate their overall health favorably (responding "excellent," "very good," or "good"). However, 17.6% of Brevard County adults believe that their overall health is "fair" or "poor."

Health behavior data pointed to serious challenges facing Brevard County residents. The issues listed below require multi-faceted approaches to improve existing health problems with simultaneous primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions and behaviors that were considered as priority health issues include the following:

- Mental Health: Most Brevard County adults rate their overall mental health favorably ("excellent," "very good," or "good"). While most Brevard County parents of children age 5 to 17 consider their child's mental health status to be "excellent," "very good," or "good," a total of 16.1% rate it as "fair" or "poor." In response to a related inquiry, 23.3% of county parents with children aged 5 to 17 indicate that their child needed mental health services at some point in the past year. (CHA pages 38-40)
- Depression: A total of 32.2% of Brevard County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression). A total of 44.3% of Brevard County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression). (CHA pages 40-41)

- Stress: A majority of surveyed adults characterize most days as no more than “moderately” stressful. In contrast, 21.1% of Brevard County adults feel that most days for them are “very” or “extremely” stressful. (CHA pages 42-43)
- Mental Health Treatment: A total of 23.9% of Brevard County adults are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem. A total of 15.3% of Brevard County adults report a time in the past year when they needed mental health services but were not able to get them. (CHA pages 43-44)

Disease and death rates are the most direct measures of health and well-being in a community. In Brevard County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time.

- Prevalence of Heart Disease & Stroke: A total of 8.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack. A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke). (CHA pages 46-47)
- Cardiovascular Risk Factors: A total of 43.1% of Brevard County adults have been told by a health professional at some point that their blood pressure was high. A total of 42.6% of adults have been told by a health professional that their cholesterol level was high. A total of 87.8% of Brevard County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol. (CHA pages 47-50)
- Prevalence of Cancer: A total of 14.2% of surveyed Brevard County adults report having ever been diagnosed with cancer. The most common types include skin cancer, prostate cancer, and breast cancer. (CHA pages 51-52)
- Cancer Screenings: Among women aged 50-74, 74.7% have had a mammogram within the past 2 years. Among Brevard County women aged 21 to 65, 75.1% have had appropriate cervical cancer screening. Among all adults aged 50-75, 75.5% have had appropriate colorectal cancer screening. (CHA pages 53-54)
- Prevalence of Respiratory Disease: A total of 10.8% of Brevard County adults currently suffer from asthma. Among Brevard County children under age 18, 8.9% currently have asthma. A total of 11.3% of Brevard County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis). (CHA pages 55-57)
- Injury and Violence: A total of 4.7% of surveyed Brevard County adults acknowledge being the victim of a violent crime in the area in the past five years. A total of 20.9% of Brevard County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner. (CHA pages 59-60)
- Diabetes: A total of 14.8% of Brevard County adults report having been diagnosed with diabetes. (CHA pages 61-62)
- Kidney Disease: A total of 5.4% of Brevard County adults report having been diagnosed with kidney disease. (CHA pages 63-62)

- Chronic Pain: A total of 21.5% of Brevard County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months. (CHA pages 67-68)

Modifiable Heath Risks

A risk factor is something that increases your chance of getting a disease. Some risk factors are called modifiable, because you can do something about them. Modifiable health risks, such as obesity, high blood pressure, and smoking, were linked to over $730 billion in health care spending in the US in 2016, according to a study published in The Lancet Public Health. Researchers from the Institute for Health Metrics and Evaluation (IHME), an independent global health research center at the University of Washington School of Medicine, and Vitality Group, found that the costs were largely due to five risk factors: overweight and obesity, high blood pressure, high blood sugar, poor diet, and smoking. Spending associated with risk factors in 2016 constituted 27% of the $2.7 trillion spent on health care that was included in the study.

