2019 Community Health Assessment

Miami-Dade County, Florida

Prepared By:

Florida Department of Health in Miami-Dade County

June 30, 2019

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Acknowledgements

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is pleased to present the 2019 Community Health Assessment. One of the top priorities of this county is the health and wellbeing of its residents and visitors. We recognize that one agency alone cannot do all the work and it takes an integrated state, county and community approach to fulfill our mission to protect, promote and improve the health of all people in Florida.

In 2016, we were a recipient of the 2016 Robert Wood Johnson Culture of Health Prize. We have embraced the Robert Wood Johnson Foundation Culture of Health Action framework and brought together our partners who see health as a shared value. Our partners are made up of a cross-sector collaboration committed to improving wellbeing, working together to strengthen health services and systems, and creating healthier and equitable communities.

A special thank you to the members of the Steering Committee for the Mobilizing for Action through Planning and Partnerships. The committee consisted of the Alliance for Aging, United Way, The Children's Trust, the Department of Children & Families and members of DOH-Miami-Dade County. A special note of acknowledgment to the City of Santa Monica for their guidance on our Wellbeing Survey and to the Will County Health Department for allowing us to use a portion of their questionnaire.

We want to thank all those individuals who participated in our various assessments, surveys, and focus groups. Thank you to the Health Council of South Florida's leadership and staff for facilitating the multiple focus groups. We would also like to thank the Miami-Dade County Public Library System for providing access to their facilities throughout the county and to the West Kendall Baptist Hospital who used their community initiative, Healthy West Kendall to collect surveys. We would also like to recognize Mount Sinai Hospital who hosted several focus groups and Mayor Carlos Gimenez for his work and dedication to the Initiative on Aging. We want to thank Barry University, Keiser University and Miami-Dade College for providing us campus space to conduct data collection. We also appreciate the involvement of the University of Miami and Florida International University who served as facilitators for the various public forums. Thank you also to the Executive Board of the Consortium for a Healthier Miami-Dade and all its members for their support in this process. Lastly, we would like to thank all the volunteers that worked with the Office of Community Health and Planning on this unique endeavor.

A special thank you to Dr. Lillian Rivera, the former Administrator and Health Officer for the Florida Department of Health in Miami-Dade County. Dr. Rivera's vision for the community will always be everlasting. Lastly, we would like to acknowledge and thank the staff from the Office of Community Health & Planning for their leadership in coordinating this process.

Sincerely,

Yesenia D. Villalta, APRN, DNP, MSN
Administrator/Health Officer
Florida Department of Health in Miami-Dade County

Introduction and Executive Summary

The DOH-Miami-Dade embarked on a new cycle of community health planning in preparation for its new Community Health Improvement Plan. To develop our plan, a Community Health Assessment needed to be completed. This is the third cycle using the Mobilizing for Action through Planning and Partnership (MAPP) model. MAPP is a community-driven process used for improving community health. Through this process, communities can seek to achieve optimal health by identifying and using their resources wisely. The process consists of four community health assessments: Local Public Health System Assessment (LPHSA), Forces of Change Assessment (FCA), Community Themes and Strengths Assessment (CTSA), and the Community Health Status Assessment (CHA). The four assessments examine issues such as risk factors for disease, illness, mortality, socioeconomic factors, environmental conditions, inequities in health, and quality of life. Using these assessments can help the community identify and prioritize health problems, facilitate planning, and determine actions to address issues identified.

The first assessment, the Local Public Health System Assessment, took place on August 24 & 25, 2017. During this time, over 111 individuals, representing 40 unduplicated organizations participated. For a complete listing of participants, see Appendix I. The LPHSA examines how well the 10 Essential Services of Public Health are implemented within the county. The 10 Essential Services of Public Health are explained in detail further in the document. The local public health system was scored based on perceived performance and, universal themes of discussion across all functions and standards were identified. An optimal level of performance is the level to which all local public health systems should aspire. Miami-Dade County's public health system ranked as **Significant Activity** in overall performance. The highest ranking available was Optimal Activity.

The **highest ranked service** for performance was **Essential Service 5** *Develop Policies and Plans that Support Individual and Community Health Efforts*. The three **lowest ranked services** for performance were **Essential Service 7** *Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable*, **Essential Service 9** *Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services*, and **Essential Service 10** *Research for New Insights and Innovative Solutions to Health Problems*. See Appendix l for the full LPHSA report.

The second assessment conducted was the Forces of Change assessment, which took place on May 10, 2018. Organizations and sectors that play essential roles in promoting and improving the health in Miami-Dade County participated in the Forces of Change Assessment Community Meeting. The assessment process was well received among the participants. On the day of the event, there was a total of sixty-four participants representing 42 unduplicated organizations. see Appendix ll for the full report, including those in attendance. The purpose of this assessment was to identify the trends, factors, and events that are likely to influence community health and quality of life, as well as the work of the local public health system in Miami-Dade County.

The Forces of Change Assessment brainstorming session focused on answering the following questions:

- What has occurred recently that may affect our local public health system or the health of our community?
- Are there trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the foreseeable future that may affect our public health system or the health of our community?

Introduction and Executive Summary

During the community meeting, a varied group of community partners engaged in brainstorming sessions and discussed key factors that directly or indirectly affect health and the health of the community. Examples of the vital forces that were discussed included:

- Social/Mental Health
- Lack of Affordable Housing
- Opioid Epidemic
- Gun Violence
- Lack of Data Driven Decisions
- Lack of Coordination between Healthcare Providers
- Lack of Fully Integrated Data Sharing System
- Healthcare Immigration Policy Change

The third assessment conducted was the Community Themes and Strengths Assessment. This assessment specifically targeted the residents of Miami-Dade County to gather their impressions and thoughts that can help pinpoint essential issues and highlight possible solutions. More importantly, by involving community residents and genuinely listening to their concerns, every participant feels like an integral part of the process.

During this phase, two tiers of information-gathering occurred. Tier one consisted of focus groups. Focus groups were held throughout the county for several months in 2018. The DOH-Miami-Dade, along with the Health Council of South Florida, conducted 14 focus groups to obtain insight from Miami-Dade County residents. A total of 96 participants were involved in this component. Please see Appendix lII for the full results of the focus groups. Residents identified six areas within our county to address: 1.) Transportation and the built environment, 2.) Access to healthy food, 3.) Education, 4.) Neighborhood Safety, 5.) Health Service Utilization, 6.) Community Involvement.

The second tier consisted of a Wellbeing Survey. The Wellbeing Survey is meant to identify the needs, opinions, and views of Miami-Dade County residents and looks to answer the following questions:

- What is important to the community?
- How is the quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

Results from this assessment will be available by June 30th, 2019, and located at www.healthymiamidade.org.

Lastly, the Community Health Status Assessment consists of secondary data collected through the synthesis of existing data from national, state, and local sources which were analyzed to learn about health status, quality of life, and risk factors for poor health outcomes among residents of Miami-Dade County.

The four assessments give a complete view of health and quality of life in Miami-Dade County and help make up the Miami-Dade County Community Health Assessment. As a way to continue to involve the community in the assessment process, feedback and comments related to this document can be provided at https://www.surveymonkey.com/r/CHA-MDC.

All photos contained in this document were obtained through a paid membership to Shutterstock, unless otherwise noted.

Building on Community Success

A leading figure in the development of the modern study of public health is Charles-Edward Armory Winslow. His definition of public health, developed almost a century ago, states that "Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals" (Centers for Disease Control and Prevention, 2018).

According to the American Public Health Association, public health promotes and protects the health of people and the communities where they live, learn, work, and play. In public health, the concern is not on individual health but instead on systems that prevent illness and injury and encourage and promote healthy lifestyles.

There are three core functions of public health: assessment, policy development, and assurance. These core functions are completed through the ten essential services that public health provides (see Figure 1). Through the Mobilizing for Action Through Planning and Partnerships (MAPP) process, we can implement a comprehensive assessment, develop a comprehensive Community Health Improvement Plan (CHIP), and evaluate on an ongoing basis.

Figure 1

Health is not only shaped by treating medical conditions but by addressing several factors which include social, economic, and environmental conditions. There needs to be a shared effort from all public health system partners to have a significant, positive impact in the community. No single agency on its own has the resources or the depth needed to address the health of all residents who live in Miami-Dade County.

DOH-Miami-Dade is on its third round of implementing this comprehensive methodology to conduct the assessment. The process was first executed in 2008 and repeated in 2013. The third assessment started in 2017 with a large number of participants taking part in the various assessments. We are currently utilizing the CHIP developed as a result of the 2013 MAPP assessment.

The Florida Department of Health in Miami-Dade works to support and strengthen policies, systems, and environments to improve population health. The department bears statutory responsibility for protecting the public's health, and its staff has worked to initiate the CHIP and convene partners to develop the plan. Department staff are responsible for the ongoing monitoring of the CHIP performance indicators.

Building on Community Success

The CHIP is a five-year plan to improve community health and quality of life in Miami-Dade County. It is a long-term systematic effort to address the public health concerns of the community. The CHIP aligns with national and state public health practices using Healthy People 2020 and the State Health Improvement Plan (SHIP) as a model. The plan identifies high-impact strategic issues and desired health and public health system outcomes to be achieved by the coordinated activities of the partners who provide input. Miami-Dade County's CHIP addresses five key health priorities: Health Protection, Access to Care, Chronic Disease, Community Redevelopment, and Health Finance and Infrastructure. All CHIP goals, objectives, strategies, and performance indicators are accessible at www.HealthyMiamiDade.org/resources/community-health-improvement-plan/.

Within the past five years, the Miami-Dade County community has worked to implement the CHIP and address key public health concerns. The plan has five strategic priorities, 19 community health goals, and 96 strategic health indicators. Since 2014, 72% of the indicators improved, 15% need to improve, and 14% saw no significant change. Please see Appendix IV or visit www.healthymiamidade.org to view the full CHIP Annual Report.

The CHIP serves as a framework for continuous health improvement in the local public health system by choosing strategic issue areas. It is not intended to be an exhaustive and static document. Evaluations on progress is ongoing through quarterly reports and discussion with community partners. The CHIP will continue to change and evolve as new information and insight emerge at the local, state and national levels. Miami-Dade County is at a critical juncture in public health as significant health challenges arise and persist such as the opioid crisis, Zika virus, HIV epidemic, limited access to care, health and socioeconomic disparities, mental health, as well as the prevalence of obesity, chronic disease, nicotine use, and many others. The local public health system must continue to join forces with community-based organizations to make a concerted effort to strengthen capacity, advance health equity, and make significant strides to improve, promote and protect health. Through partnerships, public health goals are more likely to be achieved and meaningful changes created that lead to healthier living standards for residents.

The 2013-2018 CHIP will be extended for an additional six months to ensure that the next plan has adequate alignment and inclusion of Community Health Assessment data currently being collected through the MAPP process.

Demographics

Miami-Dade County, Florida and Florida Demographic Profile

According to the 2012-2016 US Census American Community Survey 5-year estimates[1], Miami-Dade County has 2,664,418 residents. Miami-Dade County is considered the largest major metropolitan area in the State of Florida representing 13.4% of the State's population. Miami-Dade County is also one of the few counties in the United State that is a "minority-majority," meaning that a minority group comprises the majority of the population, with 66.4% of the population in Miami-Dade County identifying as either Latino or Hispanic compared to 24.1% of the State of Florida population. Additionally, Miami-Dade County has similar percentages by race compared to the State of Florida; however, Miami-Dade County has a larger percentage of Black/African American residents (18.8% compared to 16.9%) and a lesser percentage of Asian residents (1.9% compared to 3.2%).

Miami-Dade County is also similarly profiled to the State of Florida in gender and age. Miami-Dade County's population is 48.5% male and 51.5% female compared the Florida which is 48.9% male and 51.1% female. Furthermore, Miami-Dade County and Florida are similar across age-groups; however, Miami-Dade County has a slightly larger population of 20-34-year-old residents and 35-64-year-old residents. When considering measures of poverty, Miami-Dade County has a larger percentage of people living below the federal poverty level (FPL) compared to the State of Florida with measures 19.9% and 16.1%. respectively. Additionally, Miami-Dade County has a larger percentage of children living below the FPL with 27.1% of children in Miami-Dade County compared to 23.3% of children statewide.

State of Florida

Miami-Dade County Map

[1] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Demographics

Table 1 summarizes specific demographics for Miami-Dade County. Race and ethnicity are generally self-identified and are used to classify groups of people based on characteristics. Miami-Dade County's population is comprised of 75.6% White, 18.8% Black/African American, 1.9% Asian, 0.3% American Indian/Alaskan Native, 0.1% Pacific Islander/Hawaiian, and 3.2% identifying race as other. Miami-Dade County does have several federally recognized Native American tribes.

Table 1: Demographic Profile, Miami-Dade County and Florida, 2012-2016

	Miami-Dade County	Florida
Total Population	2,664,418	19,934,451
Gender		
Male	48.52%	48.87%
Female	51.48%	51.13%
Age		
Under 5 Year	5.81%	5.49%
6-19 Years	17.16%	17.30%
20-34 Years	21.04%	19.22%
35-64 Years	40.74%	38.95%
65 and Older	15.24%	19.05%
Race		
White	75.62%	75.94%
Black/African American	18.80%	16.91%
Asian	1.90%	3.24%
American Indian/Alaskan Native	0.32%	0.78%
Pacific Islander/Hawaiian	0.12%	0.19%
Other	3.23%	2.94%
Ethnicity		
Hispanic	66.43%	24.11%
Non-Hispanic	33.57%	75.89%
% Below Federal Poverty Level (FPL)		
People Living Below FPL	19.90%	16.10%
Children Living Below FPL	27.10%	23.30%

Demographics

Nationality and Language

Nationality and language cannot be overlooked when reviewing the demographic profile for Miami-Dade County. Information related to nationality and language were accessed from the U. S. Census Bureau. According to the U.S. Census Bureau, foreign-born refers to individuals who are not U. S. Citizens at birth. Miami-Dade County has a total population of 2,664,418 and almost 1.5 million (53.7%) people are foreign-born. Furthermore, 70.6% of Miami Dade County residents over the age 5 speak a primary language other than English at home. The primary languages spoken among Miami-Dade County residents are English, Spanish and Creole.

Nationality and Language 5-Year Estimate for 2013-2017

Category	Miami-Dade County	Florida	United States
Foreign born persons	1,430,880	4,106,367	43,028,127
Language other than English spoken at home (ages 5+) Of persons speaking a language other than English less than "very well"	1,880,020	5,503,431	64,221,193
Persons that speak English less than "very well"	892,742	2,271,001	25,654,421

Source: Data for 2013-2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Vulnerable Populations

Persons with access and functional needs include those with physical, cognitive, or developmental disabilities, persons with limited English proficiency, those who are geographically or culturally isolated, and individuals who are medically or chemically dependent. Recent natural disaters have exposed the need to develop better strategies for meeting the needs of vulnerable populations to prevent adverse health outcomes during and following a disaster.

Population Estimates for Persons with Access and Functional Needs, 2017

Population	Miami-Dade County	Florida
Civilian non-institutionalized population with a disability	272,830	2,673,685
Persons 18-64 with Independent Living Difficulty	17,504	212,899
Persons with Hearing Difficulty (18-64)	44,104	435,946
Persons with Vision Difficulty (18-64)	25,007	234,041
Seriously Emotionally Disturbed Children	25,122	188,528
Seriously Mentally Ill Adults	78,938	591,282

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Demographics

Industry and Occupation

The U.S Census Bureau identifies the proportions of the population that are working in the top ten industries by county, state, and nation. In Miami-Dade County and the United States, a significant number of the population work in the following fields: healthcare and social assistance, retail trade, professional, scientific, management, administrative, and waste management. The table below shows the top local industry's in Miami-Dade County ranked from highest to lowest population worked in these fields.

Miami-Dade County Top Industries, 2013-2017

Industry	Miami-Dade County	Florida	United States
Professional, scientific, management, administrative, waste management	164,530	1,166,602	17,001,157
Health care, social assistance	158,884	1,199,009	2,0850,113
Retail trade	156,449	1,184,364	17,167,000
Wholesale trade	156,449	247,827	4,042,867
Arts, entertainment, recreation, accommodation and food services	145,040	1,110,967	14,586,646
Finance, insurance, real estate, rental/leasing	97,119	697,248	9,908,320
Transportation and warehousing, and utilities	96,852	473,171	7,681,579
Construction	95,264	641,435	9,564,541
Educational services	93,855	69,7682	1,3931,235
Other services, except public administration	79,606	480,743	7,371,226
Manufacturing	57,907	461,205	1,547,739
Public administration	43,027	390,520	7,025,870
Information	26,374	173,733	3,173,300
Agriculture, forestry, fishing and hunting, and mining	8,760	94,064	2,817,922

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

According to the U.S. Census Bureau, Miami-Dade County has an estimated of 1,272,735 civilian workforce individuals who are at least 16 years old and older. Males represent 55% and females constitute 45% of the workforce. Males are underrepresented in educational services, healthcare, and social assistance. Females are underrepresented in the retail trade industry.

Miami-Dade County Top Five Locals Industry 5-Year Estimate for 2017 by Sex

Industry	Estimate	Males	Females
Educational services, healthcare, social assistance	252,739	28.1%	71.9%
Professional, scientific, management, administrative, waste management	164,530	54.4%	45.6%
Retail trade	156,449	73.8%	26.2%
Arts, entertainment, recreation, accommodation and food services	145,040	54.6%	45.4%
Finance, insurance, real estate, rental/leasing	97,119	49.3%	50.7%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Demographics

Industry and Occupation

The table below shows that most of the Miami-Dade County civilian-employed population 16 years of age and older work in management, business, science, and arts sector, followed by the sales and office field.

Occupation for Civilian Employed population 5-Year Estimates for 2013-2017 (Ages 16+)

Occupations	Miami-Dade County	Florida	United States
Management, business, science, and arts	404,069	3,122,128	56,391,480
Sales and office	348,948	2,406,985	35,440,563
Service	268,688	1,832,577	27,064,027
Production, transportation, and material moving	131,582	827,091	18,331,436
Natural resources, construction, and maintenance	119,448	829,789	13,371,659

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Did You Know?

Miami-Dade County has a vibrant art, museum, and science industry. Click here to learn more.

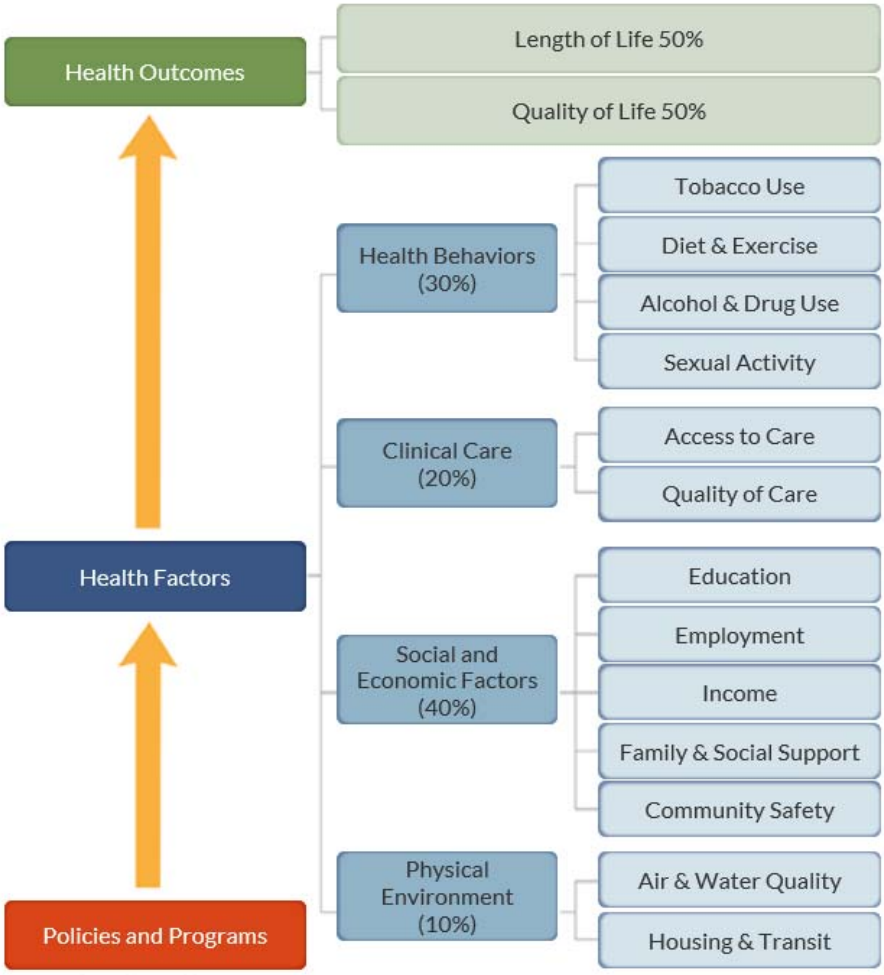
County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps is a systematic approach to having a snapshot of the community's health.. These massive efforts are undertaken using a collaborative approach between the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute. According to the County Health Rankings website, "the rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights."

While the methodology of creating the County Health Rankings are detailed, the information gained from these rankings, the quality of the data, and the applicability to communities are invaluable. Below in Figure 1, you will find the framework for the Rankings. When visiting countyhealthrankings.org, each of the fields in the framework provides a more detailed explanation of how they are used to influence policies and programs, health factors, and health outcomes.

The DOH-Miami-Dade has used the County Health Rankings for many years as a guiding principle for the implementation of health initiatives within the community.

Figure 1: County Health Rankings Framework



County Health Rankings Model © 2016 UWPHI

County Health Rankings and Roadmaps

Programs and initiatives have strongly contributed to the increase in healthy behaviors for both residents and visitors in Miami-Dade County. For example, through a collaboration between the DOH-Miami-Dade and the Centers for Disease Control and Prevention (CDC), we applied and received the Partnerships to Improve Community Health Grant.

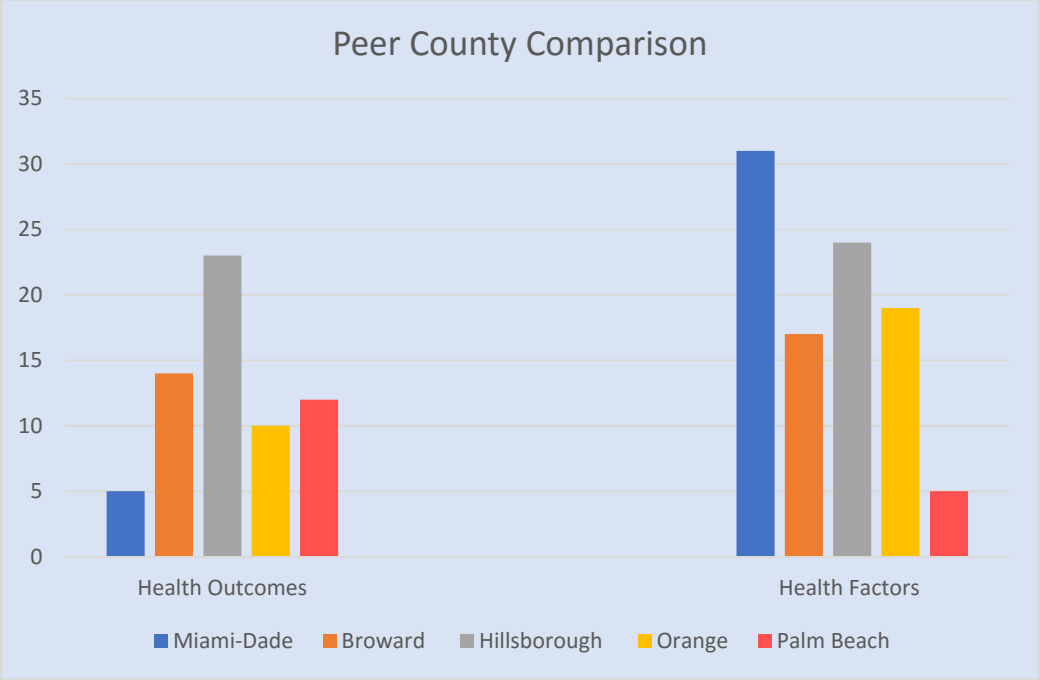
DOH-Miami_Dade implemented projects towards increasing the awareness and importance of creating tobacco-free environments, access to healthier food options, physical activity and encouraging access to care. Targeted initiatives were implemented in areas with high chronic disease rates including Active Design elements, healthy hubs, healthy restaurants, and smoke free housing. Through the work of this collaboration, residents were introduced to healthy behaviors and were provided with education to help them lead healthier, happier lives.

Overall County Health Rankings out of all 67 FL Counties
Health Outcomes and Health Factors for Miami-Dade County, 2011-2019

Category	2011	2012	2013	2014	2015	2016	2017	2018	2019
Health Outcomes	8	9	6	5	5	19	23	5	5
Health Factors	26	30	29	25	25	28	28	27	31

Source: County Health Rankings 2011-2018 (www.countyhealthrankings.com)

Overall County Health Rankings-Health Outcomes and Health Factors Peer Counties (2019)



Source: County Health Rankings Report 2019 (www.countyhealthrankings.org)

County Health Rankings and Roadmaps

Miami-Dade County ranks 5 out of 67 counties in Florida in overall health outcomes. The first chart below highlights data shared from the 2019 County Health Rankings and indicates how Miami-Dade County compares with both Florida rates and national targets. When considering other factors that influence community health, Miami-Dade County continues to need some improvement in several areas. The County Health Rankings offer several sub-categories that examine overall rankings when compared to other Florida counties. It should be noted that with the Sub- Category chart, data from previous years are available on the County Health Rankings website but have not been included in these FLCHARTS. Exclusion is related to a methodology change from previous years, making yearly comparison less accurate.

2019 County Health Rankings Snapshot of Health Outcomes

Health Outcomes Indicators	Miami-Dade County, FL	Florida	National Target	Direction Needed to Meet Target
Mortality Indicator				
Premature Death "Years of potential life lost before age 75 per 100,000 population"	5, 500	7,200	5,400	↓
Morbidity Indicator				
Poor or Fair Health (age adjusted) "Percent of adults reporting fair or poor health"	21	19	12	↓
Poor physical health days (age adjusted) "Average number of physically unhealthy days reported in past 30 days"	3.6	3.8	3.0	↓
Poor mental health days (age adjusted) "Average number of mentally unhealthy days reported in past 30 days"	3.5	3.8	3.1	↓
Low birthweight "Percent of live births with low birthweight (<2500 grams)"	9	9	6	↓

Source: County Health Rankings Report 2019 (www.countyhealthrankings.org)

2019 Sub-Category County Health Rankings for Miami-Dade County, FL Health Outcomes and Health Factors

Sub-Category	2019 Rankings
Health Outcomes- **Length of Life**	2
Health Outcomes- **Quality of Life**	16
Health Factors- **Health Behaviors**	3
Health Factors- **Clinical Care**	59
Health Factors- **Social and Economic Factors**	47
Health Factors- **Physical Environment**	50

Source: County Health Rankings Report 2019 (www.countyhealthrankings.org)

Consortium for a Healthier Miami-Dade

In the area of public health, one agency alone cannot do the enormous task of influencing the entire population; however, through collaboration, the Consortium's vision of a healthy environment, healthy lifestyles and a healthy community for all Miami-Dade County residents and visitors will be fulfilled. The Consortium for a Healthier Miami-Dade was established in 2003 by the Miami-Dade County Health Department to address the increasing rate of chronic disease in the community.

The Consortium is comprised of seven committees and is guided by the goals and objectives established in Healthy People 2020. Over 400 organizations particpate, all united by the common belief that through collaboration and prevention-focused initiatives, Miami-Dade County residents can live longer, healthier and happier lives.