- Nutrition: A total of 28.8% of Brevard County adults report eating five or more servings of fruits and/or vegetables per day. Most Brevard County adults report little or no difficulty buying fresh produce at a price they can afford. However, 27.8% of Brevard County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables. (CHA pages 71-73)
- Physical Activity: A total of 25.0% of Brevard County adults report no leisure-time physical activity in the past month. A total of 23.0% of Brevard County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations). Among Brevard County children aged 2 to 17, 37.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day). (CHA pages 74-76)
- Overweight and obesity: More than two-thirds of Brevard County adults (68.4%) are overweight. The overweight prevalence above includes 36.2% of Brevard County adults who are obese. Based on the heights/weights reported by surveyed parents, 25.9% of Brevard County children aged 5 to 17 are overweight or obese (≥85th percentile). The childhood overweight prevalence above includes 13.3% of area children aged 5 to 17 who are obese (≥95th percentile). (CHA pages 77-81)
- Substance Abuse: A total of 22.9% of area adults are excessive drinkers (heavy and/or binge drinkers). A total of 2.7% of Brevard County adults acknowledge using an illicit drug in the past month. A total of 12.7% of Brevard County adults report using a prescription opioid drug in the past year. A total of 6.9% of Brevard County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives. More than half of Brevard County residents’ lives have not been negatively affected by substance abuse (either their own or someone else’s). However, 44.8% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”). (CHA pages 82-87)
- Tobacco Use: A total of 16.6% of Brevard County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days). Among all surveyed households in Brevard County, 15.7% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month. More than one-half of regular smokers (51.5%) went without smoking for one day or longer in the past year because they were trying to quit smoking. Most Brevard County adults

have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products. However, 9.4% currently use vaping products either regularly (every day) or occasionally (on some days). (CHA pages 88-92)

Access to Healthcare (Resources, Assets, and Utilization)

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural communities like Brevard County face many barriers in accessing healthcare services. Utilization and health professional shortage data illuminated the depth of access to care issues in Brevard County. The major issues related to healthcare resources, access and utilization fall into the groups listed below.

- Health Insurance Coverage: A total of 51.2% of Brevard County adults aged 18 to 64 reports having health care coverage through private insurance. Another 31.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits). Among adults aged 18 to 64, 17.2% report having no insurance coverage for health care expenses. (CHA pages 94-95)
- Difficulties Accessing Healthcare: A total of 54.7% of Brevard County adults report some type of difficulty or delay in obtaining health care services in the past year. Of the tested barriers, appointment availability and finding a physician impacted the greatest shares of Brevard County adults. A total of 11.3% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it. (CHA pages 96-98)
- Primary Care Services: A total of 74.6% of Brevard County adults were determined to have a specific source of ongoing medical care. More than two-thirds of adults (67.9%) visited a physician for a routine checkup in the past year. Among surveyed parents, 88.3% report that their child has had a routine checkup in the past year. Among Brevard County adults, 46.0% said they would be “extremely likely” or “very likely” to use telemedicine instead of office visits for routine medical care. (CHA pages 99-102)
- Emergency Room Utilization: A total of 10.9% of Brevard County adults have gone to a hospital emergency room more than once in the past year about their own health. (CHA page 103)
- Advance Directives: A total of 36.0% of Brevard County adults have completed advance directive documents. (CHA page 104)
- Oral Health: Nearly two-thirds of Brevard County adults (65.0%) have dental insurance that covers all or part of their dental care costs. A total of 54.4% of Brevard County adults have visited a dentist or dental clinic (for any reason) in the past year. A total of 73.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year. (CHA pages 105-107)
- Perception of Local Healthcare Services: More than half of Brevard County adults rate the overall health care services available in their community as “excellent” or “very good.” However, 19.8% of residents characterize local health care services as “fair” or “poor.” (CHA pages 109-110)

Community Themes and Strengths:

In all, 1,365 surveys were completed through these mechanisms (237 in North Brevard, 480 in Central Brevard, and 648 in South Brevard). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Brevard County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 1,365 respondents is ±2.6% at the 95 percent confidence level.

We identified 12 areas of need/opportunity. We used three levels of income: very low income ($26,000 family of four), low income, mid/high income. 30% feel they can't afford the unexpected car repair or medical bill without putting it on a credit card or getting a loan. National: 24.6%. 17.8% of respondents in Brevard County live in a home with water leaks, mold, bugs, something unsafe. National: 12.2%.

Adverse Childhood Experiences (ACEs): These are the prevalence levels for these eight domains. What's striking here is prevalence for these ACEs conditions in Brevard is significantly higher than national data. ACEs are compounding and found to have adverse effects on health outcomes later in life. 4+ ACEs is a high-risk group (24.3% in Brevard; 16.3% national).

Let’s move on to the areas of opportunity for each of the 12 areas of need.

For detailed results, please refer to the 2022 Brevard County Community Health Assessment.