Overall goals of the Consortium include:

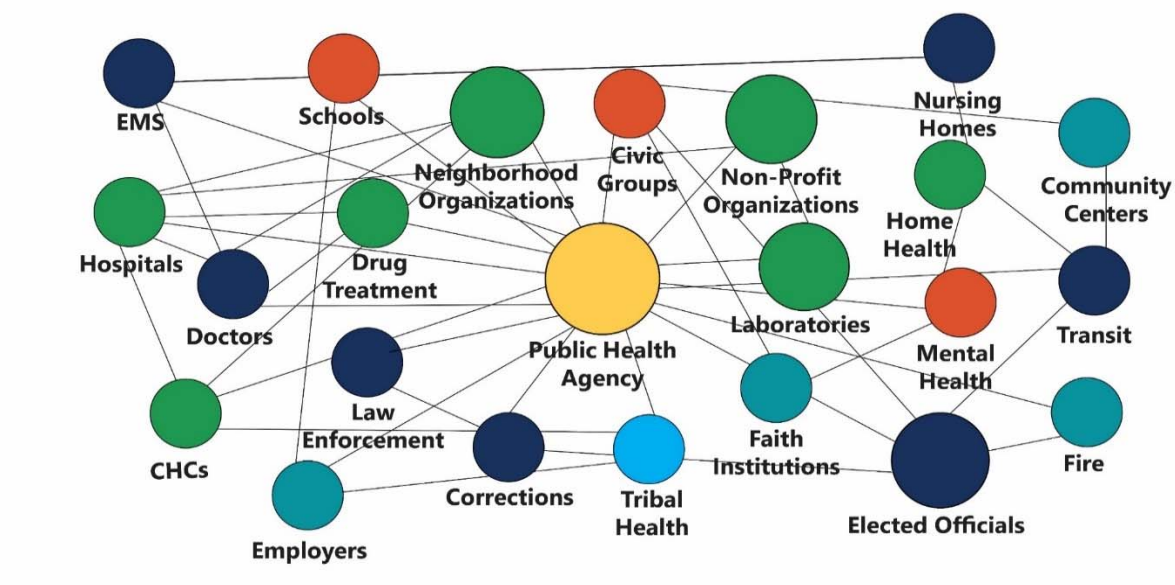
- Integrate planning and assessment to maximize partnerships.
- Increase the percentage of adults and children who are at a healthy weight.
- Build and revitalize communities so people can live healthy lives.
- Increase access to resources that promote healthy behaviors.

The seven committees of the Consortium for a Healthier Miami-Dade are the Children Issues/Oral Health, Elder Issues/Mayor's Initiative on Aging, Health and the Built Environment, Health Promotion and Disease Prevention, Marketing and Membership, Tobacco Free Workgroup, and Worksite Wellness. Each of these committees share collective goals.

- Prevention through education and the support of policies, systems, and environmental changes that encourage healthy living
- Reducing and eliminating health disparities among high-risk populations
- Provision of educational forums, programs, and screenings
- Collaboration and leveraging of resources
- Implementation of evidence-based practices, community-focused programs, and services
- Increasing access to health services, healthy foods, and environments

The DOH-Miami-Dade knows and understands that there must be many partners and collaborative relationships to address public health effectively. For us, public health is a network of partners working together. Other agencies, non-governmental organizations, institutions, informal associations, local communities, and individuals play critical roles in creating environments in which people can be healthy.

Figure 2: How Essential Public Health Services Engage one Another
Image Courtesy of NACCHO



Mobilizing for Action through Planning and Partnerships

DOH-Miami-Dade has taken the lead on implementing community-based assessments to identify the needs of the community, emerging trends and issues in public health. One of the best frameworks to use is the Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP framework was developed by the National Association of County and City Health Officials (NACCHO) as an evidenced based tool to help communities think strategically through the various levels of planning and assessment when it comes to health assessments.

The MAPP process consists of six phases described below. It should be noted that DOH-Miami-Dade participated in each of the six phases as outlined in the MAPP process.

Phase 1: Organize for Success/Partnership Development- Many partnerships formed through local efforts to help gain support and buy-in from the community for the MAPP process and the steps that proceed this phase. This phase is crucial because it will lay the foundation for creating firm commitments from organizations and stakeholders.

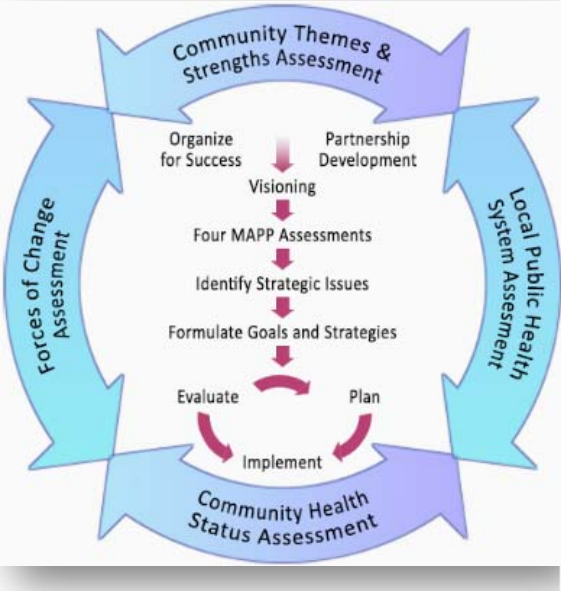
Phase 2: Visioning- During the Visioning stage, DOH-Miami-Dade worked collaboratively with community and local organizations to ensure that key members were involved in the MAPP planning process.

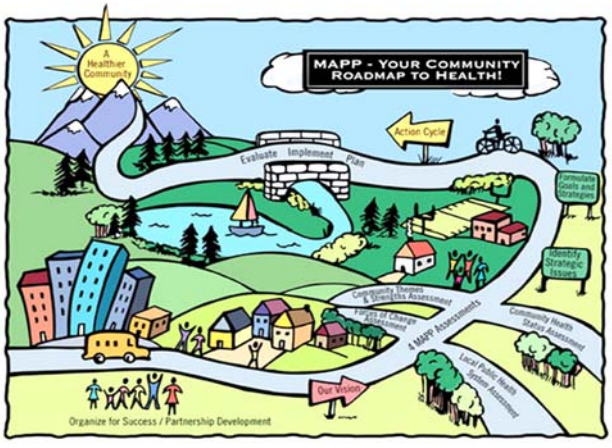
Phase 3: Four MAPP Assessments- Phase 3 of the MAPP process involves primary data is collection through the utilization of locally administered assessments- the Local Public Health System Assessment, Forces of Change Assessment, and the Community Themes and Strengths Assessment. The final of the four assessments is the Community Health Status Assessment which is utlizes secondary data collection. Each assessment is explained in detail in subsequent sections.

Phase 4: Identify Strategic Issues- Results of the four assessments are analyzed to help identify the overarching needs of the community. Community partners help to prioritize the strategic areas and narrow the focus.

Phase 5: Formulate Goals and Strategies- Phase 5 forms written goals and identifies participants who can work to effectively address each goal.

Phase 6: Action Cycle- During this phase planning, implementation, and evaluation are brought together in a model for that is like a continuous quality improvement.





The above images were obtained from naccho.org

MAPP Phase 1: Organizing for Success and Partnerships

Developing partnerships takes time, patience and commitment. Before our community embraced the MAPP process, the DOH-Miami-Dade utilized the Planned Approach to Community Health (PATCH) methodology. PATCH was developed by the CDC to help state and local public health agencies in their partnerships with local communities to plan, conduct and evaluate health promotion and disease prevention programs. The PATCH process had five phases: mobilizing the community, collecting and organizing data, choosing health priorities, developing a comprehensive intervention plan and evaluation. The Consortium for a Healthier Miami-Dade utilized this methodology at its inception. The entire process took five years to implement and served as the foundation for the work of the multi-sectoral group.

Because of this process, the group was able to develop its mission which is to be a significant catalyst for healthy living through the support and strengthening of policy, systems, and environments and has a shared vision of a healthy environment, healthy lifestyles, and healthy community. Additionally, during this five-year period, certain products were developed along with various initiatives. See Table 1 for details.

Table 1: Organizing for Succes and Partnership Deliverables

Products	Initiatives
• Guidelines of Operation • Strategic Plan • Community Leader Opinion Survey • Community Resource Inventory for Healthy Living • Consortium Marketing Presentation • Consortium Membership Agreement Form • Worksite Wellness Resource Inventory	***Issue Specific Health Promotion Campaigns*** • Mayor's Initiative on Aging • Mission to Health • Health and the Built Environment • Hip Hop 4 Health • Step Up Florida • Tobacco Cessation Campaign "Expose the Truth" • Worksite Wellness Outreach Program
	Service Delivery Initiatives • Community Health Outreach Program (CHOP) • Give Kids a Smile Day Events
	Information and Networking Initiatives • Annual meeting Launch of Living Healthy, Living Longer in South Miami Dade • Consortium listserv • Consortium Website • Worksite Wellness Committee Forum • Monthly Committee meetings

MAPP Phase 2: Visioning

In 2008, DOH-Miami-Dade, in partnership with the Health Council of South Florida, participated in the first MAPP phase. A second MAPP phase was completed in 2012. During the 2012 session, Consortium members and representatives from other organizations were invited to participate in several meetings where the group was asked the following questions:

- What does a healthy Miami-Dade County mean to you?
- How do you envision the Miami-Dade County community in 10-15 years?
- What are important characteristics of a healthy community for all who live, work, and play here?

Participants envisioned that in 10-15 years Miami-Dade County would have adequate and affordable primary care for its residents. Additionally, they envisioned a community where emergency room (ER) visits for treatable conditions were reduced. Participants were able to articulate their desire for a healthy community, which included taking a holistic approach to health across the lifespan. The group envisioned a community where all families were able to thrive equitably and all communities within Miami-Dade would possess environmental assets that motivate residents to make healthy choices. The participants indicated that the approach to providing care needed to change from a treatment model to a wellness model, with access to healthy foods, opportunities to decrease stress, and increase socialization. Please see participants visual responses below:

Image 1: Participants Visual Responses

MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)

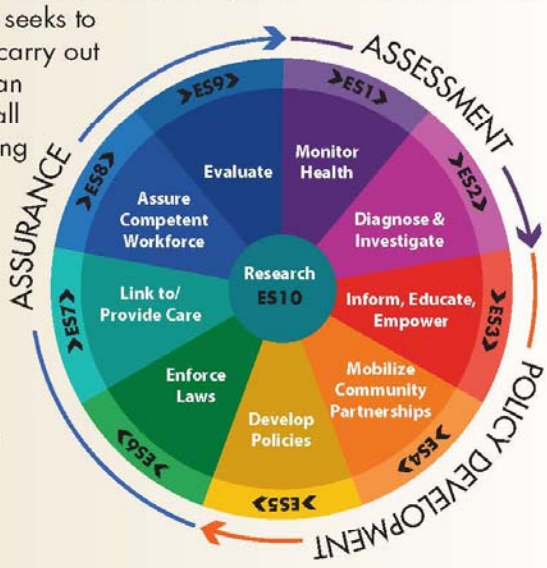
2017 Local Public Health System Assessment

Miami-Dade County, Florida

What are the components, activities and capacities of our public health system? How well are the 10 Essential Public Health Services being provided in our public health system?

DESCRIPTION

The local public health system assessment is a community review and assessment of public health system performance based on a set of national standards for each of the ten Essential Services. Essential Services describe what public health seeks to accomplish and how it will carry out its basic responsibilities. In an ideal public health system, all activities would be performing at an optimal level of performance, defined as the system meeting greater than 75% of activity for all benchmarks within each model standard. An optimal level of performance is the level to which all local public health systems should aspire.



PERFORMANCE SIGNIFICANT

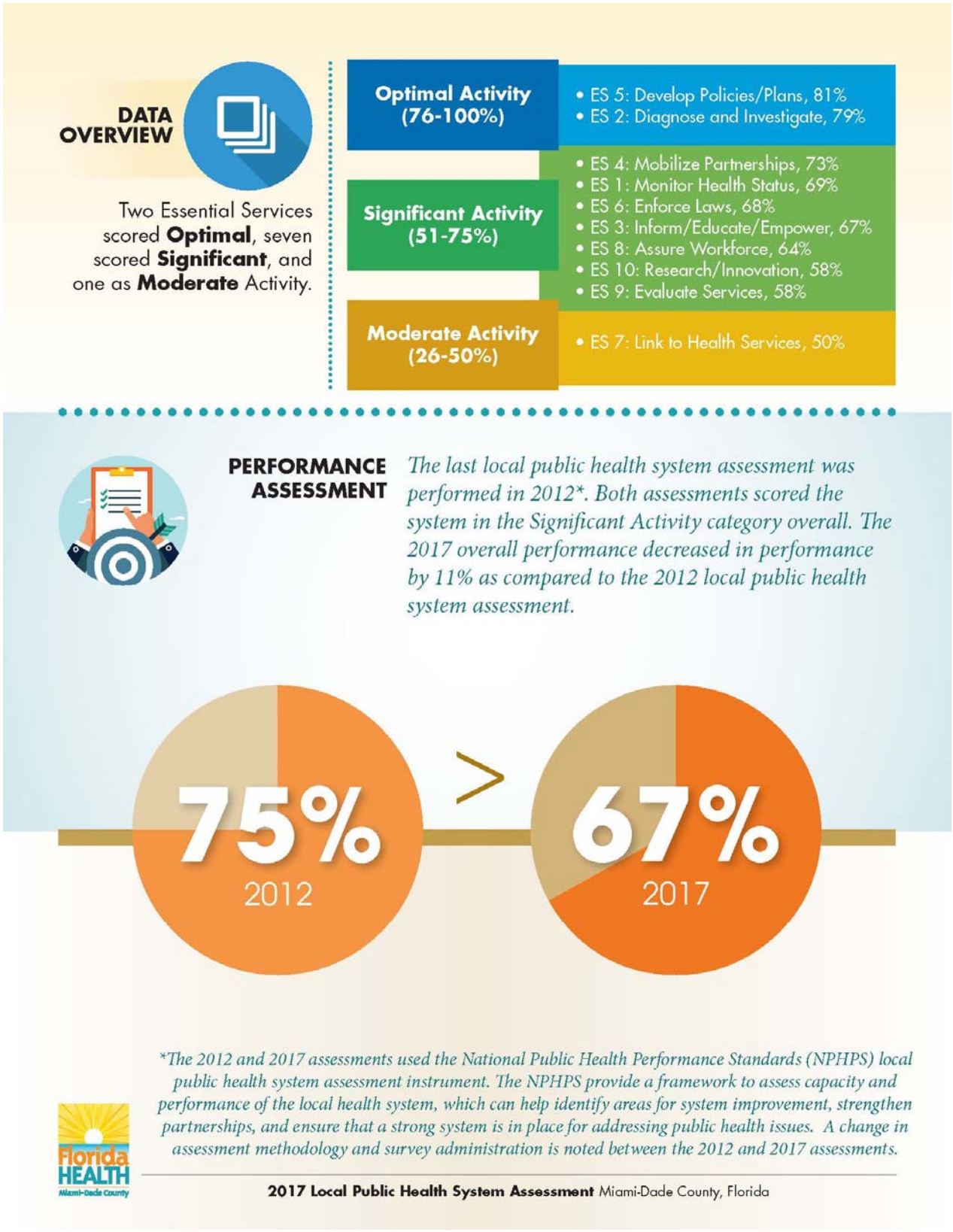
The Miami-Dade County local public health system's overall performance ranking score is **67%**, which represents **Significant** Activity.

Florida HEALTH Miami-Dade County

2017 Local Public Health System Assessment Miami-Dade County, Florida

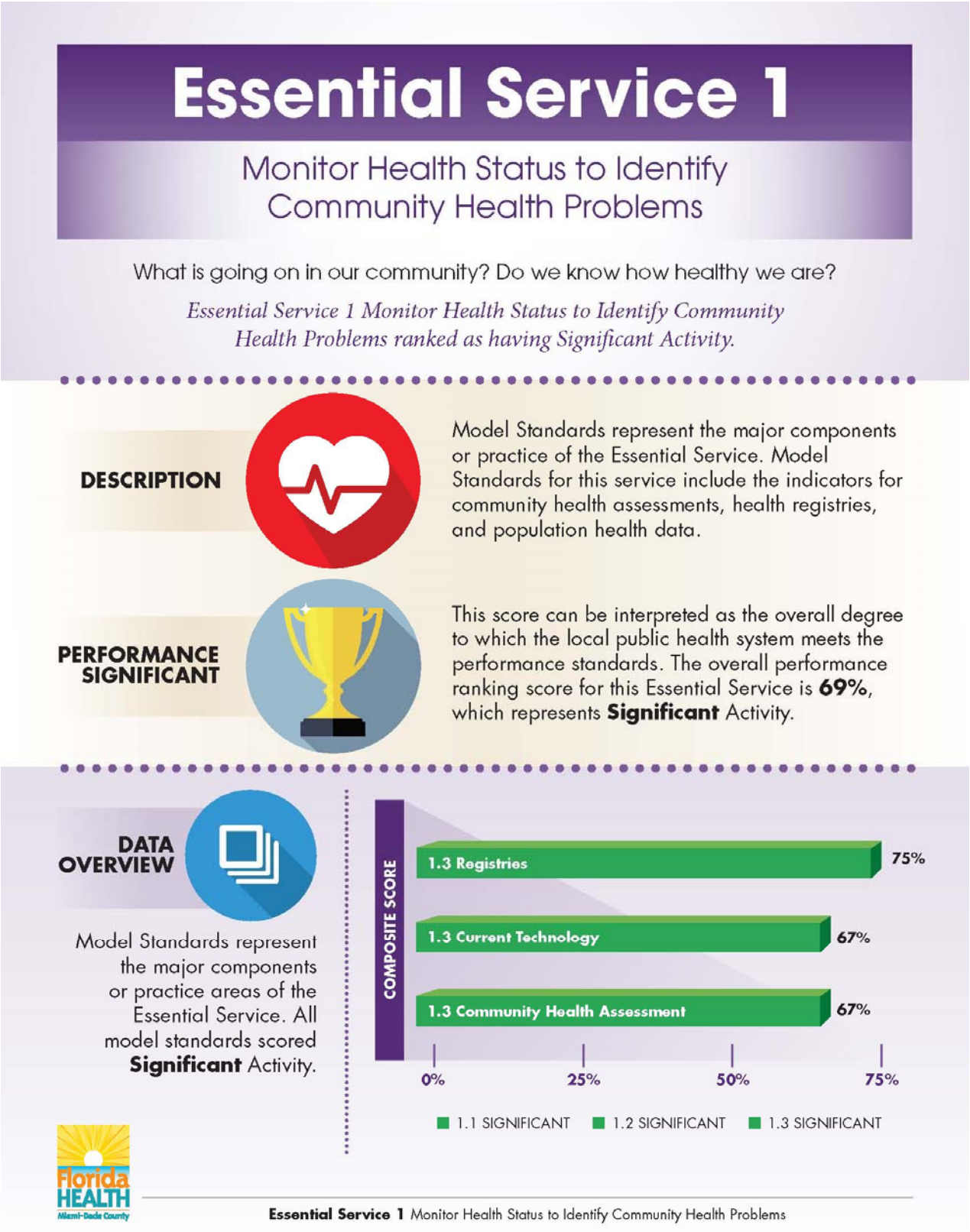
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



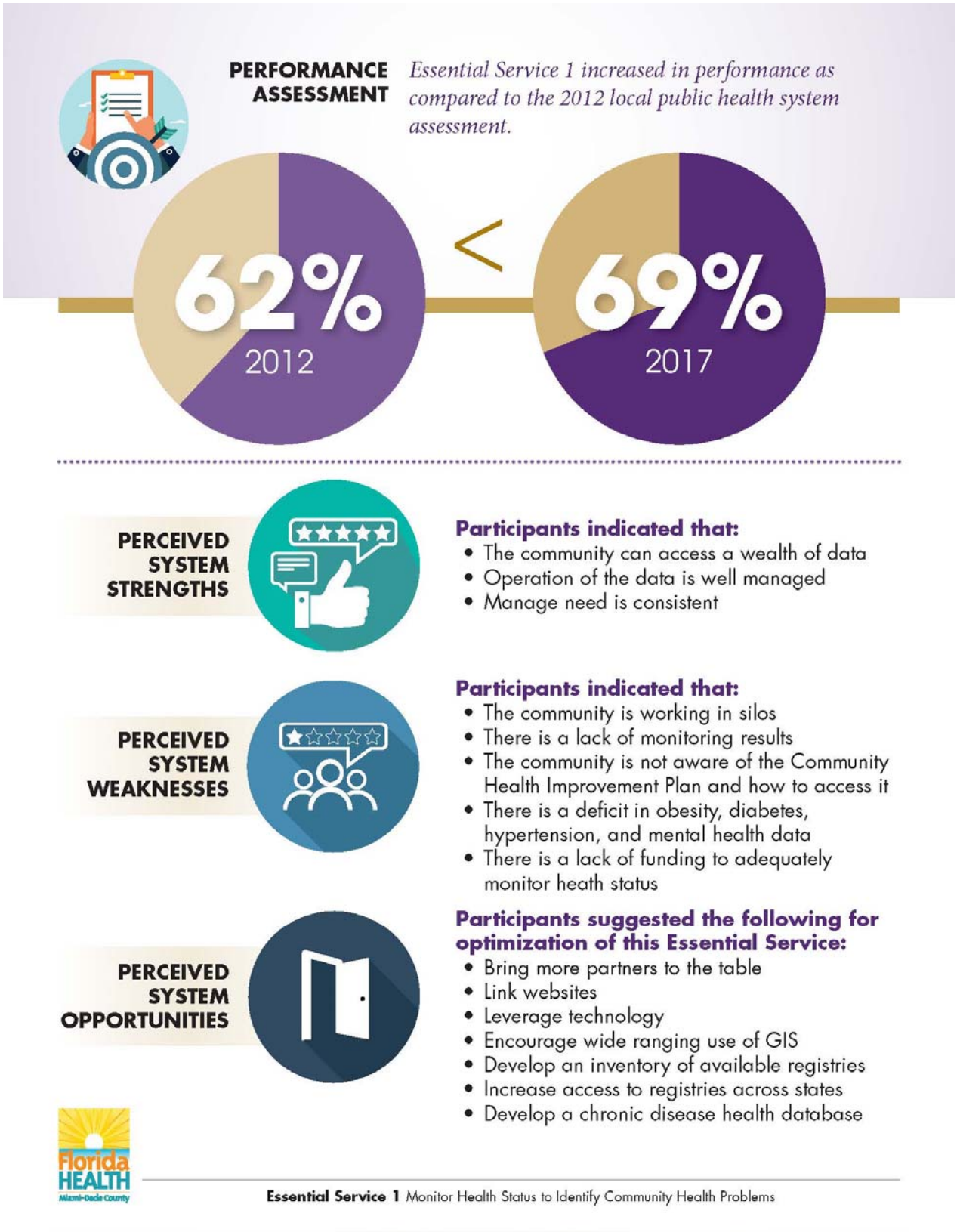
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



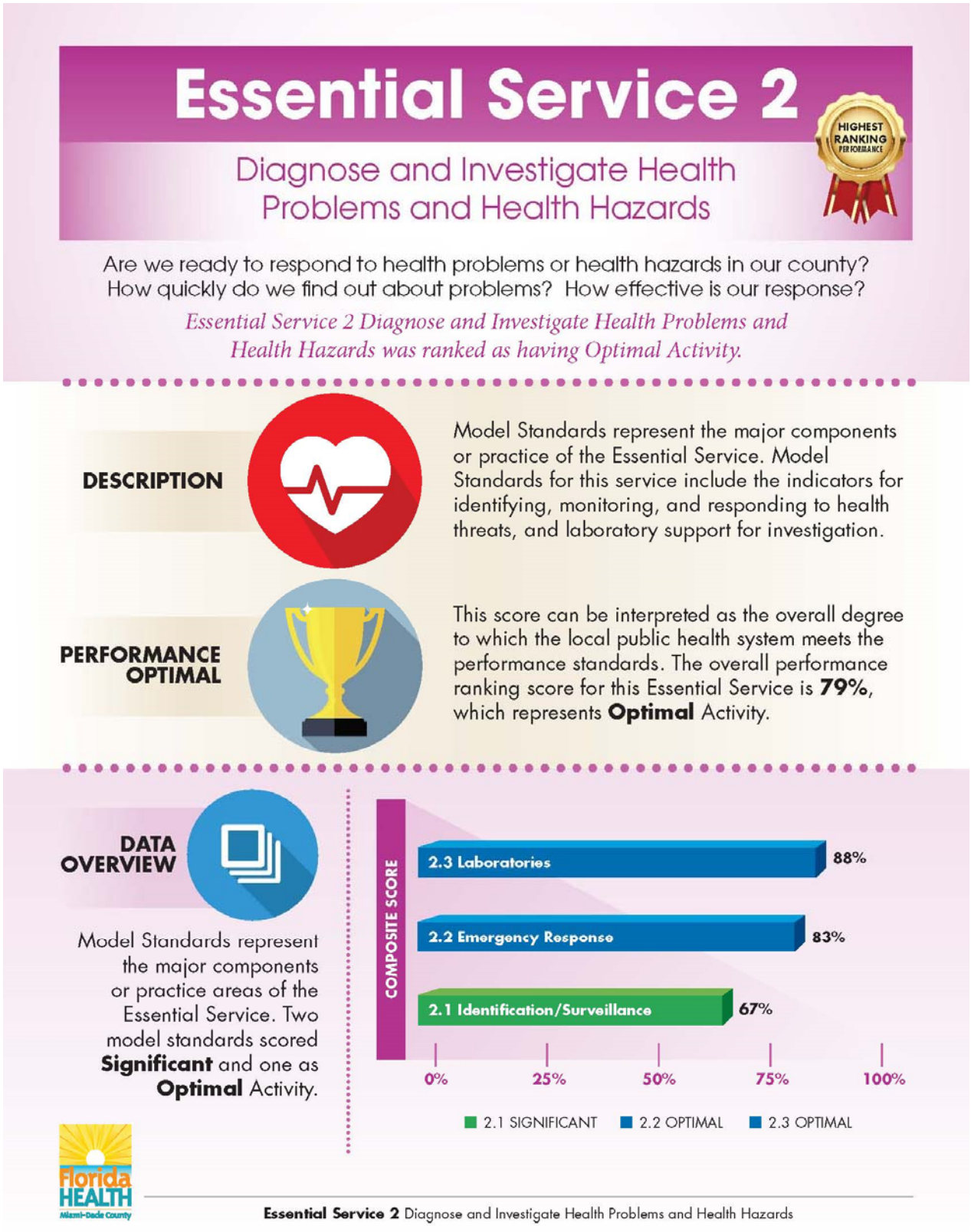
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



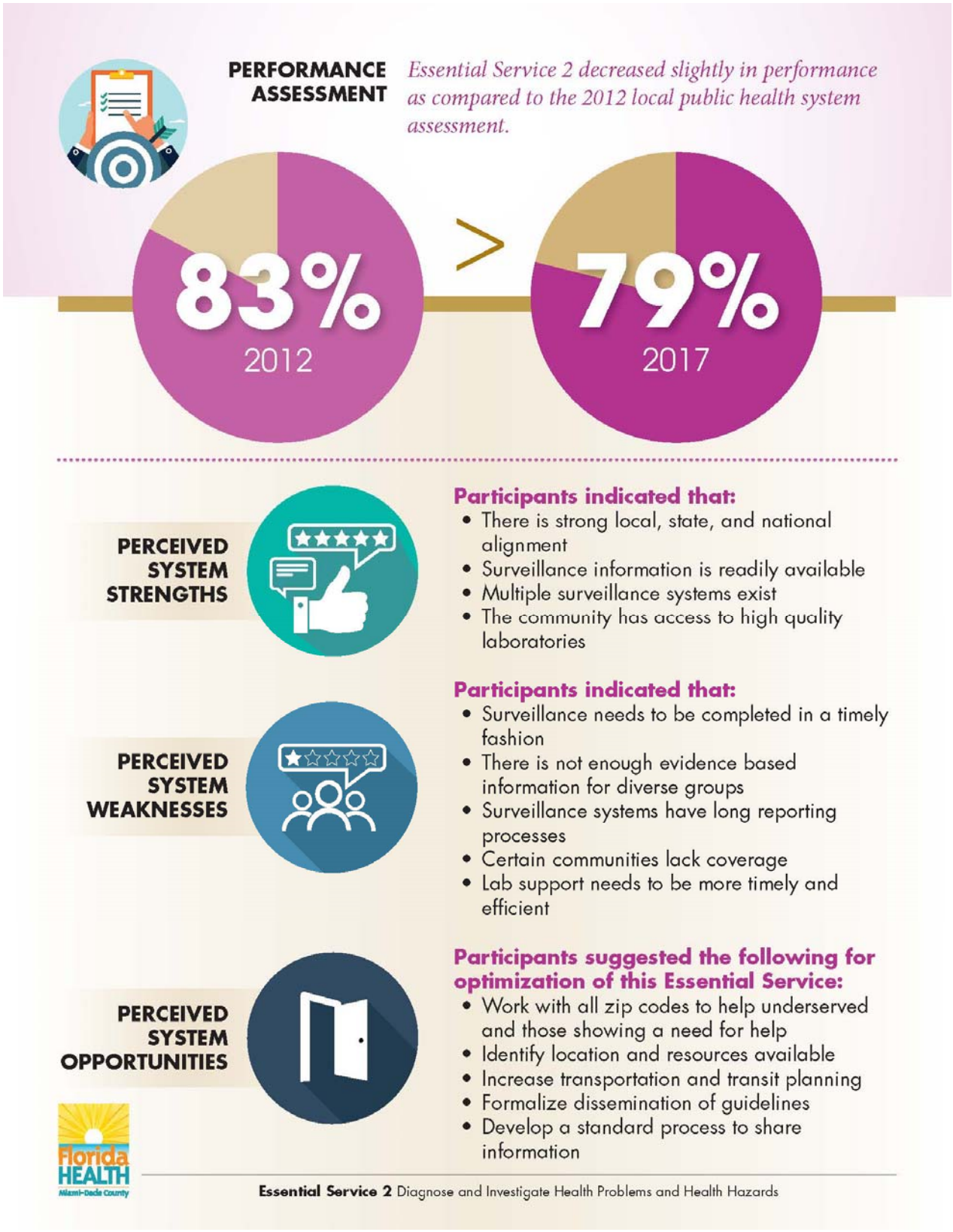
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



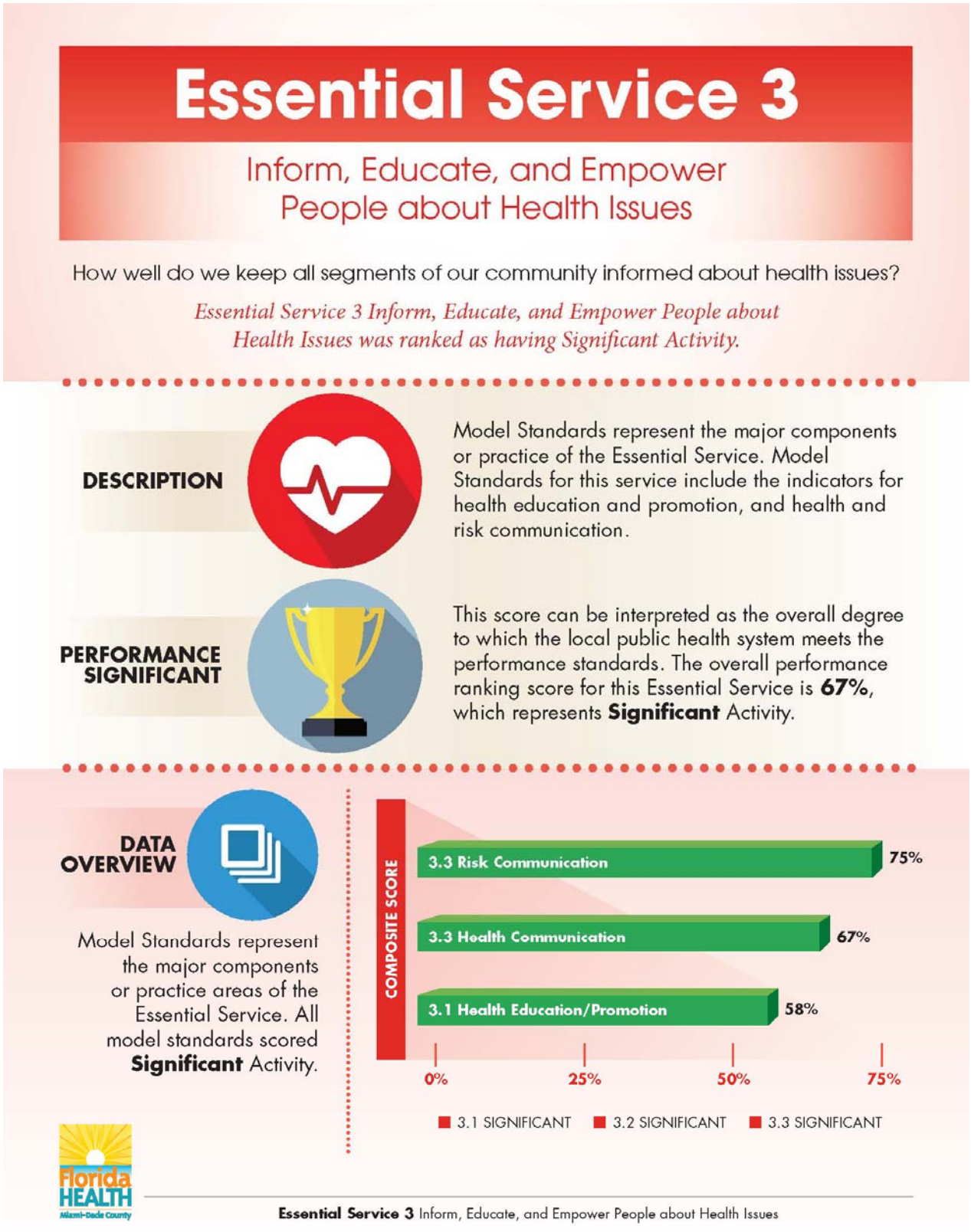
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



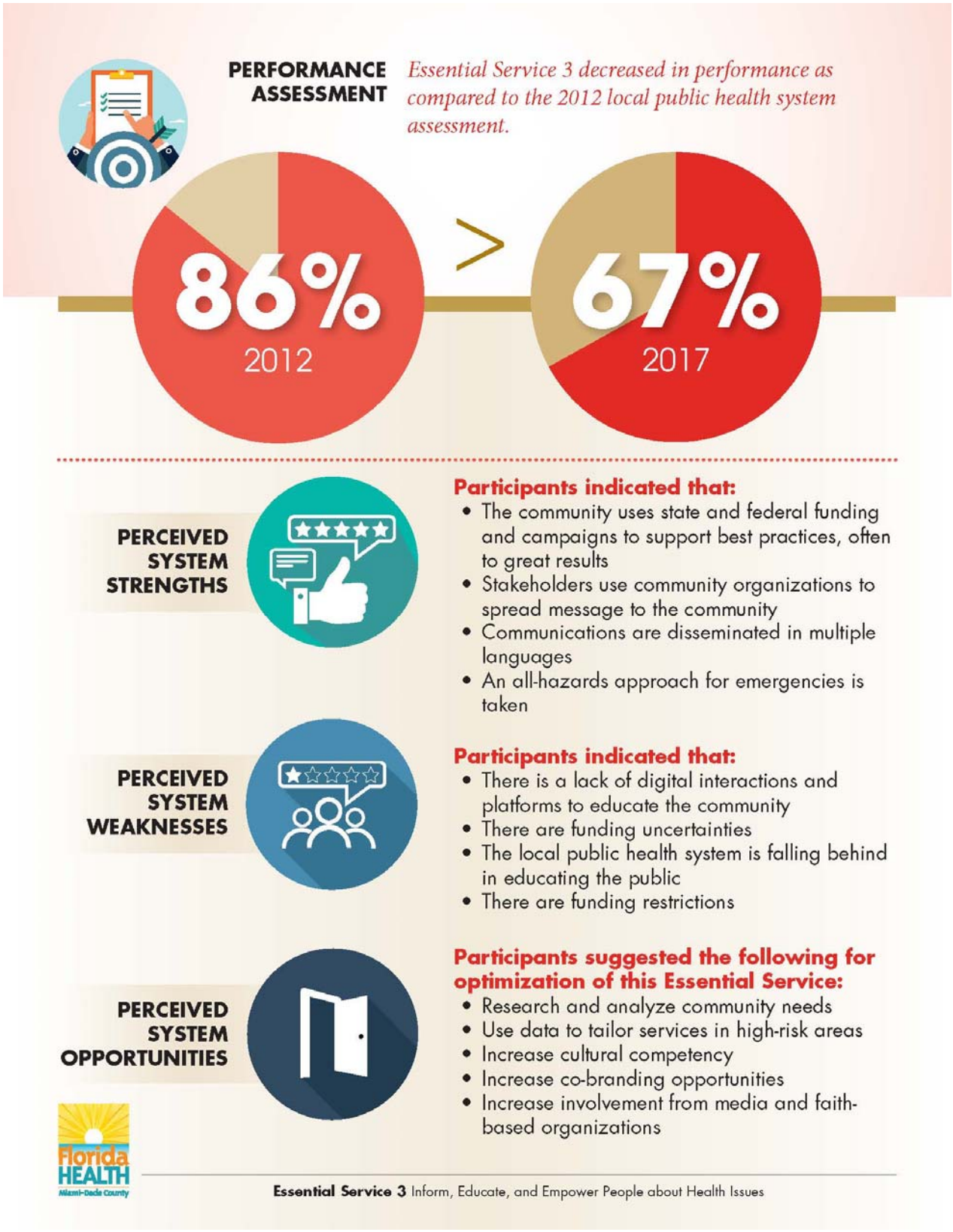
MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



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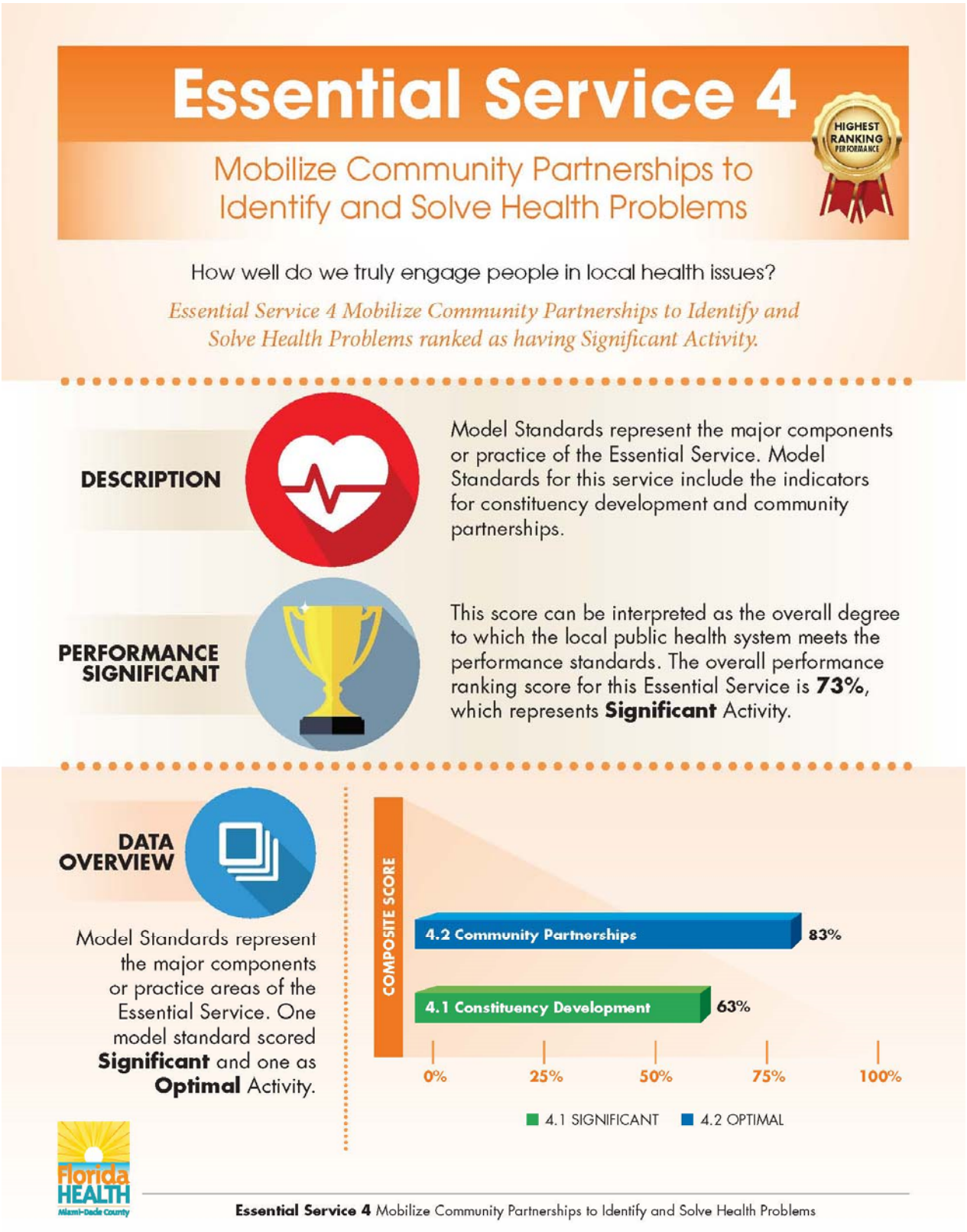

MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)

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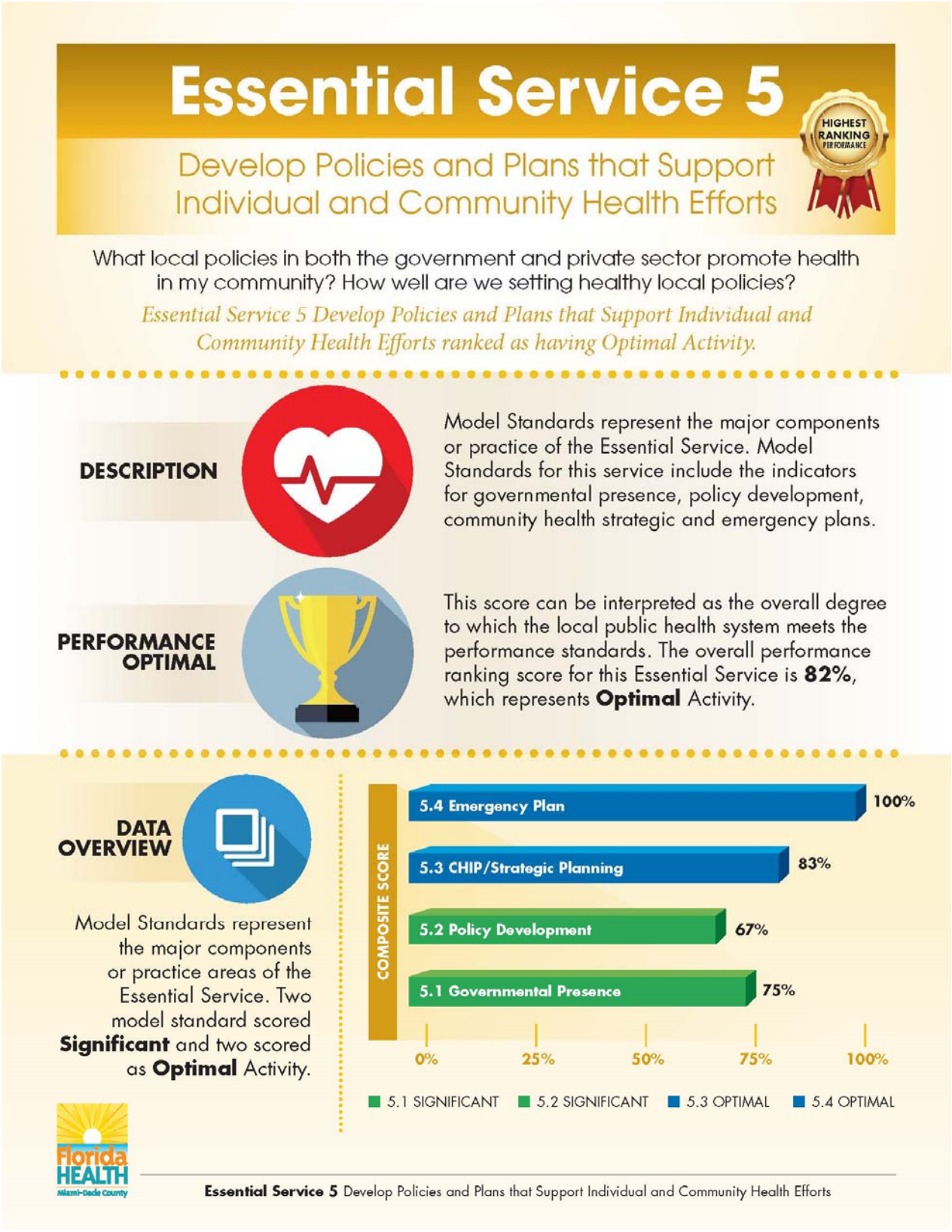
Local Public Health System Assessment (LPHSA)



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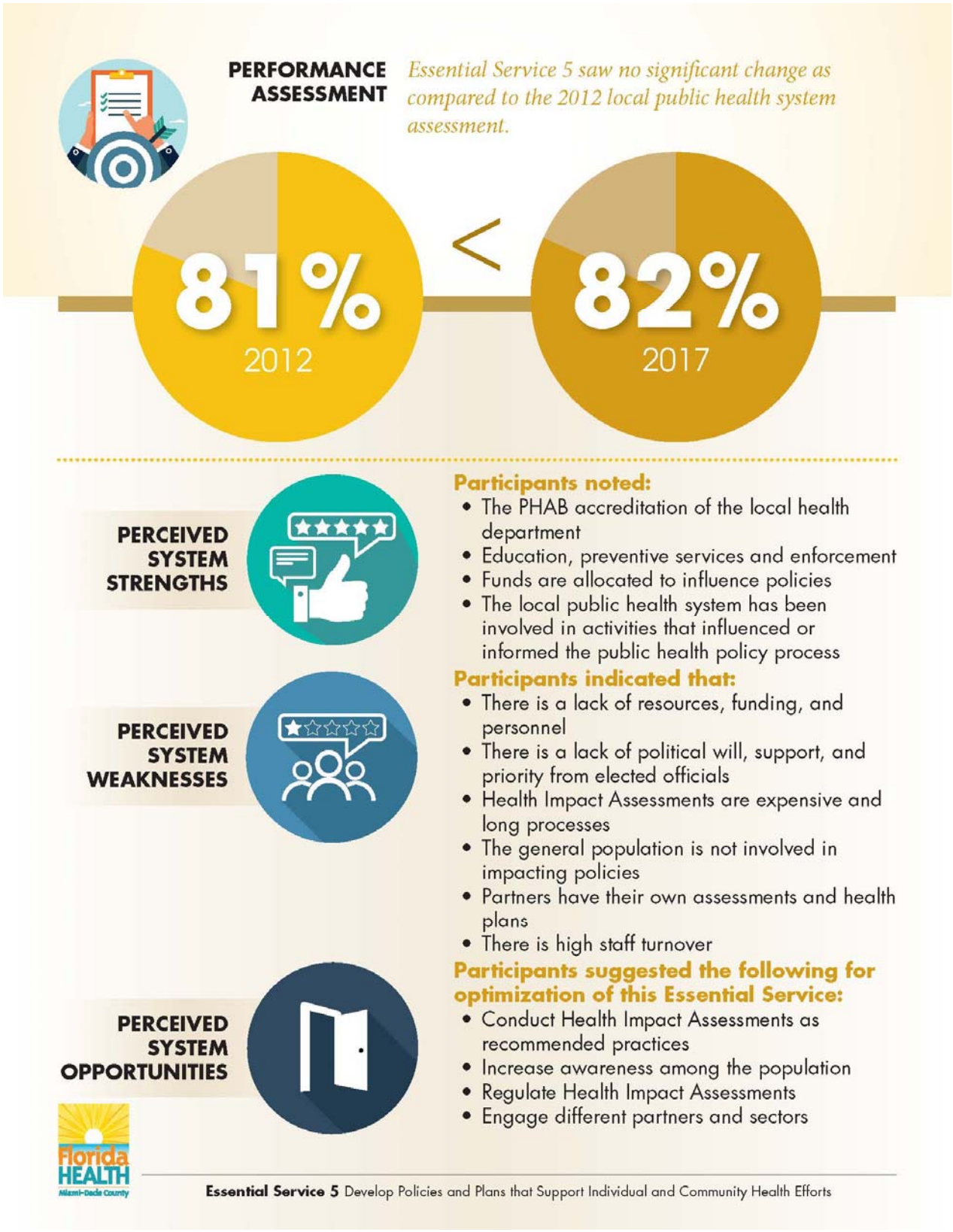
Local Public Health System Assessment (LPHSA)



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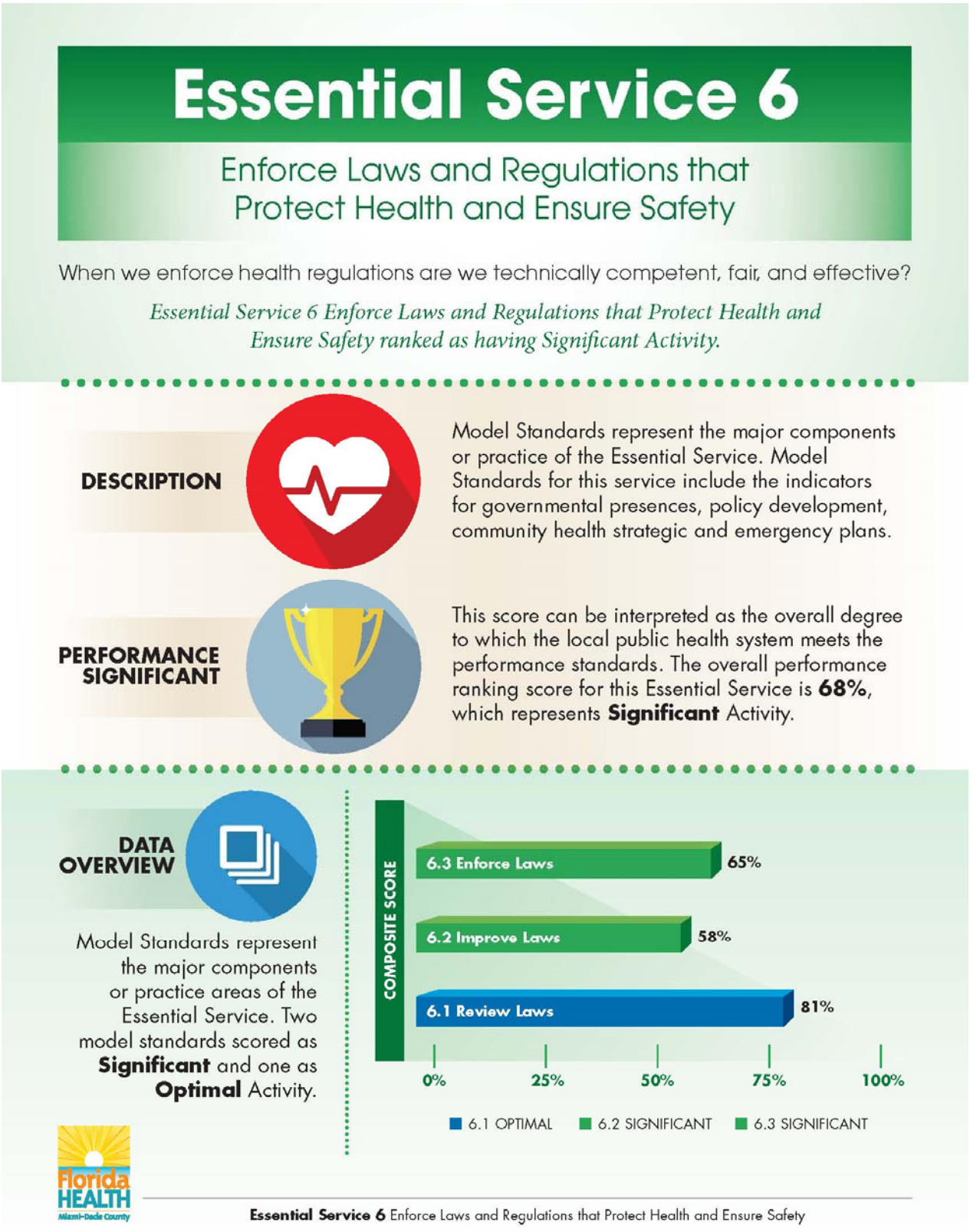
Local Public Health System Assessment (LPHSA)



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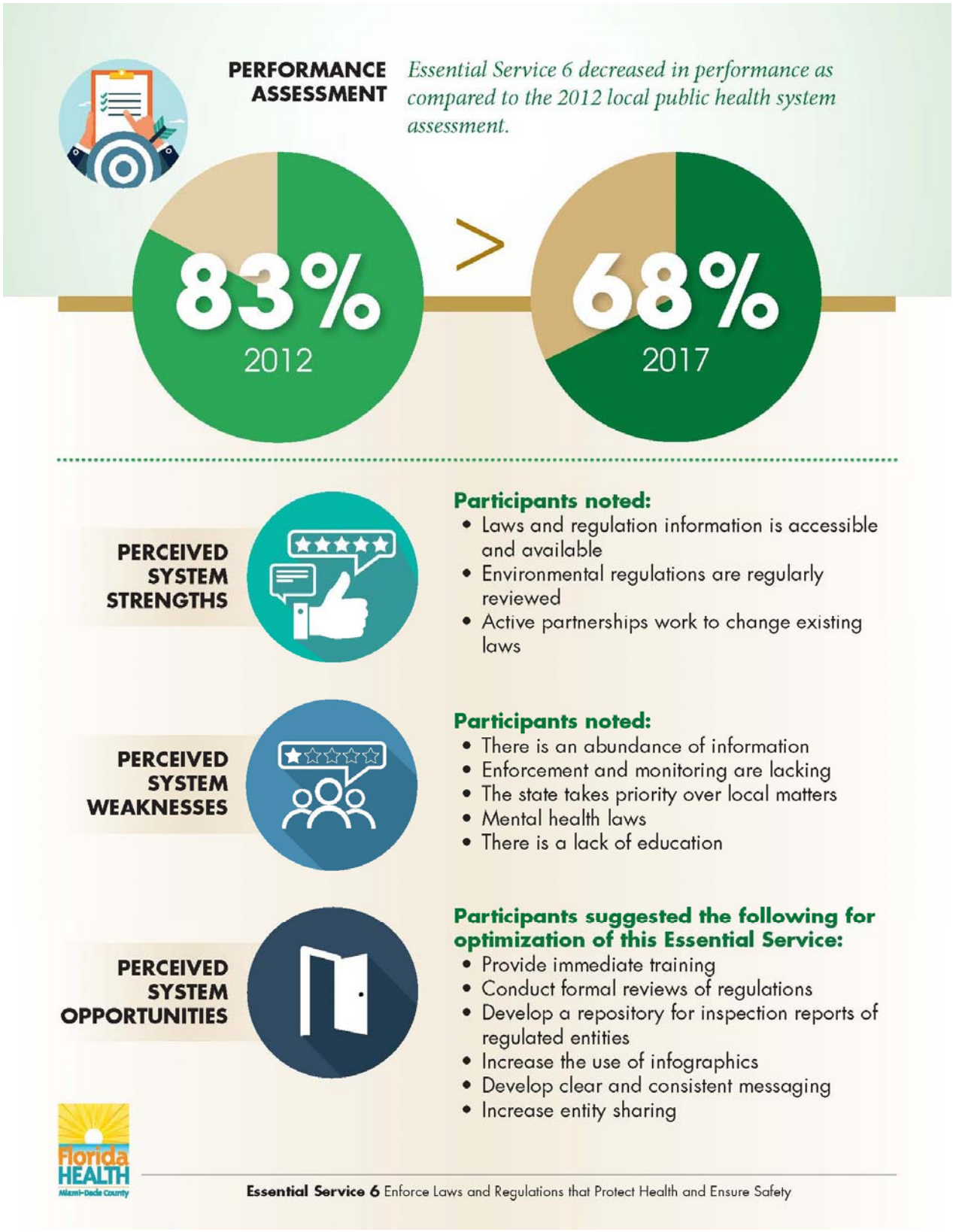
Local Public Health System Assessment (LPHSA)