Identified 12 areas of need/opportunity:

1. Access to Health Services
   Our survey asked what type, if any, healthcare coverage people had excluding Medicare 65+ group. 17.2% report no coverage. We saw that decline between the 2004 and 2016 surveys, but it ticked back up. In barriers to access, we were statistically higher than the nation as a whole. We’ve seen significant changes over time; most have gotten worse. Language/culture has remained fairly stable. For more than half of adults in the county, one or more of those barriers affected their ability to get healthcare, much higher than nationally. We see a trend. It’s shot up since 2016. And like others, not equal among residents. 11% of parent said they had trouble accessing healthcare for a child (separate question) in last year.
2. Cancer
   The trend lines in each level are similar to nationwide data. Significant trend is fairly consistent drop across the years for mammography.
3. Diabetes
   More than 30 million people in the United States have diabetes, and it’s the seventh leading cause of death. Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don’t know they have it. A total of 14.8% of Brevard County adults report having been diagnosed with diabetes (higher than the statewide percentage). We noticed a significant increase from the 2004 benchmark survey. Another 13.9% of adults have been diagnosed with “pre-diabetes” or “borderline” diabetes. Note that among adults who have not been diagnosed with diabetes, 47.1% report having had their blood sugar level tested within the past three years.
4. Heart Disease & Stroke
   We noticed that there was at least one cardiovascular factor in most groups.
5. Injury & Violence

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities. Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities. Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

A total of 4.7% of surveyed Brevard County adults acknowledge being the victim of a violent crime in the area in the past five years (More often reported among adults age 18 to 64 and among those with lower incomes). A total of 20.9% of Brevard County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner (Worse than the national percentage).

6. Mental Health

   1/3 in Brevard County, much higher than the state and national rates, have been diagnosed; this has increased dramatically and consistently. 2+ years in their life when they felt sad or depressed; that really shot up again since 2016. Very uneven distribution across the demographic groups. In evaluation of everyday stress levels, the typical day was extremely or very stressful, higher in Brevard; also higher for those receiving some type of mental health treatment, medication, or counseling or therapy. Those unable to get mental health services is twice what we see nationally; and an increase since 2016.

7. Nutrition, Physical Activity & Weight

   The survey asked them to give height and weight, then calculated BMI for every respondent. BMI of 25 or more is overweight, which is more than 2/3 of respondents in Brevard, higher than state and national. 30+ is obese; again significantly higher than state and national and especially high in the northern parts of the county.

8. Oral Health

   This is lower than state and national. It can be more sensitive to the pandemic, since a lot forego this type of treatment during pandemic. We don't want to assume too much with this one.

9. Potentially Disabling Conditions

   The question asked if they were limited in any way in any activity because of a physical, mental, or emotional health condition. More than 1/3 Brevard adults said yes, higher than national. Trend consistent over time; increasing every cycle since 2004. Dementia is a significant concern, along with mental illness and cancers.

10. Respiratory Diseases

    Prevalence of COPD is relatively high in Brevard compared to state and national. Not seeing a clear trend; fairly stable with one outlier.

11. Substance Abuse

Brevard County is higher than the state, lower than national with more prevalent in higher incomes. This represents illegal or prescription drug not prescribed. This comes with a caveat since it's self-reporting, so probably quite underreported. 7% say they have sought professional help at some time in their lives. Life being negatively affected is largely perception based. Tell us to what extent you feel your own life has been directly negatively impacted by someone's substance abuse, your own or someone you love elicited 44.8% in Brevard, higher than national.

12. Tobacco Use
    This is ticking down consistently but not significantly. Vaping in Brevard is higher than state, close to national; has held steady since 2019, much higher than 2016.

After spirited debate, members agreed that these issues, while critically important and related to the social determinants of health, were beyond the scope of the CHIP alone. Leaders pointed out that other groups and organizations in Brevard County were already addressing these problems. Members pledged to represent the health perspective on the various committees and workgroups addressing these problems. As a step to assure that the social determinants of health are incorporated into CHIP strategies, the Brevard CHIP Action Plan includes a section for each goal where a description of how the social determinants of health are considered and addressed.

IDENTIFIYING STRATEGIC ISSUES

Essential components of bridging the community health assessment with the development of a community health improvement plan include identifying strategic issues, formulating goals and strategies, and implementation. On March 29, 2022, the Brevard County Health Advisory Council began the process of identifying strategic priorities. This included the review of the community health status data and Focus Group meetings for discussion of key points. The Brevard County Health Advisory Council discussed the characteristics of strategic priorities to assure a common understanding of scope, scale, and purpose. Prioritization criteria included Impact, Timeframe, Ease, and Cost. Table 1 below lists the characteristics of each criterion. Four community focus group virtual meeting were done, attendees then participated in a facilitated consensus discussion to condense the list to about a dozen issues. Immediately following the virtual meetings, Brevard County Health Advisory Council members were invited to participate in a forum with community partners to score each issue. After that, participants also voted on the three issues they thought should be the community's strategic priorities. Descriptive analysis was used to synthesize results and a list of four potential priorities was produced. At their June 7th virtual meeting, the Brevard County Health Advisory Council discussed and debated the priorities and landed on four priorities which are listed below. At this point, the Brevard County community partners transitioned from the assessment phase to the active community health improvement plan development.

TABLE 1: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, BREVARD COUNTY, 2021-2022

Impact	Timeframe	Ease	Cost
• Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress	• Speed of implementation • Time bound	• Community capacity • Political will • Acceptability to the community	• Financial costs • Staffing • Stakeholder support • Time

Strategic Priority Issue Areas Identified

- Behavior Healthcare Services:
  - Goal BH1: Improve access to mental healthcare services including substance misuse treatment for drugs and alcohol.
  - Goal BH2: Promote mental wellness and prevention services.
- Access to Healthcare Services:
  - Goal AC1: Improve Access to Quality Health Care Services.
  - Goal AC2: Improve Health Literacy.
  - Goal AC3: Advocate for Enhanced Access to Healthcare.
- Access to Oral Healthcare and Preventive Services:
  - Goal AO1: Improve access to primary dental care services and oral health.
- Address Social and Economic Condition Impacting Health:
  - Goal SD1: Improve understanding of Social Determinants of Health.
  - Goal SD2: Implement Health Equity Plan.

As mentioned above, the list of priorities included a fourth area that proposed to focus on essential services to protect and ensure quality of life. This area intended to address housing, food security, job opportunities, and transportation. After spirited debate, Brevard County Health Advisory Council members agreed that these issues will be addressed via the Health Equity Plan where the social determinants of health are considered and addressed. Brevard County Health Advisory Council members pledged to represent the health perspective on the various committees and workgroups addressing these problems.

Policy and systemwide changes for the alleviation of health inequities are incorporated into the goals, strategies, and objectives detailed in this section of this document. The targeted policy

changes include primary care patient intake policies, workplace wellness policies, and a policy designating Brevard County as an Age Friendly Community.

FORMULATE GOALS AND STRATEGIES

The purpose of this is for community partners to develop goals, identify strategies and write measurable objectives for each of the strategic priority areas. At its March 29, 2022, meeting, the Brevard County Health Advisory Council embarked on this work. After reviewing the data and key findings from the CHA assessments, the group reconfirmed and refined the strategic priority issue statements, and set a timeline for developing the final CHIP, and organized into action planning workgroups. The three workgroups met at least twice virtually and remained in contact electronically to dissect the proposed goal statements, enhance and add strategies, and craft objectives. Evidence-based and promising practices were researched, considered, and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, data source, and identification of a lead entity.

ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. Please see appendix, Brevard County CHIP Action Plan, to review the background information for each goal on evidence-based practice, policy change, health disparities and/or equity issues, and relationship to the social determinants of health. The Brevard County CHIP action cycle is not only guided by the goals, strategies, and objectives set through the MAPP process, but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Brevard County CHIP will be monitored and tracked by semi-annual reporting to the Brevard County Health Advisory Council and an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be made and documented.

BREVARD COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

Date	Description
August 5, 2021	Organizational meetings, partner identification, timeline development.
August 5, 2021	Community health assessment kick-off meeting, visioning.
January 2022	Primary and secondary data collection via community survey.
March 29, 2022	Community Focus Group 1 – 16 Participants.
March 31, 2022	Community Focus Group 2 – 8 Participants.
March 31, 2022	Providers Focus Group – 8 Participants.