MAPP Phase 3: Primary Data Collection

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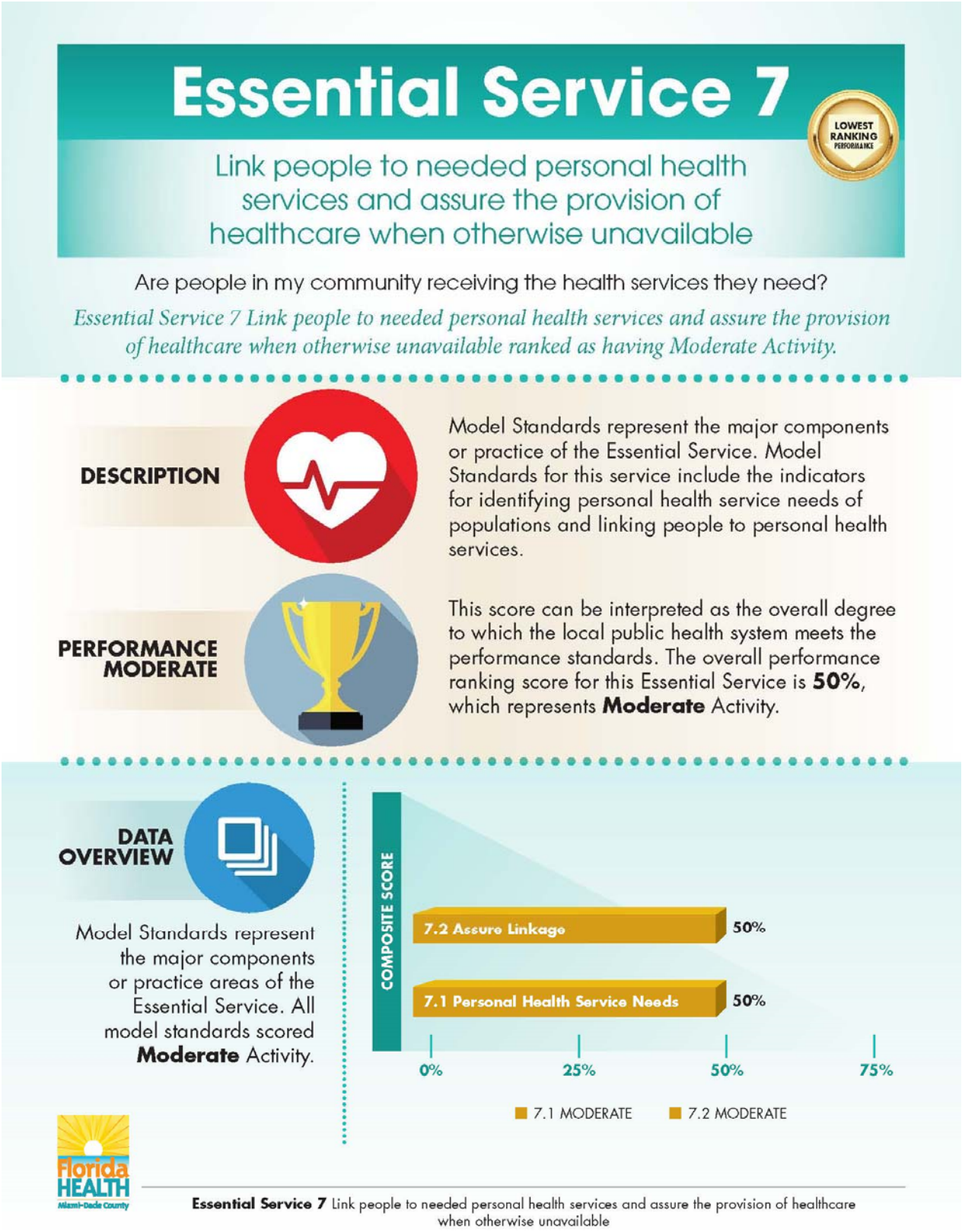

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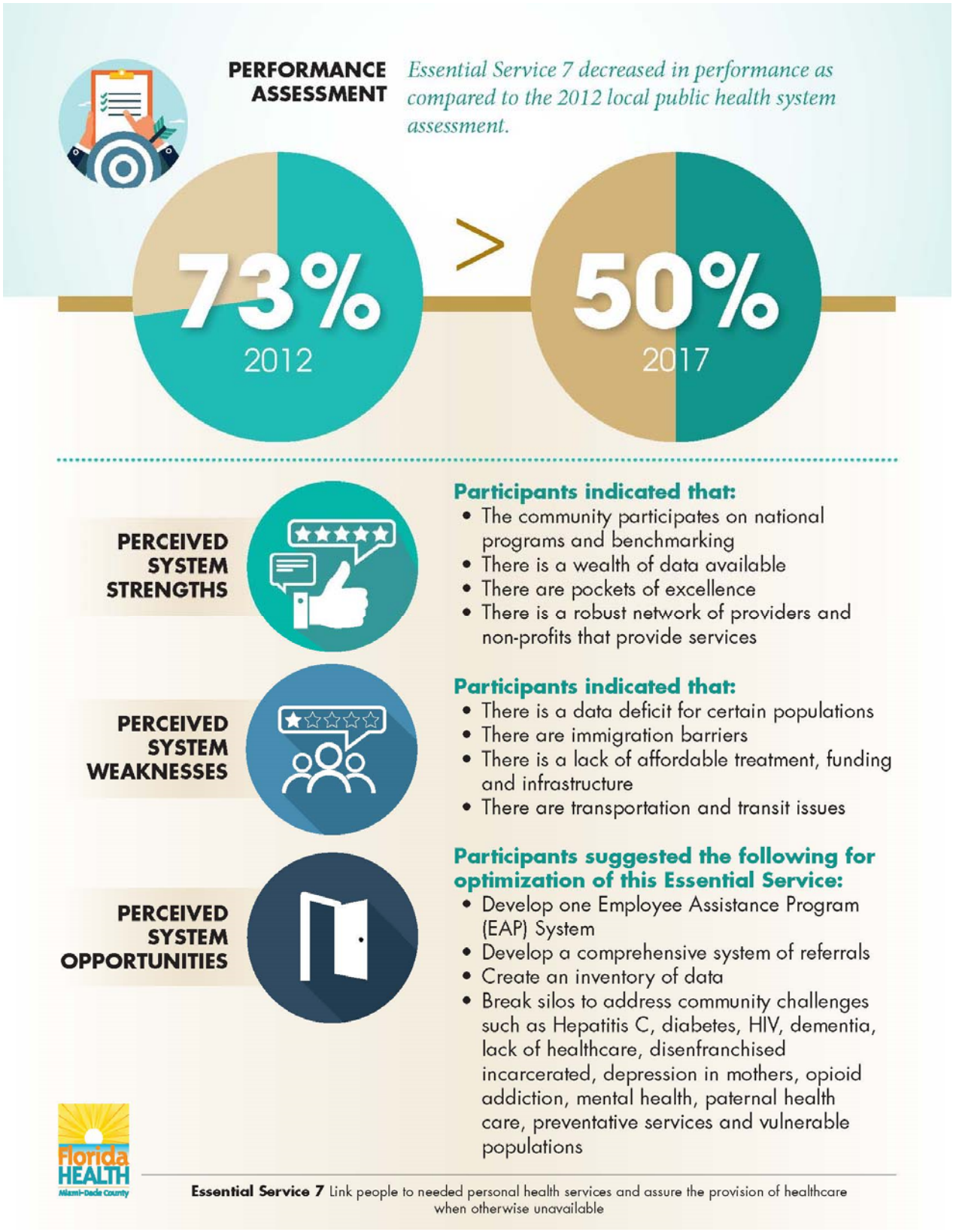
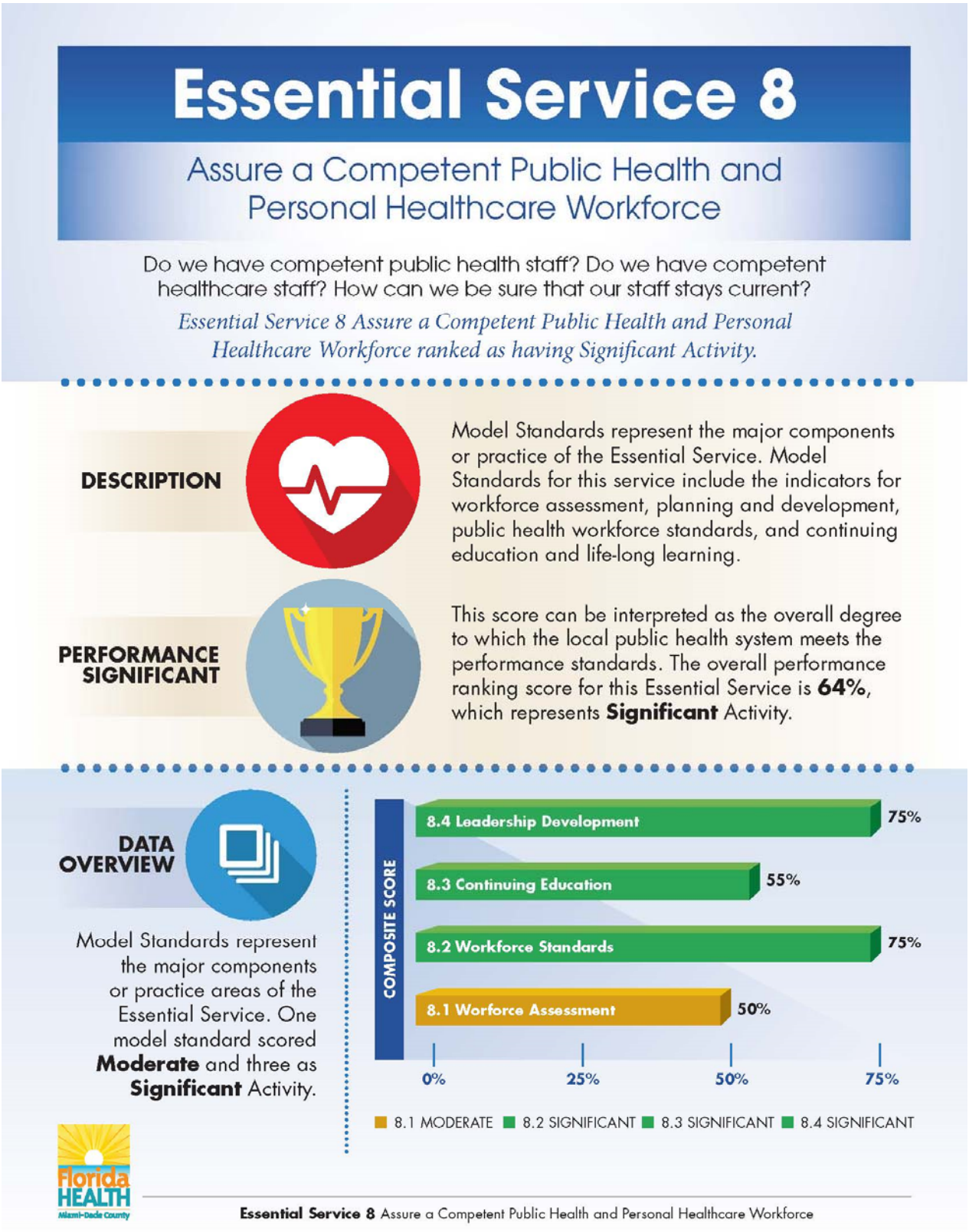
Local Public Health System Assessment (LPHSA)



MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)

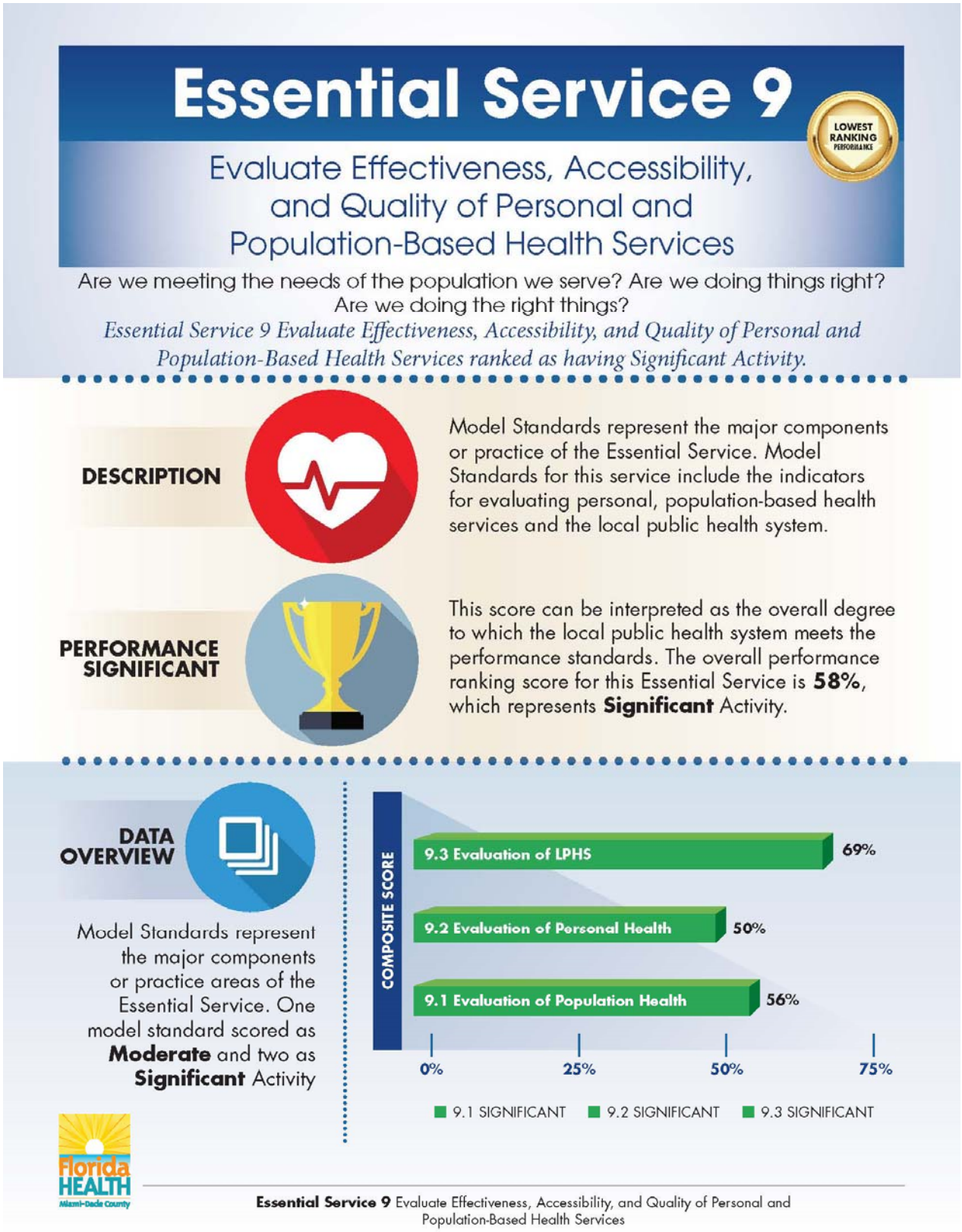


MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)

MAPP Phase 3: Primary Data Collection

Local Public Health System Assessment (LPHSA)



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Local Public Health System Assessment (LPHSA)

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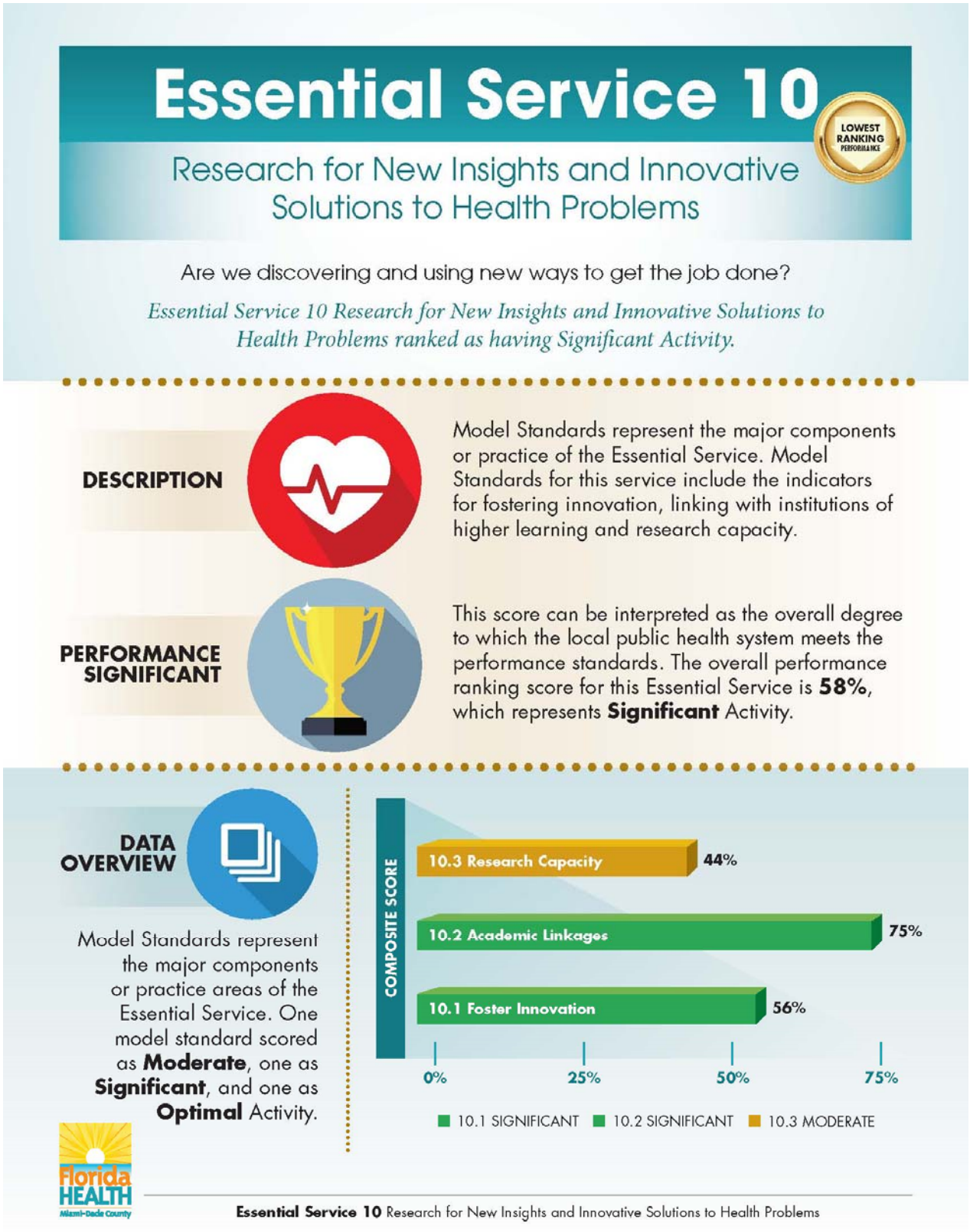

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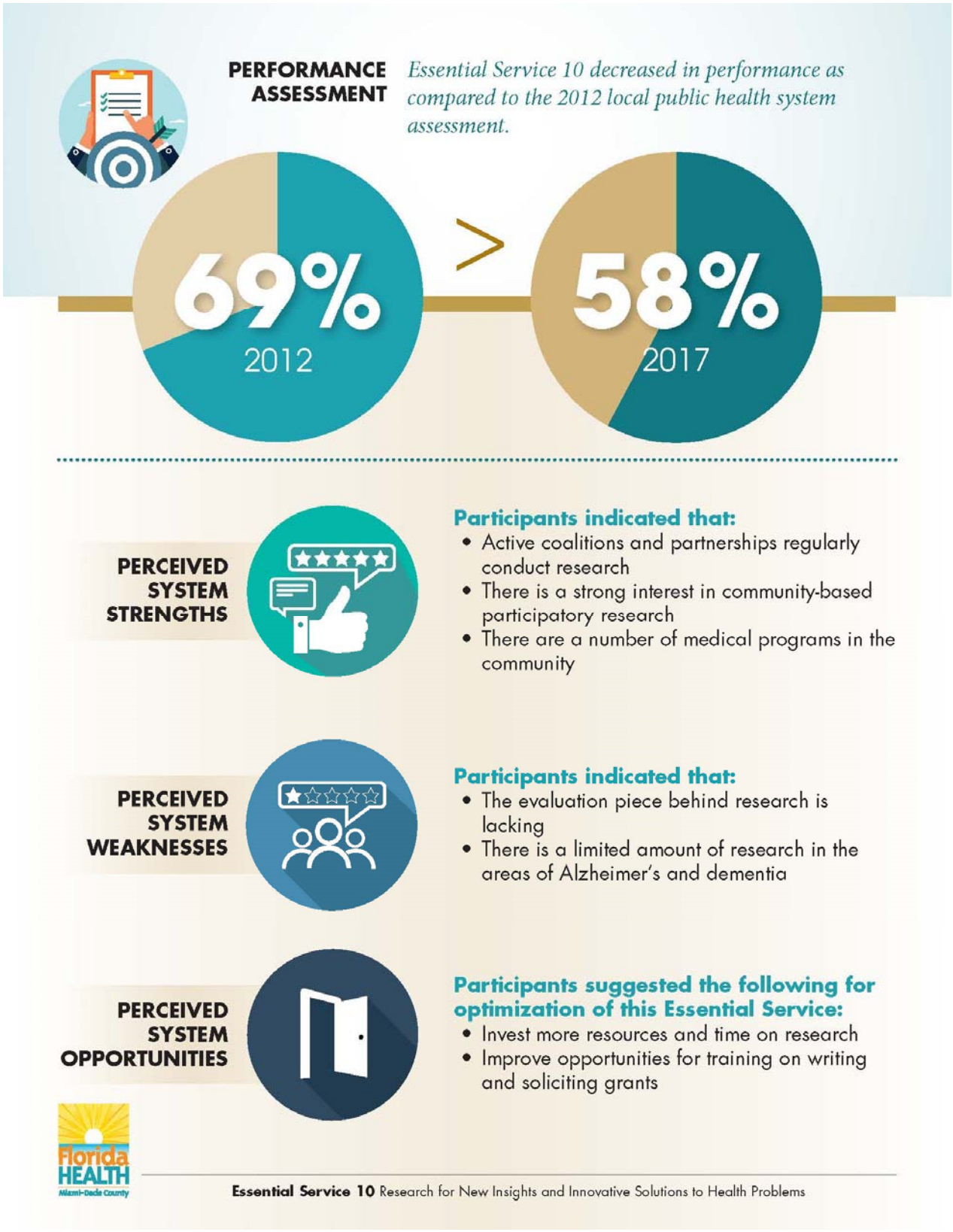
Local Public Health System Assessment (LPHSA)



Primary Data Collection

Forces of Change Assessment (FCA)

2018 Forces of Change Assessment

Miami-Dade County, Florida

What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences?

DESCRIPTION

The Forces of Change Assessment is one of four assessments conducted in the Mobilizing for Action through Planning and Partnerships (MAPP) process. The purpose of this assessment is to identify the trends, factors, and events at the local, state and national levels that are likely to influence community health and quality of life or impact the work of the local public health system. The forces identified through this process will serve as the foundation for the identification of strategic issues.

OVERVIEW

Forces are a broad all-encompassing category that includes **trends**, **events**, and **factors**.

TRENDS

Patterns over time, such as migration in and out of a community or a growing disillusionment with government.

FACTORS

Discrete elements, such as a community's large ethnic population, an urban setting, or proximity to a major waterway.

EVENTS

One-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

WHY IS THIS IMPORTANT?

By understanding and preparing for these forces of change, the Miami-Dade County community can act to ward off or reduce threats and take advantage of opportunities to protect and improve community health and the public health system.

Florida HEALTH Miami-Dade County

2018 Forces of Change Assessment Miami-Dade County, Florida

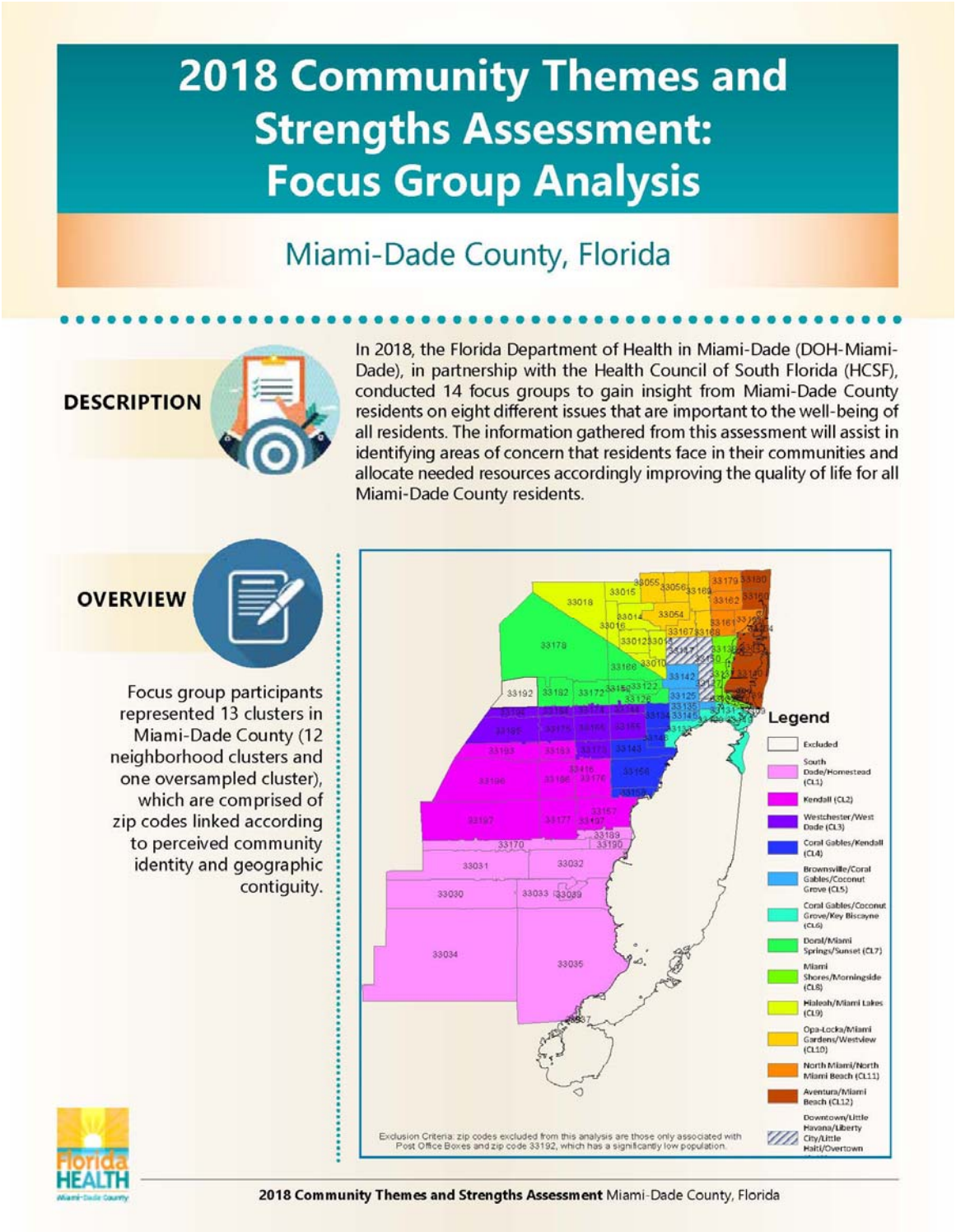
Primary Data Collection

Forces of Change Assessment (FCA)

Primary Data Collection

Community Themes and Strengths Assessment (CTSA)

Part 1: Focus Groups



Primary Data Collection

Community Themes and Strengths Assessment (CTSA)

Part 1: Focus Groups

Primary Data Collection

Community Themes and Strengths Assessment (CTSA)
Part 2: Community Wide Wellbeing Survey

In 2018, DOH-Miami-Dade,in partnership with the Health Council of South Florida (HCSF), conducted 14 focus groups to gain insight from Miami-Dade County residents on eight issues that are important to the well-being of all residents. In conjunction with other assessments by DOH-Miami-Dade, the information gathered from the focus groups will assist in identifying areas of concern that residents face in their communities and allocate needed resources accordingly, which can help in improving the quality of life for all Miami-Dade County residents. This effort is part of the 2018 Miami-Dade County Community Themes and Strengths Assessment championed by the DOH-Miami-Dade.

The use of focus groups in qualitative analysis is widely recommended by experts, as it allows participants to share their knowledge and experience of the community with facilitators, which could subsequently be utilized to support relevant programs or policy development to improve the lives of those involved.

Focus group participants represented 13 clusters in Miami-Dade County (12 neighborhood clusters and one oversampled cluster), which comprised of zip codes linked according to perceived community identity and geographic contiguity. At times the clusters crossed boundaries based on socioeconomic status or population size and were identified in previous assessments of Miami-Dade County.[2] The sample size of each focus group ranged from 3 to 16, with the smallest amount of participants from Cluster 12 (Aventura/Miami Beach) and the largest group from Cluster 11 (North Miami Beach).