April 21, 2022	Community Focus Group 3 – 15 Participants.
April 26, 2022	PRC's Presentation of CHNA (CHA) Results to Health Advisory Council Members.
April 27, 2022	Presentation of CHA findings to community and partners. (Prioritization to community, Feasibility, Evaluation, Action Priority, and Next Steps).
June 7, 2022	CHIP organizational discussions, timeline development, and review priorities.
July 13, 2022	PMC CHIP organizational discussions, timeline development, and review priorities.
August 2, 2022	We reviewed the CHIP goals proposal based on Community Health Needs Assessment results. (Health Advisory Council)
September 7, 2022	We reviewed the CHIP goals proposal based on Community Health Needs Assessment results for Access to Health Care. (Access to Care Taskforce)
October 4, 2022	CHIP action plan review and changes. (Health Advisory Council)
October 5, 2022	CHIP action plan review and changes Access to Health Care objectives. (Access to Care Taskforce)
October 12, 2022	PMC - CHIP action plan review after Health Advisory Council approval.
December 6, 2022	CHIP objectives approval for publishing (Health Advisory Council)
December 7, 2022	CHIP objectives approval for publishing (Task Forces)
December 8, 2022	CHIP action plan completion and approval by SMT for publication

Brevard County CHIP Goals, Strategies, Objectives, Alignment, and Related Resources

The Brevard County 2023-2027 Community Health Improvement Plan focuses on four strategic priority areas. For each priority issue goals have been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of proposed policy changes, notations of health disparity and equity concerns, and link to social determinants of health. Please see the Appendix for the action plan template and the separate companion Action Plan Compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

Additionally, the strategic priorities, goals, strategies and objectives in the Brevard County CHIP align with several state and national initiatives. These include the Florida Department of Health's State Health Improvement Plan (SHIP) for 2022-2026, Healthy People 2030, Florida Department of Health Strategic Plan 2016-2021, and the U.S. Health and Human Service (HHS) Office of Minority Health National Stakeholder Strategy for Achieving Health Equity. These shared priorities present opportunities for collaboration, resource sharing, and collective impact in improving health outcomes and quality of life for Brevard County residents.

See CHIP Plan Attachment for CHIP Plan – Critical Few Objectives (CFO) Matrix 2023-2025

Appendix

This Appendix includes the following sections:

- Organizations, Agencies and Individuals Represented in the Brevard County Community Health Assessment and Health Improvement Planning Process
- Brevard County CHIP Implementation Action Plan Template
- References
- CHIP Plan – Critical Few Objectives (CFO) Matrix 2023-2025

ORGANIZATIONS, AGENCIES AND INDIVIDUALS PARTICIPATING IN THE BREVARD COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING PROCESS

Below is a list of community partners who assisted in the 2022 Brevard County community health assessment and health improvement planning process. This list is not meant to be exclusive. Our gratitude goes to our many community partners, local residents, non-profit organizations, healthcare professionals, school representatives, and many other community members who lent their support to this assessment and continuing the community's health vision.

- Johnette Gindling (Space Coast Health Foundation)
- Chris McAlpine (Parrish Medical Center)
- Ken Peach (Health Council of East Central Florida)
- Jim Whitaker (Circles of Care)
- Lisa Gurri (Brevard Health Alliance)
- Audrey Joiner (Space Coast Volunteers in Medicine)
- Ian Golden (Brevard County Government)
- Kevin Hachmeister (Florida Department of Health in Brevard County)
- Maria Stahl (Florida Department of Health in Brevard County)
- Libby Donoghue (211)
- Bill Calhoun (Health First)
- Rob Raines (United Way)
- Jane Benton, MD (Nemours Children's Specialty Care, Melbourne)
- Tricia Romesberg (Space Coast Health Foundation)
- Arlene McCalla (Orlando Veterans Administration)
- Karen Van Caulil (Florida Health Care Coalition)

BREVARD COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

Brevard County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority:
Goal:
Strategy:
Objective: (with baseline, target and data source)
Background on Strategy: Source or Evidence-base: Policy Change (yes/no): Health equity or disparity to be addressed (if applicable): Link to Social Determinants of Health:
Action Plan:

Activity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress

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CHIP Plan – Critical Few Objectives (CFO) Matrix 2023-2025