The focus groups were conducted in public library branches or other community-based locations throughout the county with a total of 92 residents participating in the focus group sessions. Gender was the only demographic variable collected with 65.2% of participants being female and 34.8% male. Additional demographic information was not collected from participants in this assessment. The focus group questions were designed by the DOH-Miami-Dade and the HCSF and consisted of the following seven topics: length of time living in Miami-Dade County, size of residents' home to accommodate their families; racial diversity in residents' neighborhoods/communities; availability and accessibility of healthy food options, safety, health service utilization; and residents' perceptions on how the community could be improved.

Participants were recruited voluntarily until the target sample size (a minimum of 3 per focus group) was reached. Each focus group session was recorded for transcription, and any identifying information, such as participants' name, was not recorded. Before the commencement of the focus group sessions, participants were informed about the purpose of the assessment, and given instructions on the process involved in obtaining their feedback to the pre-selected questions. Participants were not compensated for their time.

The analysis of all qualitative data gathered during the focus group sessions was carried out in NVIVO 12 Plus Pro software, a tool designed to identify social themes that emerge from key-informant or face-to-face interviews as well as from focus group sessions. The full Community Themes and Strength Assessments survey analysis will be available June 2019.

Survey Demographics

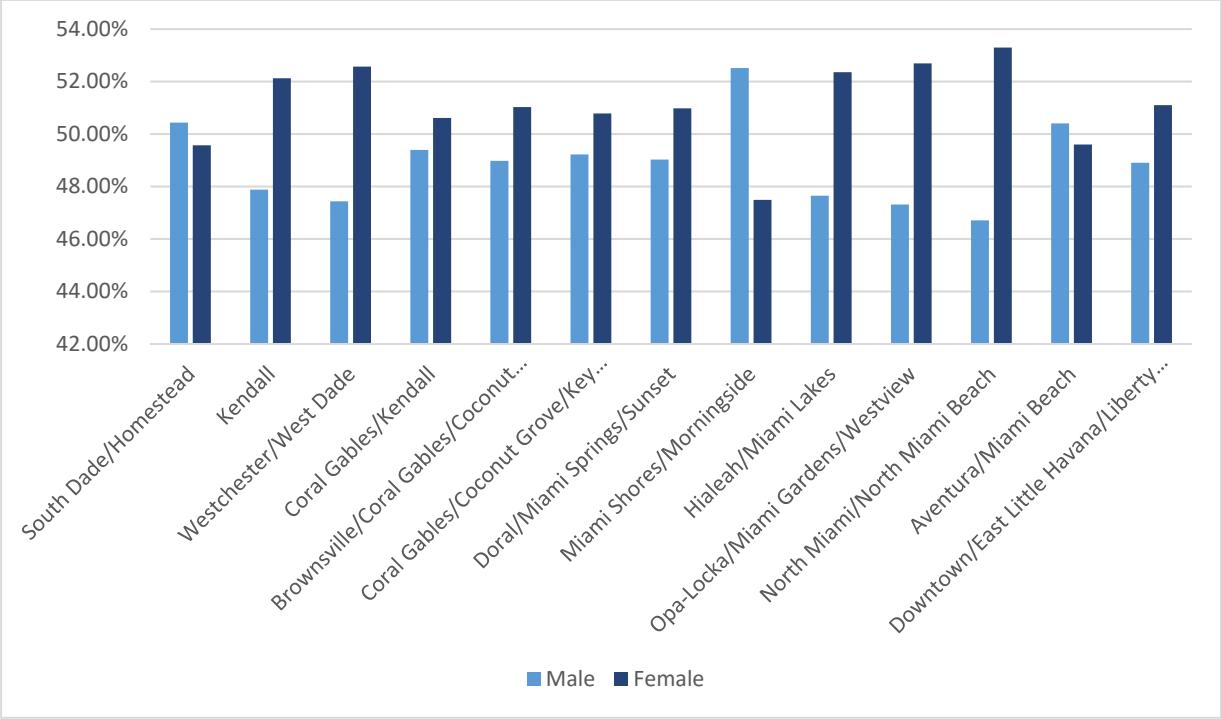
Due to the size and diversity of Miami-Dade County, one of the methodologies used was to stratify the county into 13 distinct areas or clusters. Each of these clusters is representative of the unique makeup of Miami-Dade County and allows for all communities to represented in the survey.

NEIGHBORHOOD CLUSTERS

Gender

For this survey, Miami-Dade County has been broken up into thirteen clusters (12 neighborhood clusters and one oversampled cluster) made up of ZIP codes linked according to perceived community identity and geographic contiguity, but at times also cross boundaries based upon socioeconomic status or population counts. The oversampled cluster is made up of zip codes representing the most economically and socially deprived neighborhoods, many of which also suffer from the highest rates of hospitalization for preventable conditions.

Figure 1: Gender Across 13 Clusters in Miami-Dade County[2]



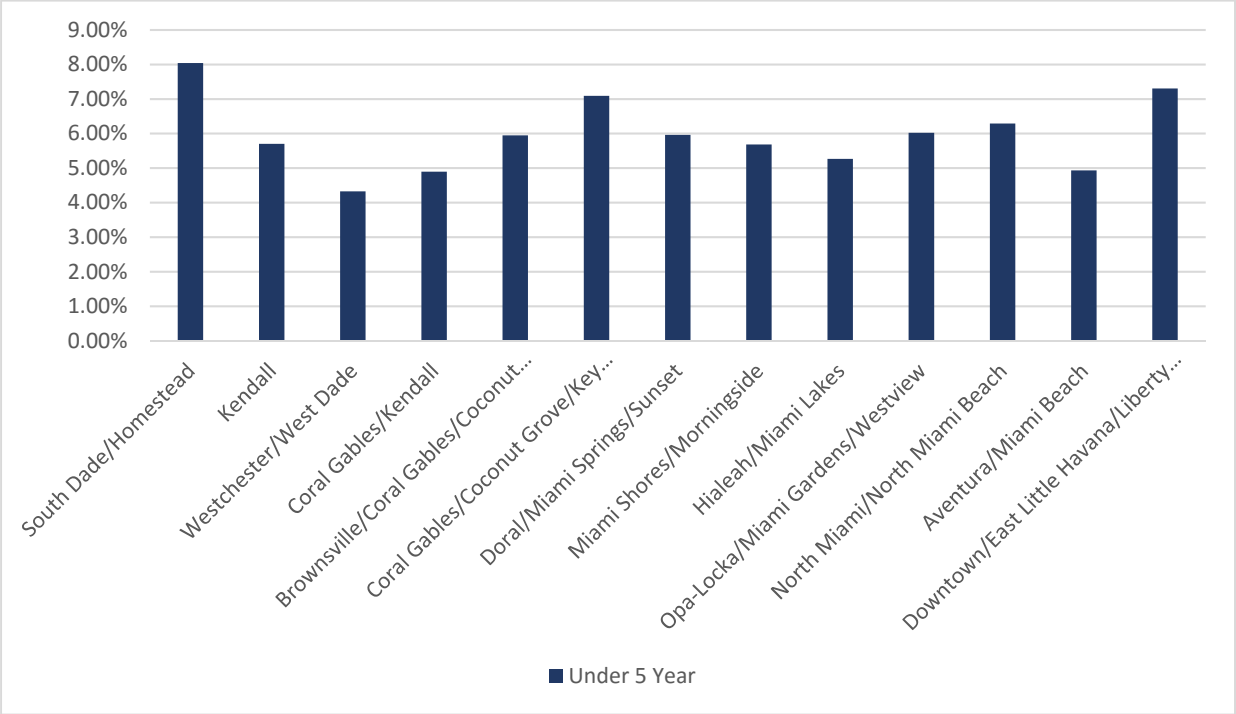
Gender distribution across most of the 13 clusters is similar, with a slightly larger percentage of female residents compared to male residents; however, there is a larger proportion of males in South Dade/Homestead, Miami Shores/Morningside, and Aventura/Miami Beach.

[2] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Age

Each of the 13 clusters have a similar distribution of residents based upon age. In general, there is a larger percentage of residents between 35 and 64 years of age, granted this spans a larger number of years than the other categories as well.

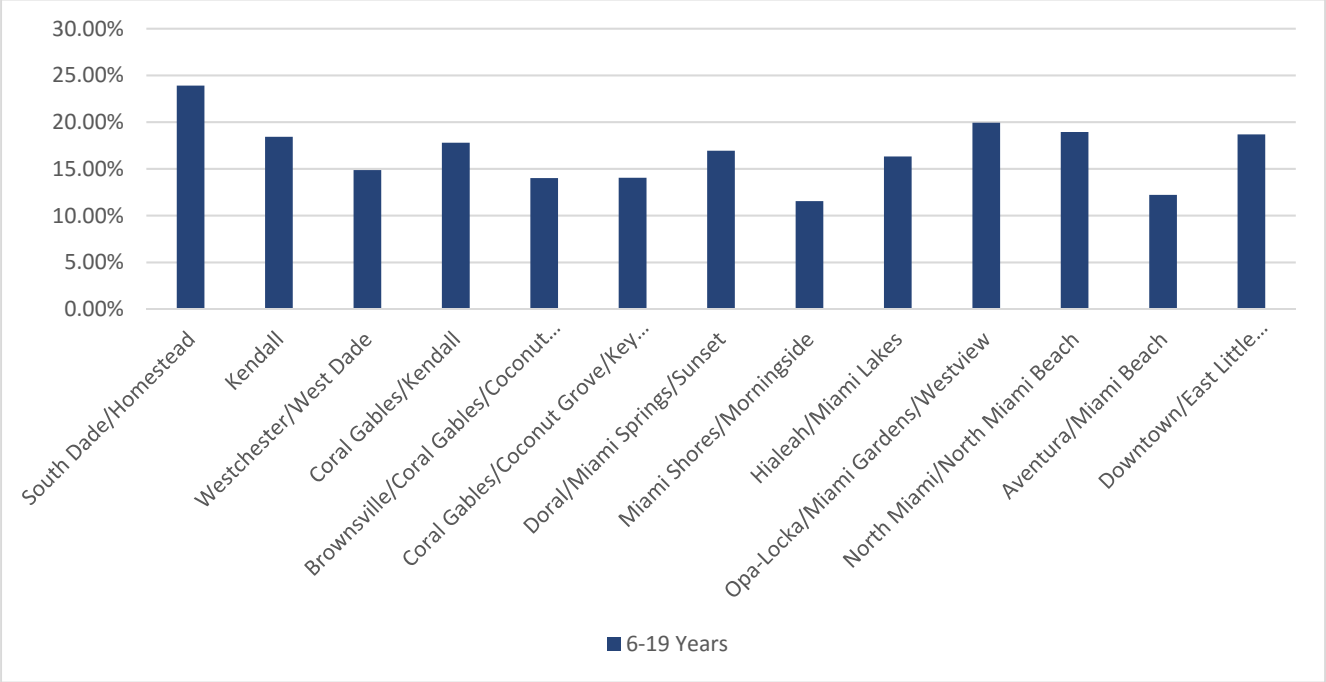
Figure 2: Under-5 Population Across 13 Clusters in Miami-Dade County[3]



Age distribution among the 13 clusters is somewhat consistent for children under-5 years of age. The largest percentage of children under-5 is find in South Dade/Homestead (8.04%) compared to the smallest percentage found in Westchester/West Dade (4.33%).

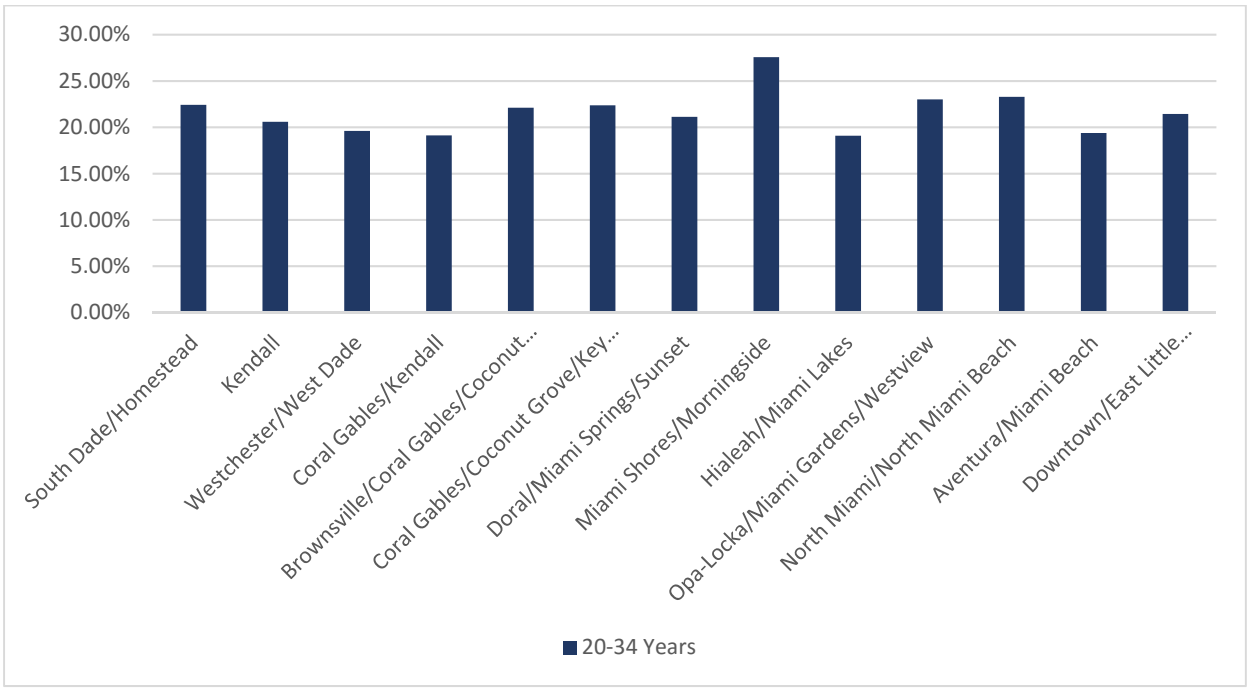
[3] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Figure 3: Age 6-19 Population Across 13 Clusters in Miami-Dade County[4]



A larger discrepancy is seen for residents aged 6-19 years. The highest percentage of residents 6-19 years old is found in South Dade/Homestead (23.91%), which the lowest percentage is found in Miami Shores/Morningside (11.55%).

Figure 4: Age 20-34 Population Across 13 Clusters in Miami-Dade County[5]

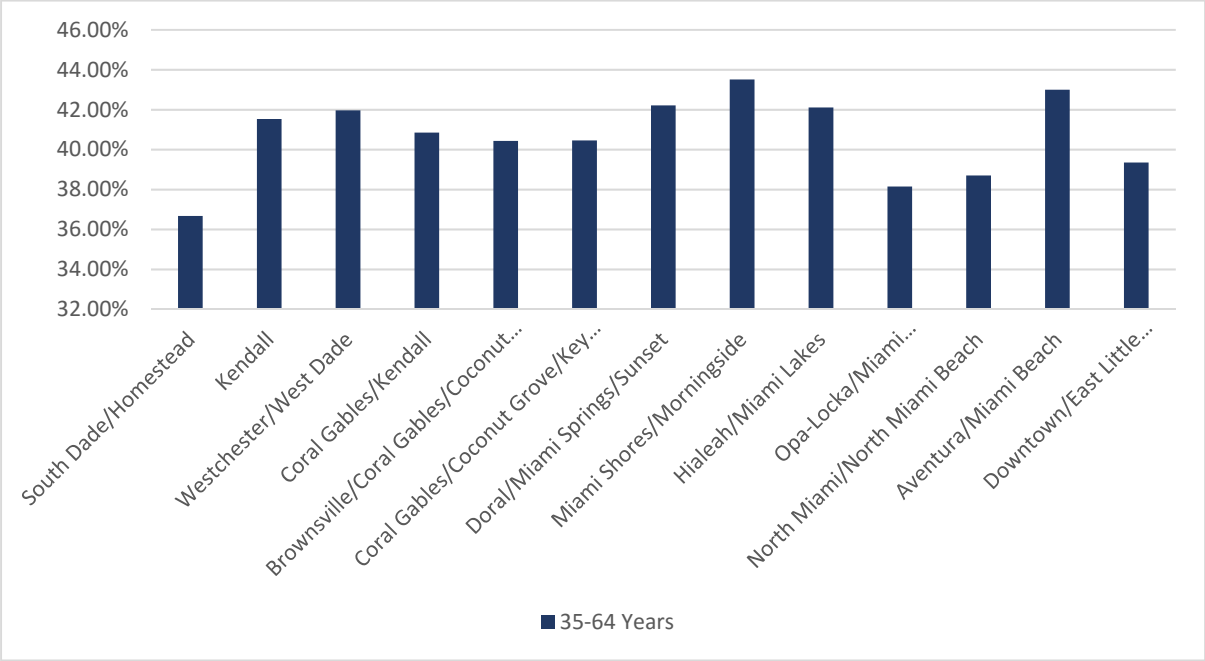


[4] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[5] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

The population 20-34 years old is the second largest population group presented. This age group, roughly representing the Millennial Generation, is rather evenly spread throughout the county clusters with the exception of Miami Shores/Morningside (27.56%), which has a much higher percentage of 20-34 year old residents compared to the other clusters.

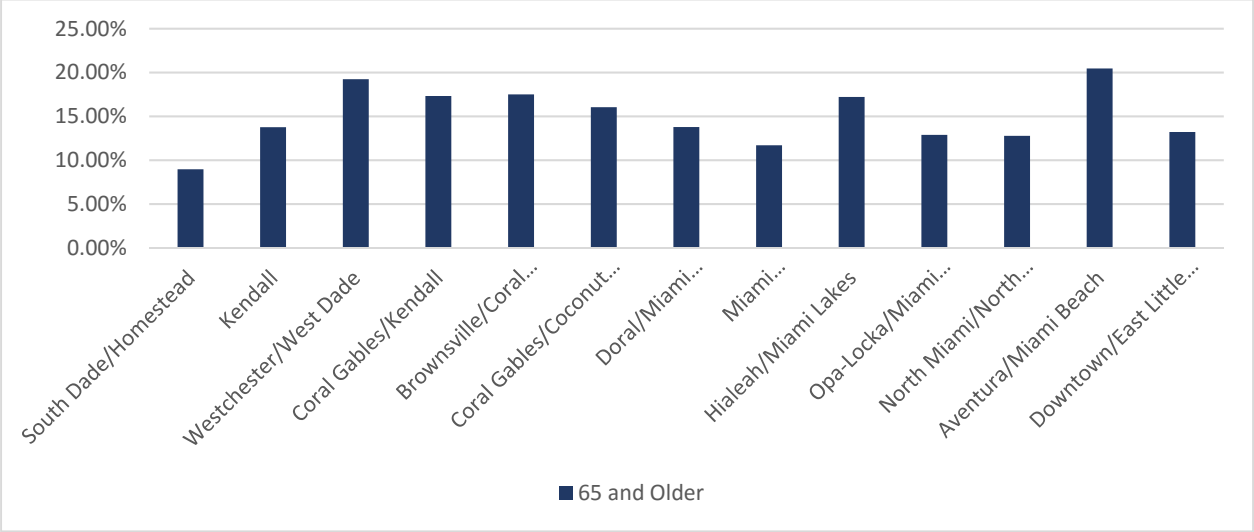
Figure 5: Age 35-64 Population Across 13 Clusters in Miami-Dade County[6]



The population aged 35-64 years is the largest age group population presented, with an average percentage of 40.69%, however, there are clusters with highly disparate percentages. South Dade/Homestead has the smallest percentage of 34-64 year old residents (36.67%) compared to Miami Shores/Morningside (43.51%).

[6] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

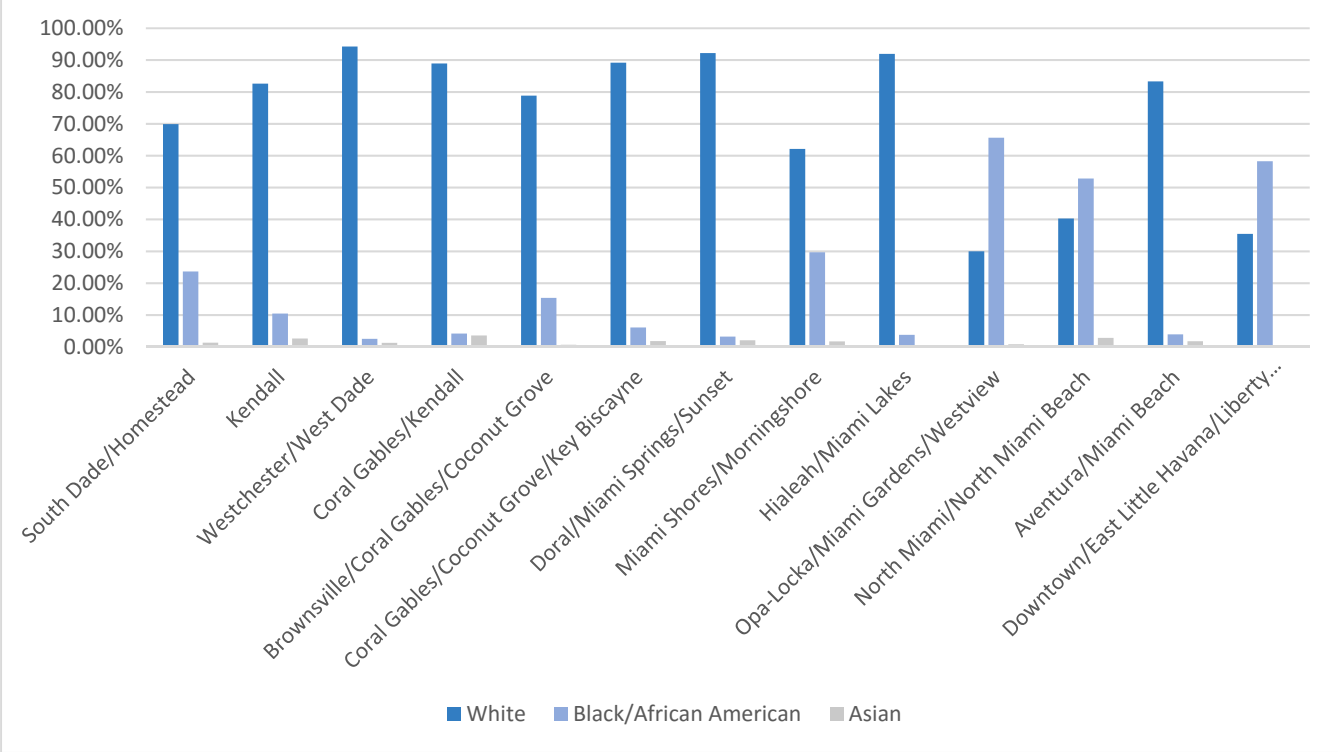
Figure 6: Over-65 Population Across 13 Clusters in Miami-Dade County[7]



The percentage of adults 65 years old and older has a wide spread across the clusters. The highest percentage is in Aventura/Miami Beach (20.47%) and the lowest percentage is in South Dade/Homestead (8.96%).

Race/Ethnicity

Figure 7: Race Across 13 Clusters in Miami-Dade County[8]

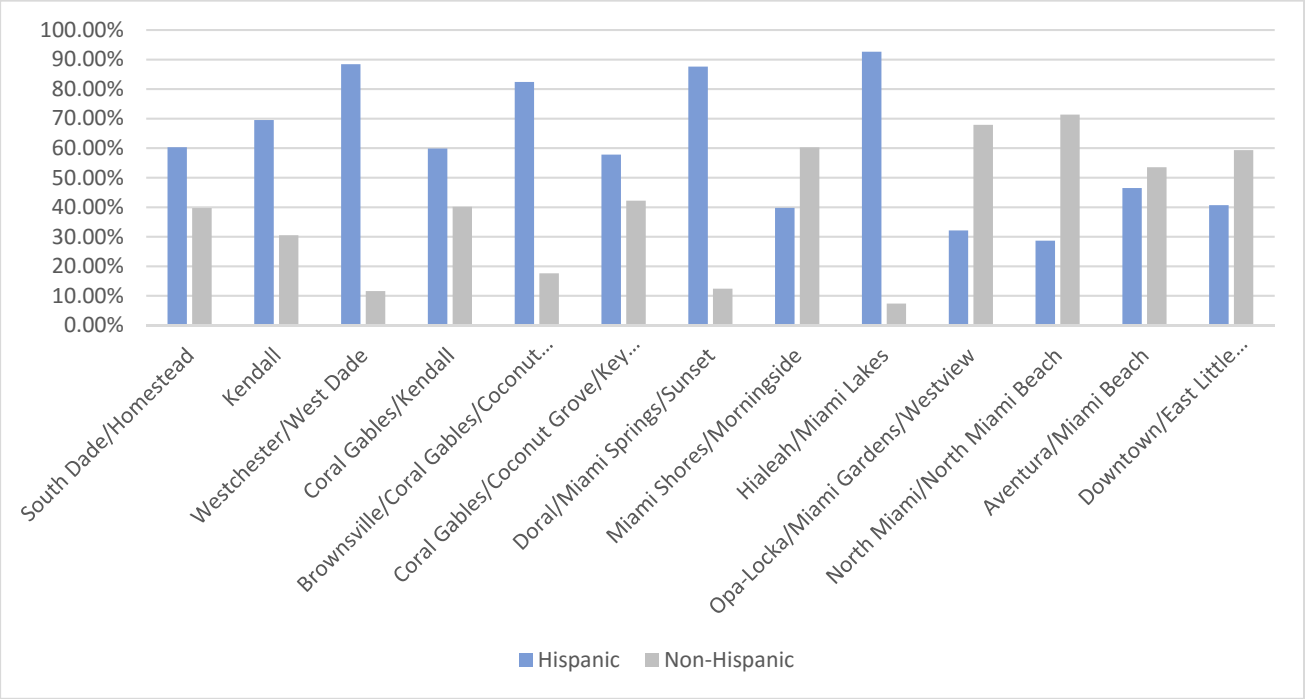


[7] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[8] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Ten of the clusters have a larger percentage of residents who identify as White compared to Black/African American. However, Opa-Locka/Miami Gardens/Westview, North Miami/North Miami Beach, and the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown have larger proportions of Black/African American residents. Westchester/West Dade, Doral/Miami Springs/Sunset, and Hialeah/Miami Lakes all have over 90% White residents. The largest percentage of Black/African American residents is found in Opa-Locka/Miami Gardens/Westview (65.61%).

Figure 8: Ethnicity Across 13 Clusters in Miami-Dade County[9]

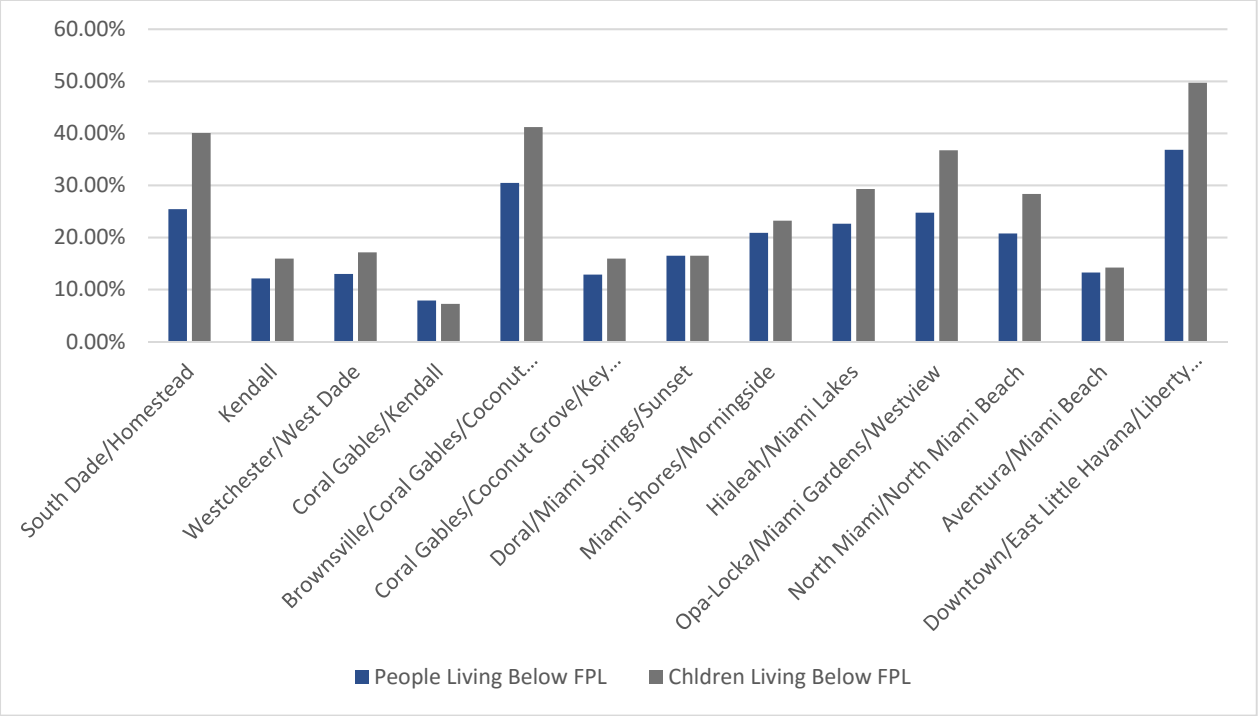


Additionally, Miami-Dade County is generally thought of as a majority-minority county with a majority of residents identifying as Hispanic, Miami Shores/Morningside, Opa-Lock/Miami Gardens/Westview, North Miami/North Miami Beach, Aventura/Miami Beach, and the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown cluster have larger populations of Non-Hispanic residents than Hispanic.

[9] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Poverty Status

Figure 9: Poverty Status Across 13 Clusters in Miami-Dade County[10]



Among the clusters, South Dade/Homestead, Brownsville/Coral Gables/Coconut Grove, and Downtown/East Little Havana/Liberty City/Little Haiti/Overtown have the largest percentages of people and children living below the federal poverty level (FPL). In particular, the oversampled cluster (Downtown/East Little Havana/Liberty City/Little Haiti/Overtown) has the highest percentage in the county, with 36.8% of people and 49.7% of children living below the FPL.

[10] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Table 1: SocioNeeds Index by Cluster, 2012-2016[11]

Cluster	SocioNeeds Index
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	98.27
Brownsville/Coral Gables/Coconut Grove	95.02
Opa-Locka/Miami Gardens/Westview	91.53
Hialeah/Miami Lakes	88.31
North Miami/North Miami Beach	87.00
South Dade/Homestead	86.52
Miami Shores/Morningside	70.44
Doral/Miami Springs/Sunset	69.07
Westchester/West Dade	67.16
Kendall	54.98
Aventura/Miami Beach	38.34
Coral Gables/Kendall	18.67
Coral Gables/Coconut Grove/Key Biscayne	18.46
Miami-Dade County	**71.40**

The SocioNeeds Index[12] (SNI) is a key indicator of socioeconomic need within a community and is highly correlated with preventable hospitalizations. On a scale of 1-100, the higher that a SNI value is, the more socioeconomic needs a community has. Six (6) of the 13 clusters have a higher SNI than the County has a whole, the highest of which is found in Downtown/East Little Havana/Liberty City/Little Haiti/Overtown with a value of 98.27. The lowest SNI is found in Coral Gables/Coconut Grove/Key Biscayne (18.46) and Coral Gables/Kendall (18.67).

[11] The SocioNeeds Index estimates are for 2018 only, not 2012-2016.

[12] The SocioNeeds Index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by zip code or county. The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates.

Health Insurance

Table 2: Percent Uninsured by Cluster, 2012-2016[13]

Cluster	Percent Uninsured
Brownsville/Coral Gables/Coconut Grove	31.72%
North Miami/North Miami Beach	30.51%
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	29.10%
Hialeah/Miami Lakes	26.43%
Opa-Locka/Miami Gardens/Westview	26.43%
South Dade/Homestead	25.12%
Doral/Miami Springs/Sunset	23.57%
Miami Shores/Morningside	22.63%
Kendall	19.12%
Aventura/Miami Beach	18.25%
Westchester/West Dade	18.16%
Coral Gables/Coconut Grove/Key Biscayne	14.01%
Coral Gables/Kendall	11.30%
Miami-Dade County	**23.10%**

Seven (7) of the clusters have a higher percentage of residents that are uninsured than the county-wide rate. The cluster with the highest percentage of uninsured is Brownsville/Coral Gables/Coconut Grove (31.72%) followed by North Miami/North Miami Beach (30.51%) and Downtown/East Little Havana/Liberty City/Little Haiti/Overtown (29.10%). Of note is that every cluster in Miami-Dade County, with the exception of Coral Gables/Kendall, has a higher uninsured rate than the United States as a whole. From 2012-2016, the United States had an uninsured rate of 11.7% on average[14].

[13] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[14] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2701&prodType=table

Income

Table 3: Median Household Income by Cluster, 2012-2016[15]

Cluster	Median Household Income
Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	$ 25,774.73
Brownsville/Coral Gables/Coconut Grove	$ 26,244.05
Opa-Locka/Miami Gardens/Westview	$ 36,897.56
Hialeah/Miami Lakes	$ 37,950.32
North Miami/North Miami Beach	$ 38,458.75
South Dade/Homestead	$ 43,281.22
Doral/Miami Springs/Sunset	$ 51,541.30
Miami Shores/Morningside	$ 52,060.00
Westchester/West Dade	$ 52,850.65
Aventura/Miami Beach	$ 53,310.93
Kendall	$ 59,352.36
Coral Gables/Coconut Grove/Key Biscayne	$ 77,319.55
Coral Gables/Kendall	$ 81,757.20
Miami-Dade County	**$ 44,224.00**

A final measure of economic disadvantage within a community is the median household income. The median household income describes the household income for the middle 50% of the population, which is more robust to outliers (such as an extremely high or low income) than the average income. The median household income for Miami-Dade County is $44,224.00. Six (6) clusters have lower median household incomes than the county as a whole, the lowest of which is in the oversampled Downtown/East Little Havana/Liberty City/Little Haiti/Overtown cluster ($25,773.73).

[15] U.S. Bureau of the Census. American Community Survey [Internet]. Washington, D.C.: United States Government; 2012-2016. Available from https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

MAPP Phase 3: Primary Data Collection

Community Themes and Strengths Assessment (CTSA)

Part 2: Community Wide Wellbeing Survey

Preliminary Survey Results

GEOGRAPHY

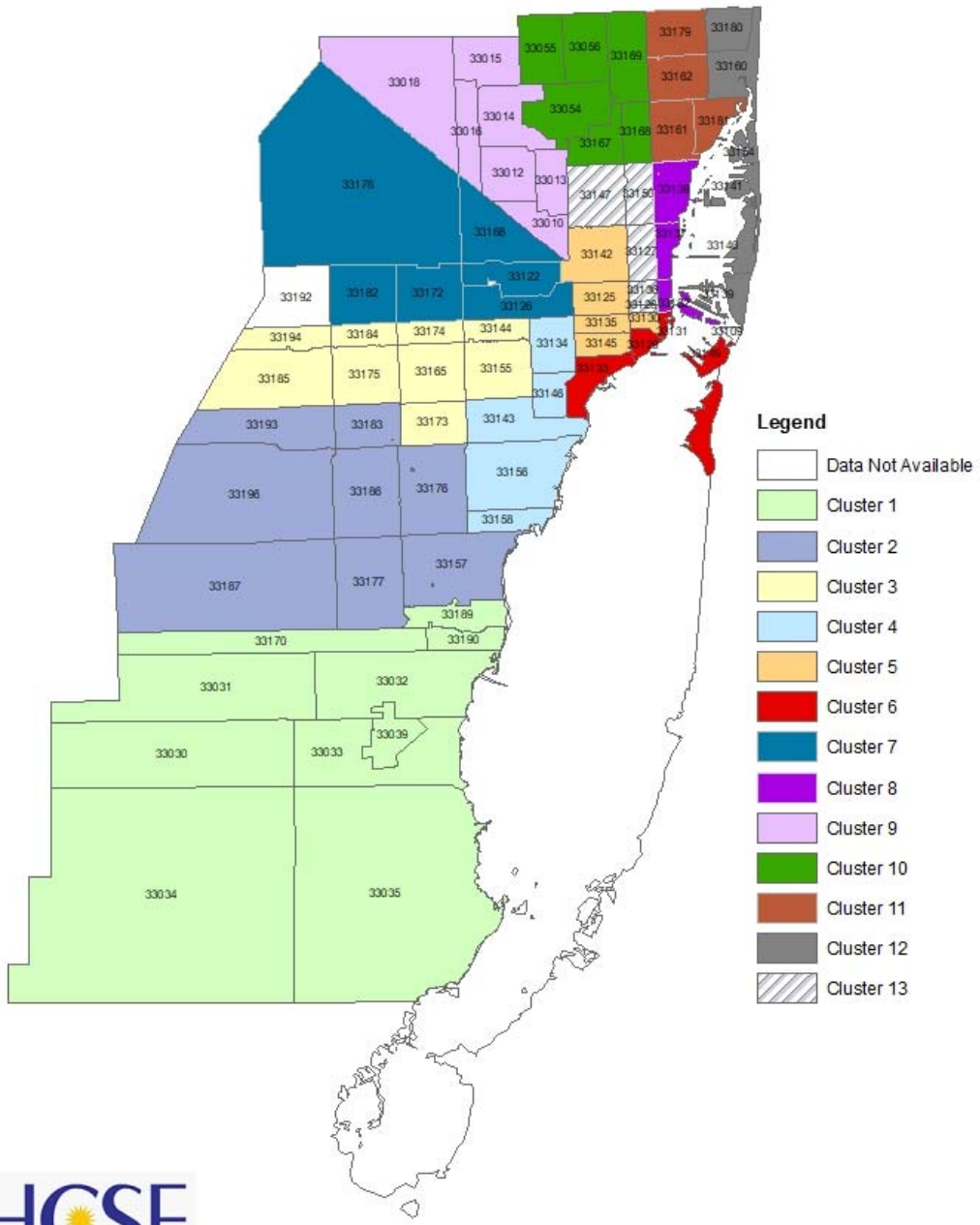
The 2018 Miami-Dade County Wellbeing Survey collected from June 12, 2018 to March 10, 2019 with a total of 3,226 complete respondents. The largest percentage of respondents were from Kendall (19.3%), South Dade/Homestead (11.6%), and Westchester/West Dade (11.2%). The smallest proportion of respondents were from Coral Gables/Coconut Grove/Key Biscayne (3.8%), Miami Shores/Morningside (4.3%), and Doral/Miami Springs/Sunset (4.7%).

Table 1: 2019 Miami-Dade Wellbeing Survey Geographic Distribution

Cluster	Cluster Name	Expected Count	Expected Percentage	Actual Count	Actual Percentage
1	South Dade/Homestead	220	7.4%	373	11.6%
2	Kendall	220	7.4%	623	19.3%
3	Westchester/West Dade	220	7.4%	360	11.2%
4	Coral Gables/Kendall	220	7.4%	234	7.3%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	179	5.6%
6	Coral Gables/Coconut Grove/Key Biscayne	220	7.4%	123	3.8%
7	Doral/Miami Springs/Sunset	220	7.4%	153	4.7%
8	Miami Shores/Morningside	220	7.4%	140	4.3%
9	Hialeah/Miami Lakes	220	7.4%	187	5.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	217	6.7%
11	North Miami/North Miami Beach	220	7.4%	191	5.9%
12	Aventura/Miami Beach	220	7.4%	229	7.1%
13	Downtown/East Little Havana/Liberty City/Little Haiti/Overtown	330	11.1%	217	6.7%

Cluster Distribution According to Zip Code of Residence

Miami-Dade County



HCSF
Health Council of South Florida, Inc.

DEMOGRAPHICS

Of the 4,190 respondents who began the survey, 89.2% (n=3,738) chose to take the survey in English while 10.1% (n=422) selected Spanish and 0.7% (n=30) chose Creole. The largest age group of respondents were 35-44-year olds (21.7%), followed by 25-34-year olds (20.5%) and 45-54-year olds (19.8%). The respondents overwhelmingly identified as female (73.3%) compared to male (26.1%) and other (0.6%). Furthermore, the majority identified as White (64.0%), followed by African-American (23.9%), Asian (3.2%), American Indian or Alaskan Native (0.7%), and Other (12.8%). Of those, 49.1% identified as Hispanic/Latino(a) and 50.9% as Not-Hispanic/Latino(a).

Table 2: 2019 Miami-Dade Wellbeing Survey Demographic Basics

	Count	Percentage
Survey Language		
English	3,738	89.2%
Spanish	422	10.1%
Creole	30	0.7%
Age		
18-24	334	10.4%
25-34	660	20.5%
35-44	701	21.7%
45-54	639	19.8%
55-64	573	17.8%
65+	319	9.9%
Gender		
Male	842	26.1%
Female	2,366	73.3%
Other	18	0.6%
Race		
White	2,063	64.0%
African-American	772	23.9%
American Indian or Alaska Native	22	0.7%
Asian	104	3.2%
Other	412	12.8%
Ethnicity		
Hispanic/Latino(a)	1,583	49.1%
Not-Hispanic/Latino(a)	1,643	50.9%

SOCIAL CHARACTERISTICS

The respondents to the 2018 Miami-Dade County Wellbeing Survey largely speak English as their primary language (86.1%). Miami-Dade is also a metropolis of bi-lingual and tri-lingual residents. An additional 26.0% of respondents claimed Spanish was a primary language, 3.4% responded Haitian-Creole, and 3.6% responded Other. A large majority of the respondents have lived in Miami-Dade County for 15 years or more (72.3%). The next largest percentage of respondents have lived in Miami-Dade for 0-5 years (12.3%). Respondents who have lived in Miami-Dade for either 6-10 years or 11-15 years have similar proportions (7.8% and 7.6%, respectively).

There were 45.9% of respondents who responded they are Married or in a Civil Union and 38.5% who are Single. Only 13.0% responded that they are Separated or Divorced, and an additional 2.6% responded that they are a Widow or Widower. The respondents also, largely, had a high degree of education with 34.5% with a Masters/Professional degree, 27.0% with a Bachelor's degree, 10.3% with an Associate's degree, 14.6% with at least some college, and 4.1% with a degree form an occupational, technical, or vocational program. Only 9.6% of respondents have a High School education or less.

Table 3: 2019 Miami-Dade Wellbeing Survey Social Characteristics

	Count	Percentage
Primary Language		
English	2,778	86.1%
Spanish	839	26.0%
Haitian-Creole	109	3.4%
Other	115	3.6%
Length of Miami-Dade Residence		
0-5 years	398	12.3%
6-10 years	251	7.8%
11-15 years	244	7.6%
15+ years	2,333	72.3%
Marital Status		
Single	1,241	38.5%
Married/Civil Union	1,481	45.9%
Separated/Divorced	419	13.0%
Widow(er)	85	2.6%
Highest Level of Education		
Less than 9th Grade	39	1.2%
Some High School	37	1.2%
High School Graduate/GED	231	7.2%
Some College	471	14.6%
Degree from an occupational, technical, or vocational program	132	4.1%
Associate Degree	333	10.3%
Bachelor's Degree	871	27.0%
Masters/Professional Degree	1,112	34.5%

ECONOMIC CHARACTERISTICS

Economically, the largest percentage of respondents have a household income of $50,000-$74,999 (16.5%) followed by those earning $35,000-$49,999 or more (14.7%), $100,000-$149,999 (13.9%), and $75,000-$99,999 (14.9%). Additionally, most respondents responded that they own their home (52.5%), while 32.2% responded that they rent. An additional 11.1% responded that they live with other people but do not own or rent. Finally, 71.3% responded that they are employed full-time while 11.5% responded that they are employed part-time. A total of 13.0% responded that they are in school, 4.6% unemployed, and 6.8% retired. These employment numbers are not mutually exclusive, meaning that a person could respond that they are both employed full-time and part-time or that they are in school but also work part-time.

Table 4: 2019 Miami-Dade Wellbeing Survey Economic Characteristics

	Count	Percentage
Household Income		
Less than $10,000	297	8.3%
$10,001-$14,999	144	4.0%
$15,000-$24,999	224	6.3%
$25,000-$34,999	363	10.2%
$35,000-$49,999	525	14.7%
$50,000-$74,999	590	16.5%
$75,000-$99,999	439	12.3%
$100,000-$149,999	498	13.9%
$150,000-$199,999	244	6.8%
More than $200,000	249	7.0%
Household Living Situation		
Rent	1,039	32.2%
Own	1,695	52.5%
Live with someone but do not own or rent	357	11.1%
Other	135	4.2%
Employment		
Employed Full-time	2,299	71.3%
Employed Part-time	372	11.5%
In School	420	13.0%
Unemployed	147	4.6%
Retired	219	6.8%
Other	304	9.4%

CONCLUSION

The initial geographic, demographic and socioeconomic analysis of respondents to the 2019 Miami-Dade County Wellbeing Survey indicate a geographically distributed, racially and ethnically diverse cohort. Sample size by cluster were determined a priori with the goal of collecting 220 (7.4%) respondents in each cluster except for an oversampled cluster in Downtown/East Little Havana/Liberty City/Little Haiti/Overtown, which historically has been underrepresented, that would have 330 respondents (11.1%). Ultimately, the by cluster distribution does not perfectly follow the proposed distribution. To account for these discrepancies, post-stratification weighting will be utilized to ensure the sample is properly representative of Miami-Dade County as a whole in the larger analysis. This will allow for larger considerations regarding the health and wellbeing of Miami-Dade County residents as a result of the 2018 Miami-Dade County Wellbeing Survey.

Limitations

The 2018-2019 Miami-Dade Wellbeing Survey has several limitations. This survey was distributed through the Florida Department of Health in Miami-Dade County with several employees completing the survey. To minimize biases, these surveys are excluded from the analysis. Furthermore, a few of the questions were not made exclusive, allowing more than one answer where a single answer would typically seem appropriate. Therefore, total percentages for Race and Primary Language are greater than 100%.

MAPP Phase 3: Secondary Data Collection

Community Health Status Assessment (CHSA)

The Community Health Status Assessment is an assessment that is used to provide a detailed summary of the health and wellbeing of our residents and community over time. It involves examining data from a variety of reputable sources as noted below. While this is not an exhausted list, each of the indicated data sources provides relevant information related to the morbidity and mortality rates for Miami-Dade County residents as well as specific information for a variety of environmental factors that influence the health of community residents. The use of such data allows the DOH-Miami-Dade to see county-level data and comparisons to peer counties, state and national rates.

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Florida Health Charts (FLCHARTS)
- Centers for Disease Control and Prevention
- Robert Wood Johnson Foundation
- County Health Rankings
- Healthy People 2020

Analysis and Limitations

When using secondary data as a source, there are several factors to consider when conducting analysis. Much of the data used for this assessment were accessed from FLCHARTS, which is a tool developed in 2005 to help communities obtain the needed data for strategic planning and community assessments. FLCHARTS includes data from more than 35 resources. Data pulled from FLCHARTS are utilized to calculate rates based on multiple years of data, ensuring validity of the indicators by using strategies including but not limited to 3-year rolling rates.

All indicators included for Miami-Dade County, Florida were included to show the health status of the county and show a comparison, when available, to peer counties, state and national rates. Many of the targets that have been set with some of the indicators is in direct alignment with the Healthy People 2020 goals for which Miami-Dade County strives to achieve or exceed. It should be further noted that while rates are provided for indicators, the statistical significance for each of the indicators was not calculated. More information can be found online related to rolling rates, statistical significance and how online data sources obtain their information. As a final part of analysis, a variety of resources are used to obtain the secondary data, none of the data sources used such as the County Health Rankings, U.S. Census, FLCHARTS, BRFSS etc. endorse the work included in this document. The views shared within this document are the work of DOH-Miami-Dade.

Health Outcomes

Leading Causes of Death

The most recent available source of data regarding the leading causes of death for the United States at the time of this report was published in the annual report of the CDC *Health, United States, 2017* from the National Vital Statistics (www.cdc.gov/nchs). Presented in the table below includes the Top 10 Leading Causes of Death in Miami-Dade County, Florida, and the United States. As presented in this report, the preliminary leading causes of death in the United States for 2017 included: 1.) heart disease 2.) cancer 3.) chronic lower respiratory diseases 4.) accidents (unintentional injuries) 5.) stroke 6.) Alzheimer's disease 7.) diabetes 8.) influenza and pneumonia 9.) nephritis, nephrotic syndrome and nephrosis, and 10.) suicide (intentional self-harm). Cancer and heart disease contribute to the most deaths for both Miami-Dade County and Florida. It is important to note that the tenth leading cause of death for both Miami-Dade County and Florida is Parkinson's disease. Whereas, for the United States the tenth leading cause of death is suicide (intentional self-harm).

Top 10 Leading Causes of Death in Miami-Dade County compared to Florida and the United States

(Age-adjusted Death Rate per 100,000)

Causes of Death	Miami-Dade County	Florida	United States
Heart Disease	148.4	148.5	165.6
Cancer	128.2	149.4	155.8
Stroke	43.1	39.6	37.3
Chronic Lower Respiratory Disease	29.6	40.0	40.6
Unintentional Injury	30.6	56.0	47.4
Alzheimer's Disease	23.8	21.0	30.3
Diabetes	22.4	20.7	21.0
Influenza and Pneumonia	9.1	9.8	13.5
Nephritis, Nephrotic, Syndrome, & Nephrosis	9.1	10.3	13.1
Parkinson's Disease	7.6	8.1	N/A

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Outcomes

Leading Causes of Death

The DOH-Miami-Dade, Epidemiology, Disease Control, and Immunization Services Department utilized data from Florida Vital Records to create the table below. This table shows the top Leading causes of death (mortality rate per 100,000 population) by age group in Miami-Dade County, FL in 2017. When segmented by age, unintentional injuries contributed to most deaths among those aged 1 - 44 in Miami-Dade County. Followed by cancer among those 45 to 74 years of age and heart disese for those 75 years of age and older. Cancer was the leading cause of death among those aged 45 – 77 while heart disease was the leading cause among those aged 75+.

Top Leading Causes of Death, Mortality Rate per 100,000 Population by Age Group
Miami-Dade County, 2017

	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
1	Perinatal Conditions 82 (266.2)	Unintentional Injury 8 (6.2)	Unintentional Injury 7 (2.3)	Unintentional Injury 104 (31.2)	Unintentional Injury 153 (38.6)	Unintentional Injury 122 (32.0)	Cancer 287 (70.4)	Cancer 752 (227.2)	Cancer 1099 (466.9)	Heart Disease 3779 (1849.4)	Heart Disease 5397 (195.9)
2	Congenital Anomalies 39 (126.6)	Cancer 5 (3.9)	Cancer 7 (2.3)	Homicide 56 (16.8)	Homicide 66 (16.7)	Cancer 96 (25.2)	Heart Disease 211 (51.7)	Heart Disease 540 (163.1)	Heart Disease 755 (329.3)	Cancer 2137 (1045.8)	Cancer 4436 (161.0)
3	Unintentional Injury 11 (35.7)	Congenital Anomalies 3 (2.3)	Congenital Anomalies 6 (2.0)	Suicide 19 (5.7)	Cancer 41 (10.4)	Heart Disease 57 (14.9)	Unintentional Injury 131 (32.1)	Stroke 125 (37.8)	Diabetes 199 (84.6)	Stroke 1206 (590.2)	Stroke 1591 (57.8)
4				Cancer 12 (3.6)	Suicide 34 (8.6)	Homicide 41 (10.7)	Stroke 51 (12.5)	Unintentional Injury 116 (35.0)	Stroke 189 (80.3)	Alzheimer's Disease 864 (422.8)	Chronic Lower Respiratory 1075 (39.0)
5					Heart Disease 29 (7.3)	Suicide 28 (7.3)	Diabetes 45 (11.0)	Diabetes 112 (33.8)	Chronic Lower Respiratory 180 (76.5)	Chronic Lower Respiratory 789 (386.1)	Unintentional Injury 917 (33.3)
6					HIV 12 (3.0)	HIV 27 (7.1)	Suicide 45 (11.0)	Chronic Lower Respiratory 76 (23.0)	Unintentional Injury 75 (31.9)	Diabetes 418 (204.6)	Alzheimer's Disease 908 (33.0)
7						Stroke 11 (2.9)	HIV 38 (9.3)	Chronic Liver Disease 66 (19.9)	Chronic Liver Disease 57 (24.2)	Influenza & Pneumonia 232 (113.5)	Diabetes 791 (28.7)
8						Chronic Liver Disease 11 (2.9)	Chronic Liver Disease 36 (8.8)	HIV 60 (18.1)	Influenza & Pneumonia 56 (23.8)	*Parkinson's disease* 228 (111.6)	Influenza & Pneumonia 330 (12.0)
9						Diabetes 11 (2.9)	Chronic Lower Respiratory 23 (5.6)	Kidney Disease 47 (14.2)	Other Respiratory Dis 52 (22.1)	Kidney Disease 205 (100.3)	Kidney Disease 324 (11.8)
10							Homicide 15 (3.7)	Suicide 43 (13.0)	Kidney Disease 52 (22.1)	Unintentional Injury 190 (93.0)	*Parkinson's disease* 237 (9.9)

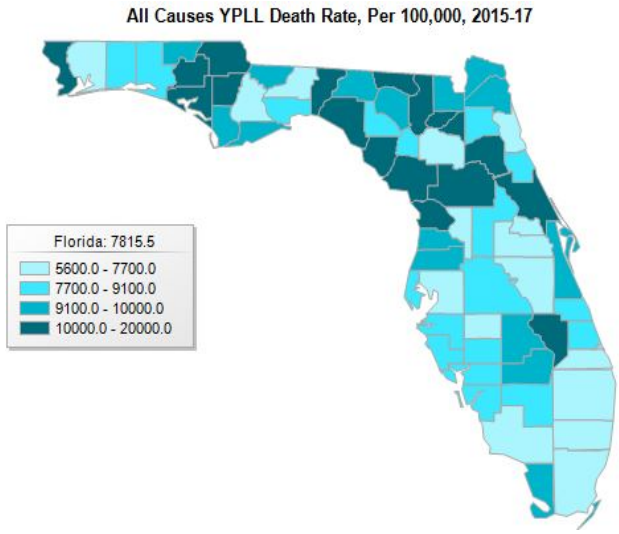
Health Outcomes

Years of Potential Life Lost

Indicator: Years of Potential Life Lost (YPLL) before age 75 per 100,000 population.

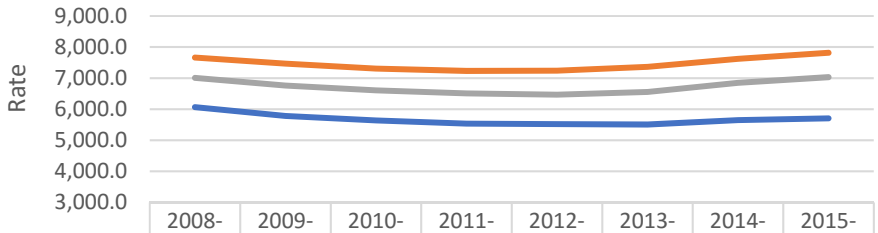
Why is this important?

Years of Potential Life Lost (YPLL) is a measure of premature mortality defined as "the number of years of life lost among persons who die before a given age" meaning the number of years that an individual was expected to live beyond his or her death. The *County Health Rankings and Roadmaps* use YPLL to capture preventable deaths. It emphasizes the deaths of younger persons. The Florida Department of Health sets the age reference at 75 years based on life expectancy, so individuals who die before 75 years of age lost potential years of life. YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.



Years of Potential Life Lost Rate before Age 75 - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	6,066.1	5,781.4	5,637.6	5,534.4	5,520.9	5,506.2	5,647.4	5,703.1
Florida	7,664.1	7,466.9	7,305.5	7,233.4	7,238.2	7,365.6	7,619.6	7,815.5
Peer Counties Average	7,010.7	6,761.5	6,604.5	6,506.5	6,466.3	6,554.5	6,851.3	7,030.5

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

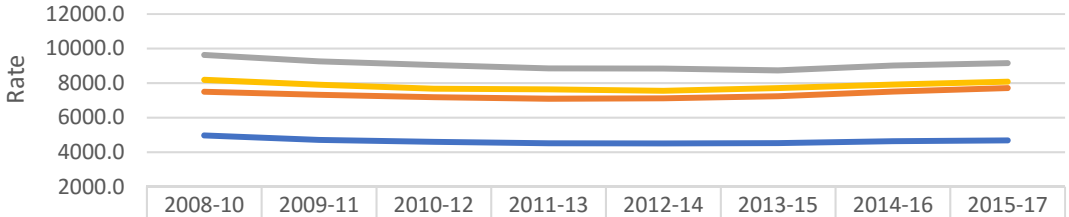
The YPLL rate in Miami-Dade County, FL has been increasing since 2013-15. The YPLL rates for Miami-Dade County, FL do remain significantly lower compared to the peer counties average rate and Florida.