CHIP Plan - CFO Matrix 2023-2025											
					Performance						
						Actuals					
Priority	Goals	Strategy	Objectives	Owner	Baseline Target Data Source	23	24	25	Due	Policy Changes	Linkage
Behavior Healthcare Services (BH)	BH1. Improve access to mental healthcare services including substance misuse treatment for drugs and alcohol.	BH1.1. Increase Access to Crisis Services (Mobile Response, 2-1-1, Access Without Regard to Insurance)	BH1.1.1. By December 31, 2025, increase the number of residents with substance use disorder that enter into the Coordinated Opioid Recovery (CORE) program from 0 (2022) to 20.	Health Educator / Circle of Care	0 (2022) 20 Data: CORE Program	38			12/31/2025	Changes needed to address gaps in the Brevard County behavioral health systems.	SHIP: MW3 STRAT: 2.1, 3.1
			BH1.1.2. By December 31, 2025, Create awareness of Access to Crisis Services through various social media platforms, health fairs, community meetings, and education of organizations and companies. Baseline: N/A	Health Educator/Brevard Prevention Coalition	N/A (2022) Created Data: BPC Logs	0			12/31/2025		SHIP: MW3 STRAT: 2.1, 3.1

BH2. Promote mental wellness and prevention services	BH2.1. Increase Awareness of the Impact of Basic Needs on Mental Health	BH2.1.1. By December 31, 2025, increase the number of outreach and education opportunities throughout Brevard that share accurate, reliable and cohesive information regarding Early Detection / Early Diagnosis of Alzheimer's disease and related dementias ~~specifically to African American adults~~ from 0 (2022) to 30.	Health Educator	0 (2022) 30 Data: CDC, BRFSS	0			12/31/2025 		SHIP AD1 STRAT: 2.1
	BH2.2. Reduce Stigma Associated With Behavioral Health	BH2.2.1. By December 31, 2025, distribute documentary aimed at reducing behavioral health stigma from 0 (2021) to 100 locations (Documentary "Breakthrough")	SCHF	0 (2021) 100 Data: SCHF Logs	3			12/31/2025 		SHIP MW1 STRAT: 2.1

Access to Healthcare Services (AC)	AC1. Improve Access to Quality Health Care Services	AC1.1. Expand Collaborations Between Agencies in Brevard County	AC1.1.1. By September 30, 2023, increase the number of partners with three to five local Early Childhood Education (ECE) sites to utilize the Go Nutrition (GO NAPSACC) and Physical Activity Self-Assessment for Child Care platform, to increase the number of modules completed as well as promote the Healthy Environments for Reducing Obesity in Brevard (Florida's HEROs). (Baseline: 2 in 2022).	Health Educator (tracked via the healthy communities workplan)	2 (2022) 3 Data: Health Educator	6	N/A	N/A	9/30/2023	Change is needed to eliminate health care barriers and increase education and awareness initiatives to protect vulnerable populations.	SHIP: SEC2 STRAT: 2.1
			AC1.1.2. By December 31, 2025, implement one (1) PACE-EH projects addressing either food access and/or engagement in physical activity or the built environment. Baseline: 1 (2021).	EH	1 (2021) 1 Data: DOH-Brevard EH program. CHA	N/A	N/A		12/31/2025		SHIP: SEC4 STRAT: 2.1, 3.1
			AC1.1.3. By December 31, 2025, increase the percentage of smokers with quit attempts in the last 12 months from 54.7% (2020) to 63%.	Tobacco Free Brevard/Health Educator	54.7% (2020) 63% BRFSS	Lag			12/31/2025		SHIP: CD5 STRAT: 2.1

			AC1.1.4. By December 31, 2025, increase the percentage of adults aged 18 years and older who do voluntary physical activity in the past month from 73% (2020) to 78%.	Health Educator / Get Healthy Brevard	73% (2020) 78% BRFSS	Lag			12/31/2025 		SHIP: CD6 STRAT: 2.1
			AC1.1.5. By December 31, 2025, Educate individuals on knowing the signs and spotting the signs of Human Trafficking to reduce the number of cases related to hospitalizations from 100 (2020) to less than 30.	Women's Center of Brevard	100 (2020) <30 FLCHARTS	410			12/31/2025 		SHIP: ISV3 STRAT: 2.1
		AC1.2. Improve population health by promoting awareness on resources on Chronic Disease Prevention Programs	AC1.2.1. By December 31, 2025, promote awareness to partners and the local community on resources available on Chronic Disease Prevention. Baseline: N/A.	Health Educator	N/A (2022) Promoted Data: DOH-Brevard Healthy Community Workplan	6			12/31/2025 		SHIP: CD6 STRAT: 2.1