Health Outcomes

Years of Potential Life Lost

Years of Potential Life Lost before Age 75 by Race - Miami-Dade and Florida, 2008-2017

3-Year Rolling Rater per 100,000 Population



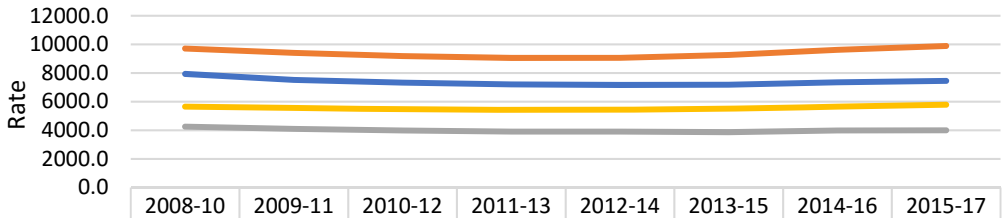
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	4974.6	4717.8	4600.4	4518.1	4508.4	4527.6	4641.7	4689.2
White - Florida	7503.7	7327.2	7183.0	7098.4	7118.2	7241.2	7511.6	7715.6
Black - Miami-Dade County	9632.6	9261.8	9045.4	8857.7	8841.1	8736.8	9023.5	9157.3
Black - Florida	8193.4	7908.5	7676.4	7641.5	7557.7	7718.8	7917.7	8089.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, the YPLL rates among the Black population in Miami-Dade County is higher than the White population in Miami-Dade County. The average YPPL is more than two times greater for Blacks as compared to Whites in Miami-Dade County. Miami- Dade County's YPLL rates for Blacks have surpassed Florida's rates for Blacks since 2008-10. Whereas, the White population in Miami-Dade County has remained lower than the Florida rates, YPLL rates for both the Black and White populations in Miami-Dade County and Florida have increased since 2012-14. It is important to note that in 2013-15 the YPLL for the Black population in Miami-Dade increased.

Years of Potential Life Lost before Age 75 by Sex - Miami-Dade and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	7940.3	7517.9	7331.3	7203.8	7168.8	7183.0	7347.6	7448.9
Male - Florida	9705.5	9406.1	9181.3	9058.2	9066.2	9260.1	9622.3	9889.1
Female - Miami-Dade County	4256.2	4097.7	3990.6	3909.1	3914.8	3872.1	3989.2	4001.8
Female - Florida	5654.7	5561.1	5463.5	5442.8	5445.8	5509.9	5659.6	5787.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

For the past 20 years, the YPLL rolling rates in Miami-Dade County for both males and females have remained lower than Florida's YPLL rates. The YPLL rates currently have been rising locally between 2012 and 2015 and statewide since 2011-13. The YPLL rates among males in Miami-Dade County, FL are higher than females in Miami-Dade County, FL.

Health Outcomes

Years of Potential Life Lost

Years of Potential Life Lost before Age 75 Leading Causes of Death
(Single-Year Rate per 100,000 population in Miami-Dade County, FL)

All Causes	2015	2016	2017
All Causes	5,635.8	5,821.8	5,651.3
Cancer	1,207.7	1,241.0	1,197.7
Unintentional Injuries	793.3	974.2	955.5
Heart Disease	803.6	851.2	822.6
Stroke	157.3	151.2	194.2
Chronic Lower Respiratory Disease	98.6	101.4	111.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The table above shows the five YPLL leading causes of death in Miami-Dade County, FL. Chronic diseases do make up most of the YPLL leading causes of death in Miami-Dade County, FL. It is important to note that unintentional injuries are among these causes as well.

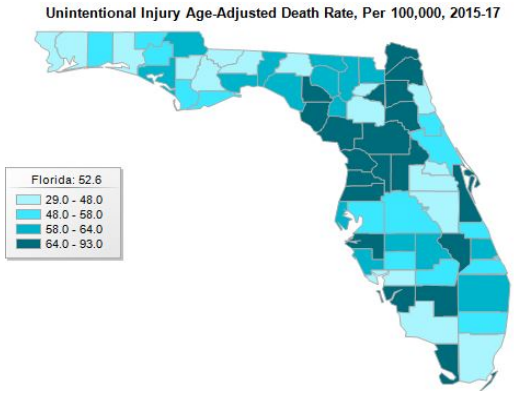
Health Outcomes-Injury and Mental Health

Unintentional Injury

Indicator: Age-adjusted death rate per 100,000 population due to unintentional injuries.

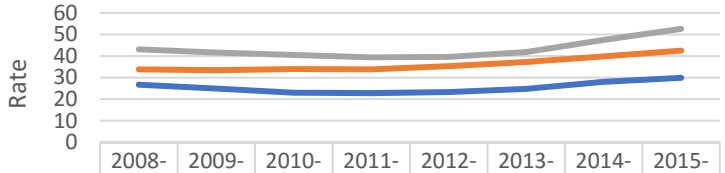
Why is this Important?

Unintentional injury is an injury not intended as self-harm or as intentional harm to another person. Unintentional injuries refers to harm caused by accidents, falls, blows, burns, weapons and more (FLCHARTS). In the United States, millions of people injure themselves every year. Unintentional injury is the fifth leading cause of death in Miami-Dade County and the fourth leading cause of death in the United States. Nationally, unintentional injury is the number one cause of death for people aged 1 to 44 years of age, regardless of sex, race or ethnicity, and socioeconomic status. More information on unintentional injuries can be accessed via: www.cdc.gov/injury.



Unintentional Injury Age-Adjusted Death Rates - Miami-Dade County, Orange, and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	26.7	24.9	23.0	22.8	23.3	24.8	28	29.9
Orange	33.8	33.4	34.0	33.8	35.3	37.2	39.8	42.5
Florida	43.1	41.6	40.5	39.4	39.6	41.8	47.5	52.6

Note: Orange County was selected to compare to Miami-Dade County because it had the best performance of all peer counties. Not all peer counties include the same injuries to be included in thie rate.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County's unintentional death rate has been slightly increasing since 2011-13. However, recent rates remain significantly lower than Florida rates and Orange County rates.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional injuries to 36.4 deaths per 100,000 population. Miami-Dade County's current rate of 29.9 deaths per 100,000 population meets the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

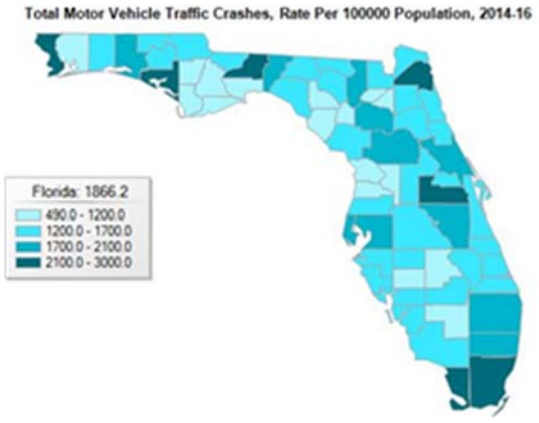
Information and supportive resources for unintentional injury are available through the following organizations:

- Florida Health's Injury Prevention Program: http://www.floridahealth.gov/Programs-and-Services/Prevention/injury-prevention/index.html
- U.S. Department of Health & Human Services "Live Well. Learn how." https://healthfinder.gov/
- CDC's "The Guide to Community Preventive Services" https://www.thecommunityguide.org/

Health Outcomes-Injury and Mental Health

Motor Vehicle Crashes

Indicator: Age-adjusted death rate per 100,000 population due to motor vehicle crashes.

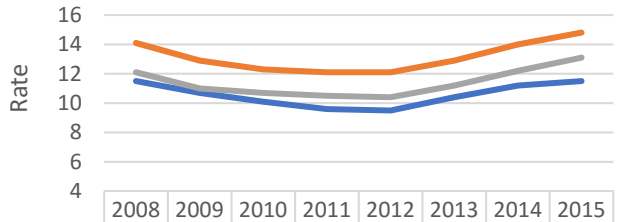


Why is this important?

Motor vehicle deaths are occupants killed in transport accidents. Motor vehicle fatalities and injuries vary according to the demographic characteristics of the victims, geographic region, and risk factors associated with crashes. Motor vehicle crash mortality information is used by local governments and organizations to identify areas in need and to designate available resources. According to the Florida Department of Health, motor vehicles crashes are the leading cause of teen deaths in Florida. According to the CDC, motor vehicle related deaths result in $44 billion in medical and work loss costs nationally in 2013. In Florida alone, motor vehicle crashes resulted in $32 million in medical costs, $2.99 billion in work loss costs adding up to a total of $3.02 billion total cost of crash-related deaths in Florida for one year. Also mentioned by the CDC, many parents do not realize the number one threat to their teen's safety is driving or riding in a car with a teen driver. In 2016, more than 2,400 teens lost their lives in car crashes. As noted by the CDC, motor vehicle crashes are preventable. The CDC recommends graduated driver licensing systems, sobriety checkpoints, seatbelt use, belt use through primary seatbelt laws and parents providing 30 to 50 hours of supervised driving practice over at least six months. To learn more about motor vehicle crashes visit the CDC's website: www.cdc.gov/motorvehiclesafety.

Motor Vehicle Crash Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	11.5	10.7	10.1	9.6	9.5	10.4	11.2	11.5
Florida	14.1	12.9	12.3	12.1	12.1	12.9	14.0	14.8
Peer Counties Average	12.1	11.0	10.7	10.5	10.4	11.2	12.2	13.1

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County's death rate for motor vehicle crash has unfavorably increased since 2013-15. However, recent rates remain significantly lower than Florida rates and select Peer Counties Average rates.

The Healthy People 2020 national health target is to reduce the deaths caused by motor vehicle crashes to 12.4 deaths per 100,000 population. Miami-Dade County's current rate of 11.5 deaths per 100,000 population meets the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for motor vehicle safety are available through the following organizations:

- Florida Highway Patrol https://www.flhsmv.gov/florida-highway-patrol/about-fhp/
- National Highway Safety Patrol www.NHTSA.gov
- Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS): https://mvpiccs-viz.cdc.gov:8008/

Health Outcomes-Injury and Mental Health

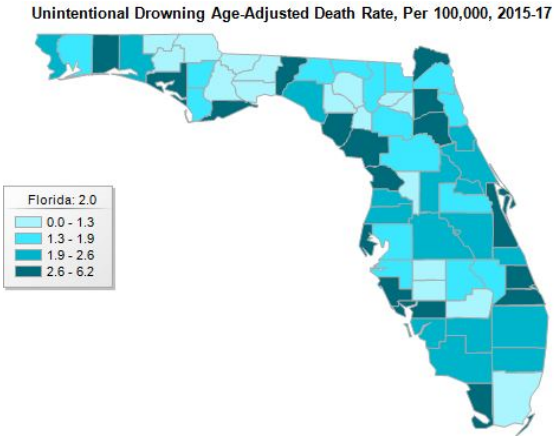
Unintentional Drowning

Indicator: Age-adjusted death rate per 100,000 population due to unintentional drowning.

Why is this Important?

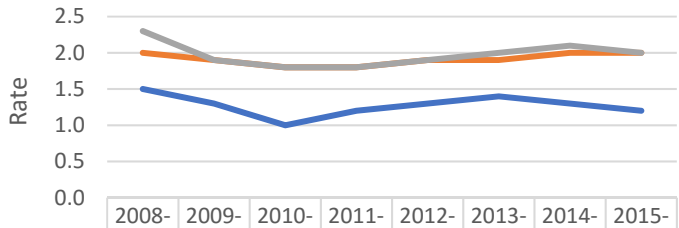
This indicator measures drowning while in or falling into a body of water (e.g. bathtub, swimming pools, natural water or tank/reservoir). This measure does not include water transport related to drowning. According to the CDC, each day in the United States, ten people die from unintentional drowning, and of these, two are children aged 14 or younger. Drowning ranks fifth among the leading causes of unintentional injury death in the United States. Unintentional drowning is the leading cause of injury deaths to children aged 1 to 4 years. Fatal and nonfatal drowning incidents occur most often in swimming pools for children aged 1 to 4 years old while drowning incidents for teens aged 15 to 17 years old occur most often in natural water (ocean, lakes, and rivers).

The CDC states that nationally, nearly 80% of people who die from drowning are males. Similarly, in Miami-Dade County males have been killed from unintentional drowning at a higher rate of about two times higher than females who have died from unintentional drowning since 2010-12. The CDC states the main factors that influence and affect drowning risk are lack of swimming ability, lack of barriers to prevent unsupervised water access, lack of close supervision while swimming, location, failure to wear life jackets, alcohol use, and seizure disorders.



Unintentional Drowning Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	1.5	1.3	1.0	1.2	1.3	1.4	1.3	1.2
Florida	2.0	1.9	1.8	1.8	1.9	1.9	2.0	2.0
Peer Counties Average	2.3	1.9	1.8	1.8	1.9	2.0	2.1	2.0

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County's unintentional drowning rate has decreased over the entire study period, however the decrease has not been significant. The most recent rates remain lower than Florida rates and select Peer Counties Average rates.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional drowning to 1.1 deaths per 100,000 population. Miami-Dade County's current rate of 1.2 deaths per 100,000 population has not yet met the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for water safety are available through the following organizations:

- Florida Department of Children and Families www.MyFLFamilies.com/WaterSafety
- Learn to Swim https://www8.miamidade.gov/global/service.page?Mduid_service=ser14716214303986
- Model Aquatic Health Code (MAHC) https://www.cdc.gov/mahc/
- Water Safety USA https://www.watersafetyusa.org/

Health Outcomes-Injury and Mental Health

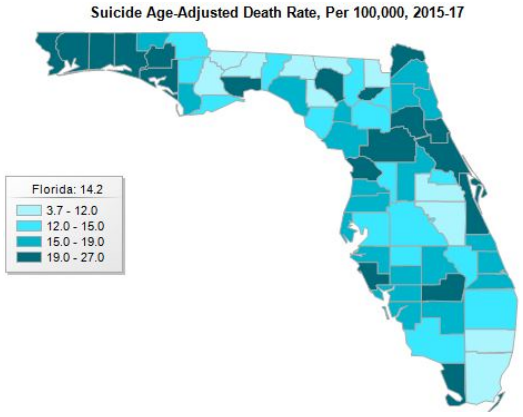
Suicide

Indicator: Age-adjusted suicide death rate per 100,000 population.

Why is this Important?

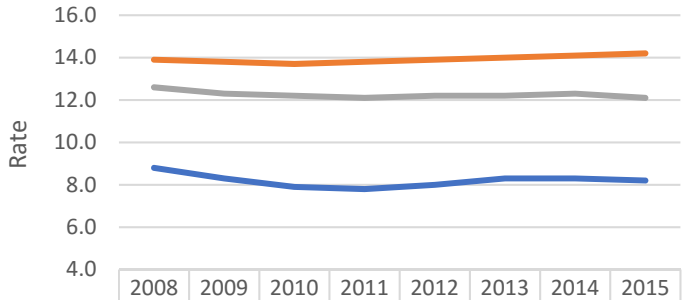
Suicide is the tenth leading cause of death in the United States and the twelfth leading cause of death among those in Miami-Dade County. The CDC defines suicide as "death caused by self-directed injurious behavior" with an intent to die as a result of the action. Many factors contribute to suicide among those with and without known mental health conditions. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes. Between 1999 and 2016, suicide rates have increased in nearly every state. In 2016, an estimated 45,000 lives were lost to suicide. In the United States, millions of people injure themselves every year. Regardless of gender, the suicide incidences among the non-Hispanic White population is approximately two times higher than the non-Hispanic Black population. Miami-Dade County's suicide death rate has favorably begun to decrease since 2015-17. The most recent rates remain lower than Florida rates and select Peer Counties Average rates.

The Healthy People 2020 target for reducing the suicide rate is 10.2 suicides per 100,000 population.



Suicide Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	8.8	8.3	7.9	7.8	8.0	8.3	8.3	8.2
Florida	13.9	13.8	13.7	13.8	13.9	14.0	14.1	14.2
Peer Counties Average	12.6	12.3	12.2	12.1	12.2	12.2	12.3	12.1

Note: Select peer counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

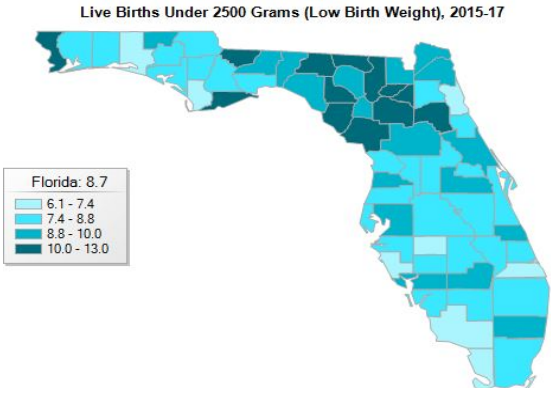
Information and supportive resources for suicide prevention are available through the following organizations:

- National Suicide Prevention Lifeline **1-800-273-TALK (8255)** www.SuicidePreventionLifeline.org
- Veterans Crisis Line **1-800-273-8255** and **Press 1** https://www.veteranscrisisline.net/
- The Youth Suicide Prevention Program www.yspp.org
- Suicide Prevention Resource Center www.sprc.org

Health Outcomes-Maternal and Child Health

Low Birth Weight

Indicator: Percentage of births in which the newborns weighed less than 2,500 grams (5 pounds 5 ounces) at time of birth



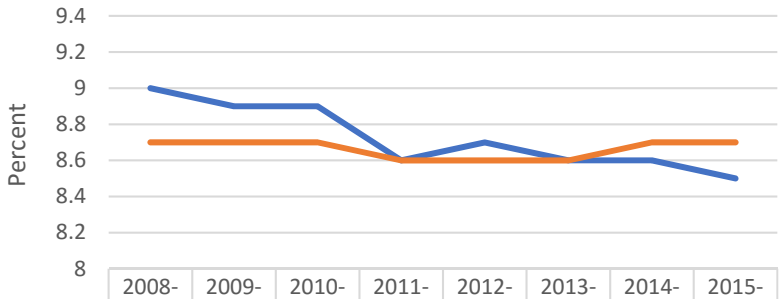
Why is this Important?

Babies with a low birth weight (LBW) are born weighing less than 5 pounds, 5 ounces (<2500 grams). A LBW infant can be born too small, too early, or both. Birthweight is one of the strongest predictors of an infant's health and survival. LBW is unique as a health outcome because it represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality or morbidity over the life course.

LBW children have greater developmental and growth problems, are at higher risk of heart disease later in life, have a greater rate of respiratory conditions, and have higher rates of cognitive problems such as cerebral palsy, visual, auditory, and intellectual impairments. Health inequities in LBW caused by inequities between groups of mothers having access to prenatal care, exposures to environmental risk factors, and risk behaviors.

Percent of Babies Born at a Low Birth Weight (<2500 grams) - Miami-Dade County and Florida

3-Year Rolling Rates



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	9	8.9	8.9	8.6	8.7	8.6	8.6	8.5
Florida	8.7	8.7	8.7	8.6	8.6	8.6	8.7	8.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The proportion of babies born at a LBW is lower in Miami-Dade County than Florida. The Healthy People 2020 national health goal is to reduce the proportions of infants born with LBW to 7.8%. With a most recent rate of 8.5%, Miami-Dade County has not yet met this national target.

Health Outcomes-Maternal and Child Health

Low Birth Weight

Smoking during pregnancy may also make a baby too small, even if that baby is carried the full 40 weeks of pregnancy. Early and regular prenatal care helps identify conditions and behaviors that can result in low birth weight infants. Per CDC, expectant mothers can: 1.) Get preconception health care and early prenatal care throughout the pregnancy to identify and modify health behaviors (e.g. lack of weight gain, quit smoking, stop drinking alcohol and using drugs) 2.) Work with a health care provider to control chronic diseases and 3.) Take prenatal vitamins that contain 400 micrograms of folic acid before and throughout pregnancy.

However, a disparity is observed when comparing the proportion of low birth weight babies by maternal age and race; more than twice the proportion of low birth weight babies are born to Black teen mothers than White teen mothers in Miami-Dade County.

Percent of Low Birth Weight (<2500 grams) Babies Born to Teen Mothers (15 to 19) by Race

Race and Geography	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White – Miami-Dade County, FL	**9.0**	**8.9**	**8.2**	**8.2**	**8.1**	**8.5**	**8.6**
White - Florida	8.1	8.2	8.0	8.0	8.0	8.4	8.8
Black – Miami-Dade County, FL	**15.2**	**14.3**	**13.1**	**13.8**	**14.2**	**16.2**	**15.9**
Black – Florida	14.6	14.2	13.5	13.4	13.4	14.4	15.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for prenatal care are available through the following organizations:

- Health Baby Taskforce https://www.healthymiamidade.org/committees/florida-healthy-babies/
- Healthy Start Coalition of Miami-Dade https://www.hscmd.org/
- Women, Infants, and Children (WIC) Food and Nutrition Service http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic-women-children/index.html

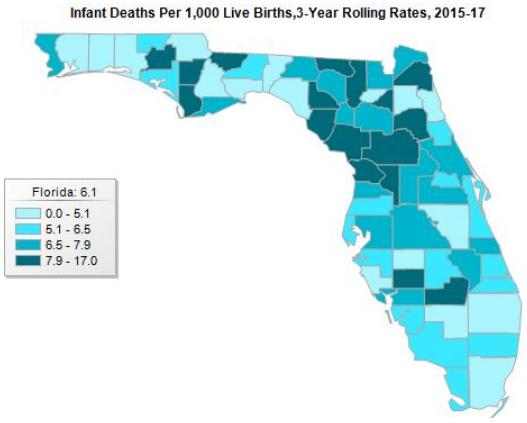
Health Outcomes-Maternal and Child Health

Infant Mortality

Indicator: Number of deaths within 364 days of birth per every 1,000 babies born alive.

Why is this important?

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births. IMR is an important marker of the overall health in society. In 2017, the leading causes of death among infants in the United States were: 1.) birth defects 2.) preterm and low birth weight 3.) Maternal pregnancy complications 4.) Sudden Infant Death Syndrome (SIDS) 5.) Injuries (e.g. suffocation).

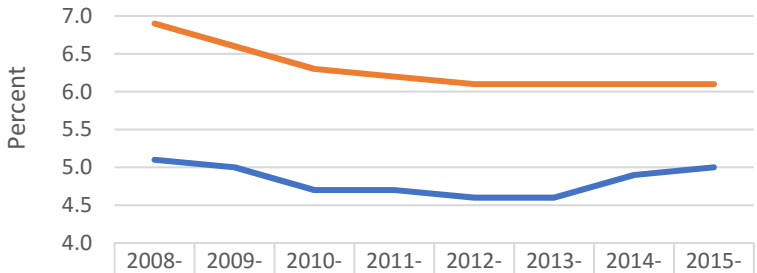


Preconception health and health care focus on things you can do before and between pregnancies to increase the chances of having a healthy baby. The key national strategy that has an impact on women's and infant's overall health is improving perinatal care. The CDC offers provision to perinatal quality collaboratives (PQCs), state networks, that work together to improve health outcomes for mothers and babies. Visit the CDC website for more information on infant mortality.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality-cdcdoing.htm

Infant Mortality Rate - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 1,000 Live Births



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	5.1	5.0	4.7	4.7	4.6	4.6	4.9	5.0
Florida	6.9	6.6	6.3	6.2	6.1	6.1	6.1	6.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

In the figure above, the IMR for Miami-Dade County has unfavorably increased since 2013-15; however, the recent County rate is lower than the recent Florida rate.

The Healthy People 2020 national health target is to reduce infant mortality rates to 6.0 deaths per 1,000 live births. Miami-Dade County's most recent rate of 5.0 deaths per 1,000 births has met the national health target.

Health Outcomes-Maternal and Child Health

Infant Mortality

As presented below, IMRs have slightly increased since 2013-15 with the rates being higher for Black and Non-Hispanic infants.

Infant Mortality Rates by Race 2009-2017

Miami-Dade County, Florida	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White	3.4	3.1	3.0	3.1	3.2	3.3	3.3
Black	9.5	9.2	9.4	9.2	8.8	10.1	11.1
Hispanic	3.6	3.2	3.1	3.2	3.4	3.6	3.8
Non-Hispanic	6.8	6.7	7.2	6.9	6.4	6.8	6.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

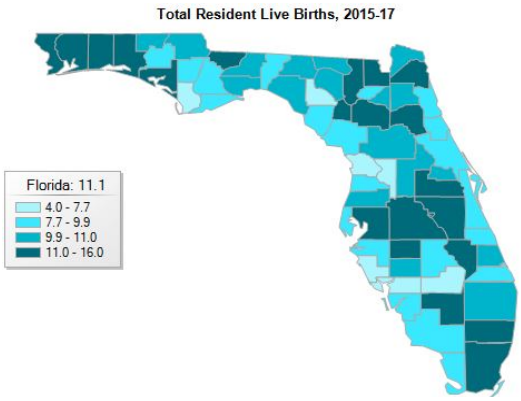
Information and supportive resources for maternal and child programs are available through the following organizations:

- Count the Kicks https://www.countthekicks.org/
- Fetal Infant Mortality Review https://www.hscmd.org/fimr-project/
- March of Dimes https://www.marchofdimes.org/

Health Outcomes-Maternal and Child Health

Lives Births

Indicator: Number of live births per 1,000 population.

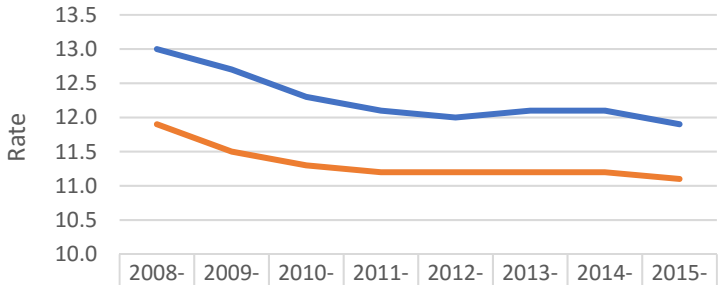


Why is this Important?

The annual birth rate is the rate at which the population grows due to births within a one-year time period. The birth rate is an item of interest because it provides a standardized measure for monitoring the general increase or decrease in births. According to FLCHARTS, it defines live births as the number of births to women who live in Florida. The rate is between births and the specified population. When applied specifically to age groups, such as teens, or geographic areas, such as states, counties or countries, one can make comparisons between them. To plan for the current and future needs of generations, public health professionals track trends in birth rates. For more information on reproductive health and health birth outcomes, please visit the CDC's website: www.cdc.gov/reproductivehealth.

Total Resident Live Births - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rates



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	13.0	12.7	12.3	12.1	12.0	12.1	12.1	11.9
Florida	11.9	11.5	11.3	11.2	11.2	11.2	11.2	11.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Overall, Miami-Dade County's live birth rates have declined since 2014-16. The most recent rates are slightly higher than the state's rate.

Birth and Maternal Risk Factor Statistics – Miami-Dade County (2015-17)

Percent of Births to Unwed Mothers: 48.5%

Percent of Births to Mothers with less than a High School Education: 9.1%

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Birth and Maternal Risk Factor Statistics – United States (2017)

Number of Births: 3,855,500

Fertility Rate: 60.3 births per 1,000 women 15-44 years old

Percent Born at Low Birthweight: 8.28%

Percent of Births to Unwed Mothers: 39.80%

Source: CDC accessed via https://www.cdc.gov/nchs/fastats/births.htm

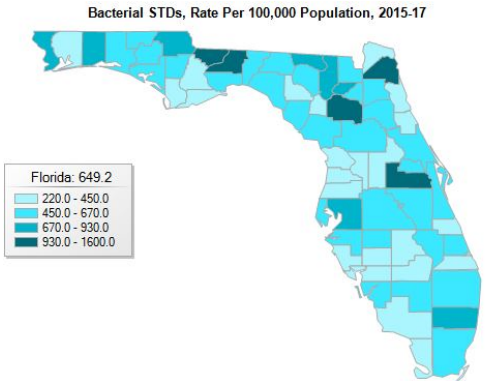
Health Outcomes-Reportable and Infectious Diseases

Sexually Transmitted Diseases

Indicator: Bacterial sexually transmitted disease rate per 100,000 population. This indicator measures gonorrhea, chlamydia, and infectious syphilis.