		AC1.3. Reduce infant morbidity and mortality	AC1.3.1. By December 31, 2025, reduce the rate of congenital syphilis from 73.0 per 100,000 live births (2020) to 62.1 per 100,000 live births.	STD / Maternity Programs	73 (2020) 62.1 FLCHARTS	Lag 208.8 (2022)			12/31/2025		SHIP: MCH2 STRAT: 2.1
	AC2. Improve Health Literacy	AC2.1. Educate Providers on the Capacity of 2-1-1 (Educate/Navigate Residents)	AC2.1.1. By December 31, 2025, increase the number of DOH-Brevard providers with direct client contact that are familiar with the 211-Brevard services from 5% (2022) to 50%.	Health Educator	5% (2022) 50% Data: DOH-Brevard Administration	0%			12/31/2025		SHIP: AD1, CD4, CD6, CD7, MW3, MW4 STRAT: 2.1
	AC3. Advocate for Enhanced Access to Healthcare	AC3.1. Create educational talking points and share with community and legislators	AC3.1.1 By December 31,2025 annually inform local government policy makers concerning policies to improve healthcare access especially for underserved county residents. (From 0 (2022) to at least once per year).	SCHF	0 (2022) 1 Data: SCHF Health Advisory Council	6			12/31/2025		SHIP: SEC1, SEC2, SEC3, SEC4 STRAT: 2.1, 3.1, 4.1
			AC3.1.2. By December 31, 2024, collect personal stories regarding health insurance coverage and access to care. Baseline: N/A.	SCHF	N/A Data: SCHF	20		N/A			SHIP: SEC1, SEC2, SEC3, SEC4 STRAT: 2.1

									12/31/2024		
Access to Oral Healthcare and Preventive Services (AO)	AO1. Improve access to primary dental care services and oral health	AO1.1. Increase Dental Care Access For Special Needs Children	AO1.1.1. By December 31, 2025, increase # of dentist trained on Special Needs Children w/o anesthesia from 0 (2022) to 3.	Dental Task Force	0 (2022) 3 Data: Dental Task Force	9			12/31/2025	Changes in expansion of services, integration with primary care, community oral health education, extension of services to homeschoolers	SHIP CD7 STRAT: 2.1
		AO1.2. Reduce the burden and disparities of oral diseases and its impact on overall health among all Floridians.	AO1.2.1. By December 31, 2025, decrease preventable emergency room visits due to dental conditions among people under 65 years from 527.4 rate per 100,000 (2020) to 470 (state 2020) rate per 100,000.	Dental Parrish, Health First, Aspire	527.4 (2020) 470 Data: FLCharts, Adult ED diversion program	148			12/31/2025		SHIP CD7 STRAT: 2.1
Address Social and Economic Condition Impacting Health (SD)	SD1. Improve understanding of Social Determinants of Health	SD1.1. Decrease unhealthy/unsafe conditions	SD1.1.1. By December 31, 2025, decrease the % of Unhealthy/Unsafe Housing Conditions from 17.8% (2022) to 14%.	Minority Health Liaison / SCHF / Brevard Homeless Coalition	17.8% 2022 14% Data: CHA	0%			12/31/2025	Change needed to increase affordable housing availability, healthier food options, and	SHIP SEC3 STRAT: 2.1

	SD2. Implement Health Equity Plan	SD2.1. Reduce fatalities	SD2.1.1. By June 30, 2025, decrease the number of LGBTQ+ Brevard County Residents reporting they were unable to receive Mental Health Services in the past year from 43.4% (2022) to 42%.	Brevard Health Alliance / HIV/ Circles of Care	43.4% (2022) 42% Data: Circles of Care	0.0%			6/30/2025	Age-Friendly shared use paths. Adoption of resolutions that reduce tobacco use and promote and advance health equity throughout the community.	SHIP SEC1 STRAT: 2.1

18 Objectives (2023)

SHIP = State Health Improvement Plan

ASP = Agency Strategic Plan

APMQI = Agency Performance Management Quality Improvement Plan

WFD = DOH-Brevard Workforce Development Plan

CHIP = DOH-Brevard Community Health Improvement Plan

PMQI = DOH-Brevard Performance Management Quality Improvement Plan

Healthy = Healthy People 2030

STRAT = DOH-Brevard Strategic Plan