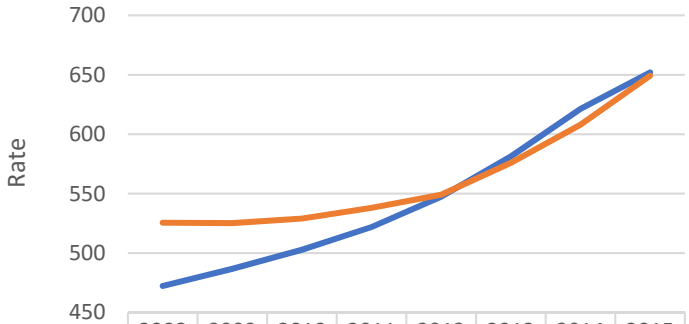
Why is this Important?

Sexually transmitted diseases (STDs), also known as sexually transmitted infections or STIs, refer to more than 25 infectious diseases that are transmitted primarily from one person to another through sexual activity including vaginal, oral, and anal sex. In Florida, three bacterial STDs are reportable to the Department of Health: chlamydia, gonorrhea, and syphilis. According to the CDC, in 2017, nearly 2.3 million cases of chlamydia, gonorrhea, and syphilis were diagnosed. They stated this was the fourth consecutive year of sharp increases in these STDs. Most STDs affect both men and women, but in many cases the health problems they cause can be more severe for women. Bacterial STDs can result in infertility, pain, and discharge. If a pregnant woman has an STD, it can cause serious health problems for the fetus including miscarriage and stillbirth. Correct usage of condoms reduces, but does not eliminate, the risk of catching or spreading STDs. For more information on prevention and treatment for all STDs, please visit the following CDC website: www.cdc.gov/std/.



Bacteria STD Rates - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	472.3	486.8	502.8	521.9	547.5	581.3	621.2	652.0
Florida	525.6	525.2	529	538.1	549.1	575.9	607.9	649.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The Miami-Dade County STD rates have increased over time similarly to the Florida rate. Recent STD rates for the County are higher than the Florida rate.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on sexually transmitted diseases are available through the following organizations:

- Florida Health "STD Prevention" http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/
- Project Connect https://www.cdc.gov/std/projects/connect/default.htm
- STD Awareness Month https://www.cdc.gov/std/sam/index.htm

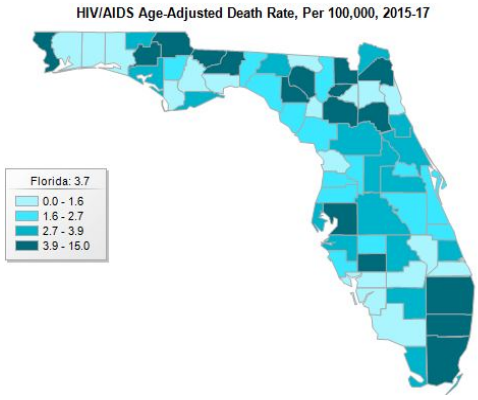
Health Outcomes-Reportable and Infectious Diseases

HIV/AIDS

Indicator: Age-adjusted death rate per 100,000 population due to HIV/AIDS.

Why is this Important?

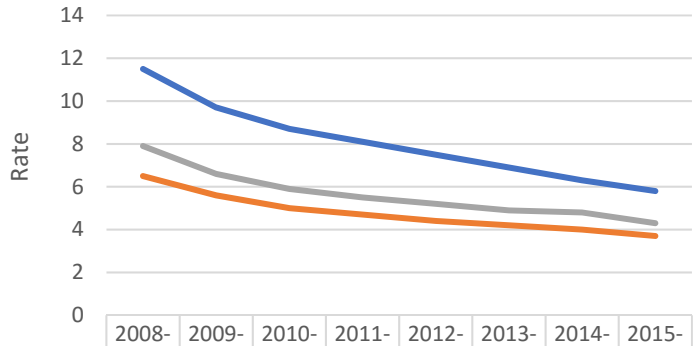
HIV is a viral infection that gradually destroys the immune system. AIDS (Acquired Immune Deficiency Syndrome) is the final and most serious stage of HIV disease, which causes severe damage to the immune system. According to the CDC , HIV is spread mainly through anal or vaginal sex or by sharing drug-use equipment (e.g., needles) with an infected person, perinatal transmission, breastmilk. Some populations in the United States are more likely to get HIV than others because of many factors including their risky behaviors, the status of their sex partners, and where they live.



In FLCHARTS HIV/AIDS is measured based on an estimated one million people who are currently living with HIV in the United States, with approximately 40,000 new infections occurring each year. Seventy percent of these new infections occur in men, and 30% occur in women. HIV/AIDS mortality rate reflects the health and wellbeing of the population as well as the quality of the healthcare available. The CDC recommends that healthcare providers routninely test everyone 13 to 64 years of age and perform repeated testing for those who are considered high risk for HIV/More information is available through the CDC's website www.cdc.gov/hiv/.

HIV/AIDS Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	11.5	9.7	8.7	8.1	7.5	6.9	6.3	5.8
Florida	6.5	5.6	5.0	4.7	4.4	4.2	4.0	3.7
Peer Counties Average	7.9	6.6	5.9	5.5	5.2	4.9	4.8	4.3

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, HIV/AIDS death rates are favorably decreasing in Miami-Dade County. Rates are higher than Florida rates and Peer Counties Average rates.

A Healthy People 2020 national health target is to reduce HIV infection deaths to 3.3 deaths per 100,000 population. At a recent rate of 5.8, Miami-Dade County has yet to meet this national health goal.

Health Outcomes-Reportable and Infectious Diseases

HIV/AIDS

According to the CDC, In the United States, 38,739 people received an HIV diagnosis in in 2017. Of those, gay and bisexual men are most affected by HIV in the United States accounting for 66% of all HIV diagnoses. The most affected subpopulations with new HIV diagnoses include Black men having sex with men (MSM), Hispanic/Latino MSM, White MSM, and Black Heterosexual Females.

Age-Adjusted HIV/AIDS Death Rate by Sex and Race in Miami-Dade County, FL, 2011-2017
(3-Year Rolling Rate per 100,000 Population)

	2011-13		2012-14		2013-15		2014-16		2015-17	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Overall	675	8.1	640	7.5	609	6.9	567	6.3	538	5.8
Gender										
Female	238	5.7	222	5.1	199	4.5	192	4.2	191	4.1
Male	437	10.8	418	10.1	410	9.7	375	8.7	347	7.9
Race										
White	214	3.2	198	2.9	198	2.8	191	2.6	183	2.5
Black	448	30.3	428	28.4	394	25.7	367	23.8	348	22.2

Source

As presented in the table, more Miami-Dade County males have died from HIV/AIDS in comparison to females since 2011-13. Between 2014 and 2017, 722 males and 383 females died from HIV/AIDS in Miami-Dade County. The CDC estimates that 1 in 51 men in the United States will be diagnosed with HIV at some point in their life. According to the CDC, the following health behaviors contribute to the risk of HIV among men:

- Sexual contact: Most HIV infections in men are transmitted through sexual contact specifically anal sex.
- Sexually transmitted diseases: The presence of some STDs greatly increase the likelihood of acquiring or transmitting HIV.
- Injection drug and other substance abuse: The use of sharing needles and injection drug use may increase the risk of HIV infection through injection equipment being contaminated with HIV.

As presented above, HIV deaths are highest among Miami-Dade County's Black population. Nationally, when compared to White men and women, Black men and women are eight times more likely to have HIV and Latino men and women are three times more likely. HIV-related stigma refers to negative beliefs, feelings and attitudes towards people living with HIV, their families, people who work with them (HIV service providers), and members of groups that have been heavily impacted by HIV, such as gay and bisexual men, homeless people, street youth, and mentally ill people. The CDC reports stigma, fear, discrimination, and homophobia may place many African Americans at higher risk for HIV. Additionally, the socioeconomic issues associated with poverty—including limited access to high- quality health care, housing, and HIV prevention education—directly and indirectly increase the risk for HIV infection and affect the health of people living with and at risk for HIV. These factors may explain why African Americans have worse outcomes on the HIV continuum of care, including lower rates of linkage to care and viral suppression.

Health Outcomes-Reportable and Infectious Diseases

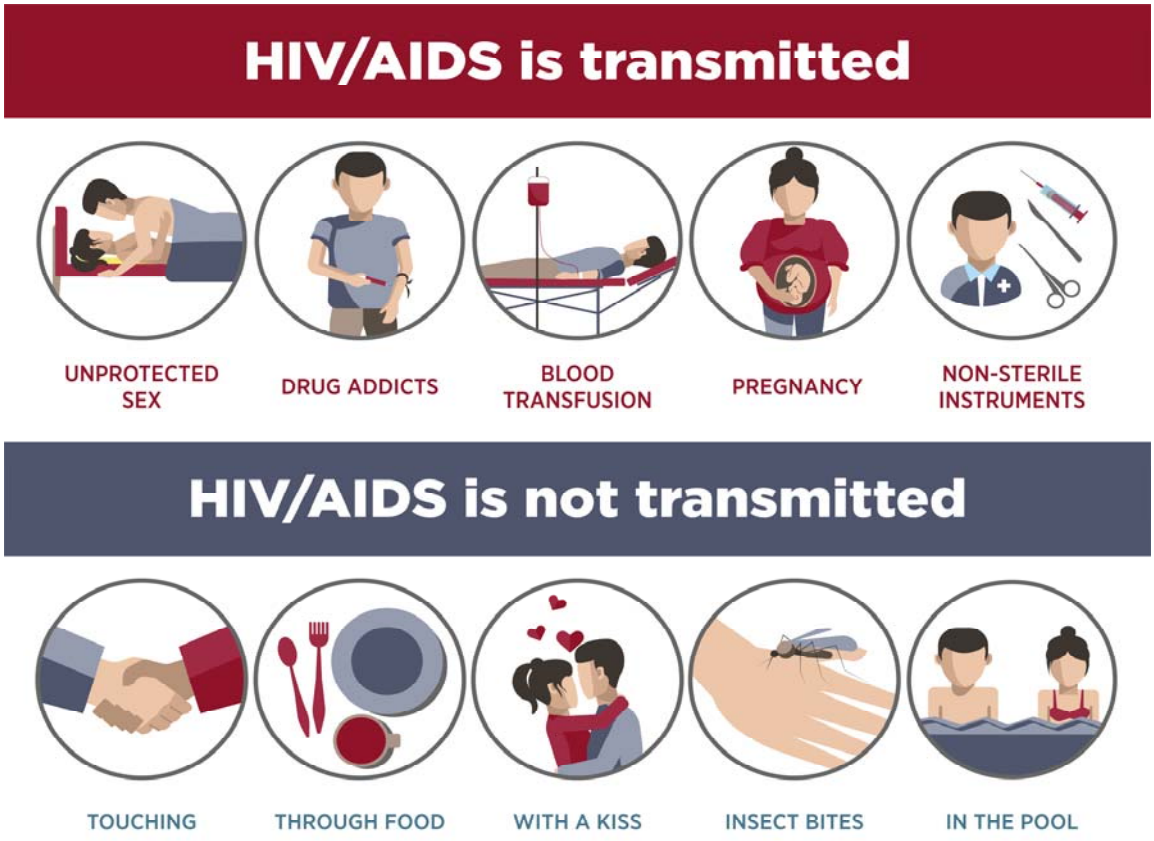
HIV/AIDS

According to FLCHARTS, in 2017, 27,969 residents in Miami-Dade County were living with HIV - a rate of 1,015.3 per 100,000 population. This rate is higher than the statewide rate (568.9 per 100,000 population). Most HIV and AIDS cases originate from specific zip codes, which have the highest poverty rates, the largest numbers of uninsured or under insured individuals, and higher concentrations of African Americans in the county. DOH-Miami-Dade and the Miami-Dade County, Office of Community Advocacy have made a community investment to address the HIV/AIDS epidemic. The establishment of the Getting 2 Zero initiative was in alignment with the Mayor's taskforce recommendations. Last year, a resolution declared the third week in February as "Getting 2 Zero Miami-Dade County Awareness Week." The Getting 2 Zero initiative is a movement to reduce new HIV/AIDS infections, increase access to care, reduce stigma, and to promote health equality in the community. The second phase of this campaign focuses on pre-exposure prophylaxis (or PrEP) and condoms. During this week an array of services are offered, which include HIV/STD testing, and an educational forum with topics on HIV, PrEP, nutrition, mental health, and opioids.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on HIV/AIDS are available through the following organizations:

- To find places near you that offer confidential HIV testing: Visit gettested.cdc.gov, Text your ZIP code to KNOW IT (566948), or Call 1-800-CDC-INFO (1-800-232-4636).
- Florida HIV/AIDS Hotline 1-800-FLA-AIDS or 1-800-352-2437
- Test Miami https://www.testmiami.org/get-tested
- Ryan White HIV/AIDS Program https://hab.hrsa.gov/get-care/get-hiv-care



Health Outcomes-Reportable and Infectious Diseases

Vaccine Preventable Diseases

Indicator: Vaccine preventable disease rate per 100,000 population. This indicator measures the following vaccine preventable diseases: acute hepatitis B, diphtheria, measles, mumps, pertussis, polio, rubella, and tetanus.

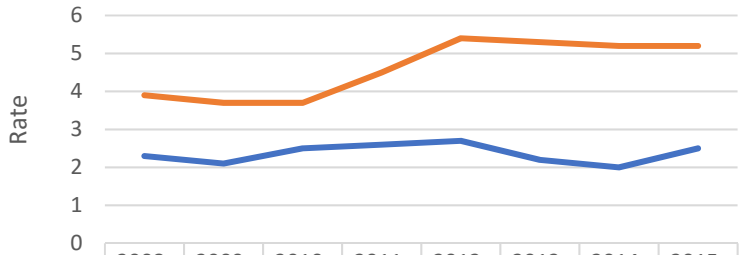
Why is this Important?

Vaccines are one of the ten great public health achievements of the 20th century. Vaccination is the procedure in which a vaccine (a preparation that contains a killed or weakened pathogen) is introduced into the body to raise an immune response against a disease-causing microbe such as a virus or bacterium. Through reducing the risk of infection, vaccines have saved billions of lives, reduced the burden of disability, and contributed to a longer lifespan. It is important to note that it does not only protect those vaccinated, but also protects your community. When a large portion of a population is vaccinated against infectious diseases, there is less opportunity for those diseases to spread from person to person. Individuals not vaccinated (such as newborns and expectant mothers) are then provided some protection from those diseases. This concept is known as herd immunity. The Florida Department of Health recognizes the maintenance of high immunization levels contributes positively to the state's economy by keeping lower disease incidence, lower healthcare costs, ensuring travelers that they may confidently visit Florida without contracting a vaccine-preventable disease, and improves school attendance. In the United States, sustained high vaccination rates have led to a 99% and higher favorable decline in deaths from diphtheria, mumps, pertussis, and tetanus. For more information, please visit the following CDC website: www.cdc.gov/vaccines.

Selected Vaccine Preventable Disease Rate for All Ages - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population

The vaccine preventable disease rate increased in Miami-Dade County from 2011-13 to 2012-14. The most recent vaccine preventable disease rates for Miami-Dade County are lower than the Florida Rates.



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	2.3	2.1	2.5	2.6	2.7	2.2	2.0	2.5
Florida	3.9	3.7	3.7	4.5	5.4	5.3	5.2	5.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on vaccine preventable diseases are available through the following organizations:

- Immunization Services of the Florida Department of Health in Miami-Dade http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/index.html
- National Immunization Surveys (NIS) https://www.cdc.gov/vaccines/imz-managers/nis/index.html
- Vaccines and Preventable Diseases
    - https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html
    - http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/

Health Outcomes-Reportable and Infectious Diseases

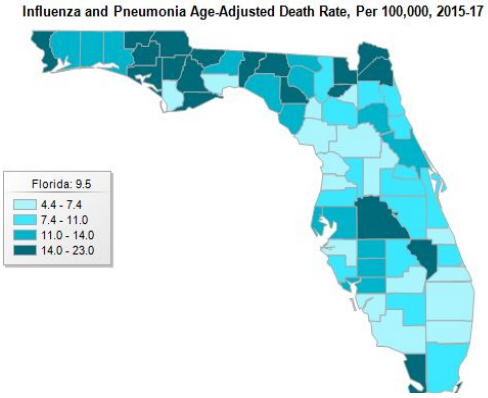
Influenza and Pneumonia

Indicator: Age-adjusted death rate per 100,000 population due to influenza and pneumonia.

Why is this Important?

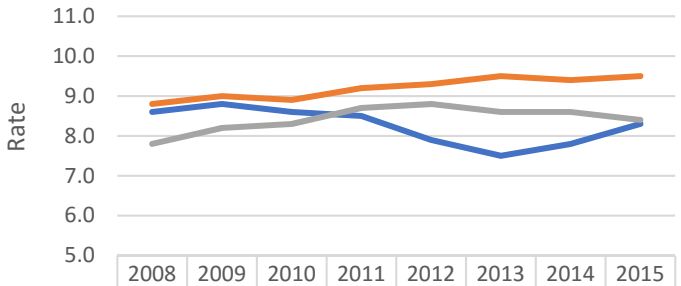
Influenza and pneumonia continue to rank among the leading causes of death in the United States and Miami-Dade County. In 2017, influenza and pneumonia killed 3,040 Floridians, 330 of which were Miami-Dade County residents. Influenza (also known as flu) is a contagious respiratory illness caused by flu viruses. Most people who get the flu will recover in a few days, but some people will develop complications (such as pneumonia) as a result of the flu. Populations most at risk of dying from influenza include the elderly, the very young, and the immune-compromised. Pneumonia is an infection of the lungs mainly caused by bacteria, viruses, and mycoplasmas that can cause mild to severe illness in people of all ages. Populations most at risk of dying from pneumonia include people with underlying conditions and those who smoke. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

The influenza age-adjusted death rate for Miami-Dade County is lower than peer county and state rates, however it should be noted that the county rate for 2015-2017 did increase when compared to 2014-2016 rates.



Influenza and Pneumonia Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate Per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	8.6	8.8	8.6	8.5	7.9	7.5	7.8	8.3
Florida	8.8	9.0	8.9	9.2	9.3	9.5	9.4	9.5
Peer Counties Average	7.8	8.2	8.3	8.7	8.8	8.6	8.6	8.4

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on influenza and pneumonia are avaliable through the following organizations:

- The Flu: Guide for Parents: http://www.cdc.gov/flu/freeresources/family/flu-guide-for-parents-2018.pdf
- National Influenza Vaccination Weeks: https://www.cdc.gov/flu/resources

Health Outcomes-Reportable and Infectious Diseases

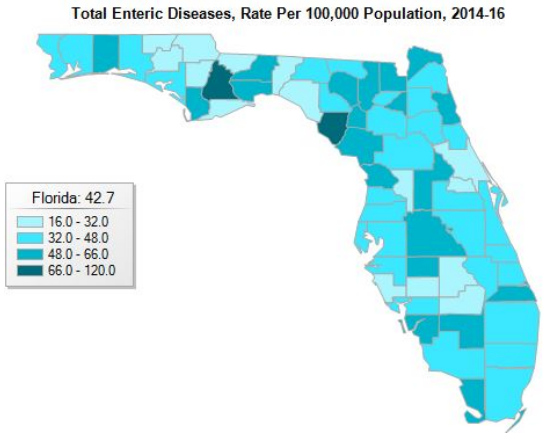
Enteric Diseases

Indicator: Rate of selected confirmed enteric diseases per 100,000 population. Pre-2009 include three different types of E.coli From 2009-2012 includes: campylobacteriosis, cryptosporidiosis, cyclosporiasis, escherichia coli, shiga toxin producing, giardiasis, hepatitis a, salmonellosis, shigellosis, and typhoid fever.

Why is this important?

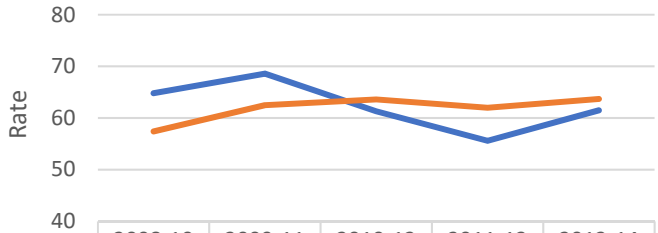
Enteric diseases also known as foodborne illnesses. Enteric diseases are caused by enteric bacteria that typically enter the body through the mouth. They are acquired through contaminated food and water, by contact with animals or their environments, and through contact with the feces of an infected person. Some commonly known enteric diseases are Cholera, Typhoid fever, Salmonella, and Escherchia Coli or E. Coli. Every year, millions of cases of foodborne illness and thousands of associated deaths occur in the United States, and the illness burden is even higher in developing countries. Each year it is estimated that 1 in 6 Americans gets sick from eating contaminated food. Many cases and deaths can be prevented through food safety practices such as handwashing and storing foods at proper temperatures. The CDC tracks foodborne illnesses and collaborates with state and local health departments and other federal agencies to investigate foodborne outbreaks. The Florida Department of Health monitors enteric diseases through state, county, and ongoing local efforts. Florida law requires medical providers to report enteric disease cases.

Overall, enteric disease rates have fluctuated over time. Since 2011-13 the enteric disease rates have unfavorably increased. The recent County rate is lower than the State rate.



Total Enteric Diseases Rate - Miami-Dade County and Florida, 2008-2014

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14
Miami-Dade	64.8	68.6	61.3	55.6	61.5
Florida	57.4	62.5	63.6	62.0	63.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

For more information on reportable disease requirements in Florida, please visit: www.FloridaHealth.gov/diseases-and-conditions/. For foodborne outbreak tracking and reporting, please visit CDC's website: https://www.cdc.gov/foodsafety/.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for enteric disease prevention are available through the following organizations:

- Four Steps to Food Safety https://www.cdc.gov/foodsafety/keep-food-safe.html
- United States Department of Agriculture https://www.fns.usda.gov/food-safety/food-safety-resources

Health Outcomes-Reportable and Infectious Diseases

Zoonotic Diseases

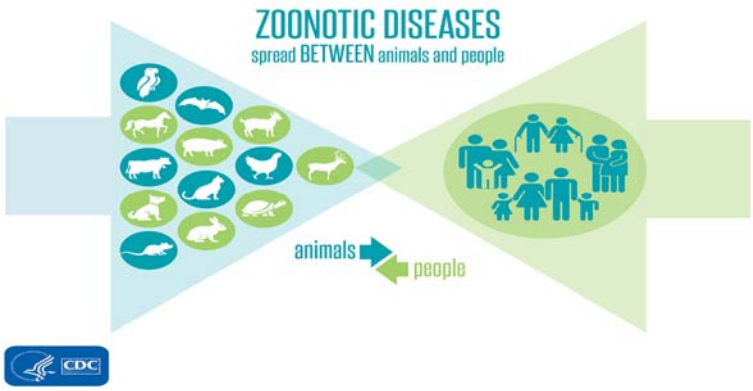
Why is this important?

Zoonotic diseases (also known as zoonoses) are caused by infections that spread between animals and people. It can also be caused by viruses, bacteria, parasites, and fungi. They include rabies, malaria, and Lyme disease. In Miami-Dade reporting, prevention and treatment of zoontic diseases are highly tracked. Sometimes people with zoonotic infections can be very sick, but some people have no symptoms and do not ever get sick. Other people may have symptoms such as diarrhea, muscle aches, and fever. Food may also be a source for some zoonotic infections when animals such as cows and pigs are infected with parasites. Every year, tens of thousands of Americans will get sick from diseases spread between animals and people. These diseases can cause sickness or death in people which is always tracked and reported by the CDC. Regular handwashing is one of the best practices to remove germs, prevent the spread of germs to others, and avoid getting sick. For more information on prevention and treatment, please visit CDC's website: www.cdc.gov/zoonotic/gi/.

Simple Steps to Protect Yourself and Your Family from Zoonotic Diseases

Make sure your pet is under a veterinarian's care to help protect your pet and your family from possible parasite infections.

- Practice the four **Ps**: **P**ick up **P**et **P**oop **P**romptly (dispose of properly)
- Wash your hands frequently, especially after touching animals and if in contact with animal feces.
- Follow proper food-handling procedures to reduce the risk of transmission from contaminated food.
- For people with weakened immune systems, be especially careful of contact with animals that could transmit these infections.



Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

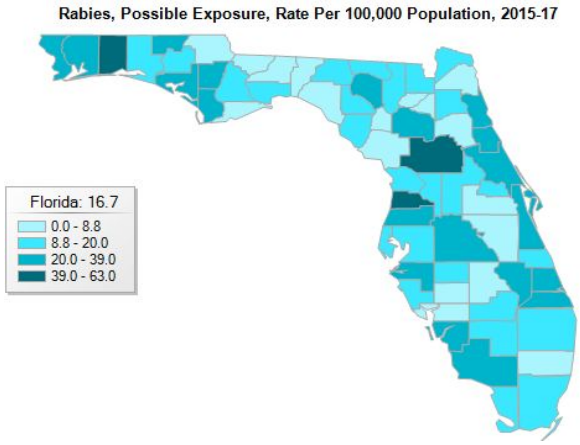
Information and supportive resources on zoonotic diseases are available through the following organizations:

- CDC's Transmission of Parasitic Diseases https://www.cdc.gov/parasites/transmission/index.html
- Florida Health: Animal Contact and Human Health http://www.floridahealth.gov/diseases-and-conditions/diseases-from-animals/index.html
- Healthy Pets, Healthy People https://www.cdc.gov/healthypets/

Health Outcomes-Reportable and Infectious Diseases

Rabies

Indicator: Rate of possible exposure to rabies in Miami-Dade per 100,000 population.



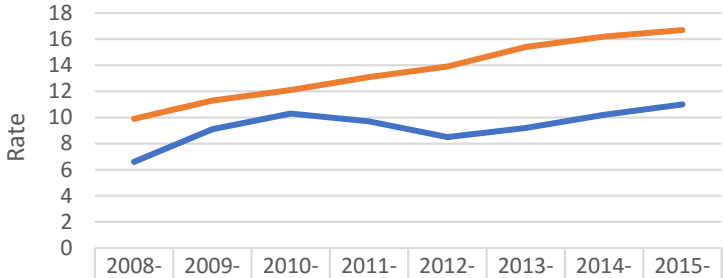
Why is this important?

According to the CDC, "Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal". Most rabies cases reported each year to occur in wild animals like raccoons, skunks, bats, and foxes. Most cases in Florida occur in these same animals which can spread to unvaccinated pets, which then pose a high risk to pet owners and their families. The rabies virus can cause a nearly 100% fatal illness in humans and other mammals, meaning within days of the onset of symptoms, the human or animal bitten will likely die from rabies.

Receiving medical attention quickly after exposure has the potential to save a life. Any person exposed to rabies (e.g., a person scratched or bitten by a wild or unvaccinated mammal) must seek immediate medical attention. A consultation with the state or local health department or a health care provider will decide if an individual requires a rabies vaccination, known as post-exposure prophylaxis (PEP). The decision will be based on the individual's exposure, the animal the individual was exposed to, and laboratory and surveillance information for the area in which the individual was exposed. If you see a wild animal acting strangely, call your local animal control officer.

Possible Exposure to Rabies Rate

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	6.6	9.1	10.3	9.7	8.5	9.2	10.2	11.0
Florida	9.9	11.3	12.1	13.1	13.9	15.4	16.2	16.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

Tips to Prevent and Protect from Rabies

- Vaccinate your dogs, cats, and ferrets against rabies.
- Keep your pets under your supervision so they do not catch rabies from a wild animal.
- If you are bitten by an animal, wash the wound with

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on rabies are available through the following organizations:

- CDC's Rabies Information https://www.cdc.gov/rabies/
- National Rabies Management Program http://www.aphis.usda.gov/aphis/ourfocus/wildlifedamage/programs/nrmp

Health Outcomes-Reportable and Infectious Diseases

Zika

Indicator: Zika virus cases for Florida in 2018.

Why is this important?

Zika is a disease caused by the Zika virus, spread to people primarily through the bite of an infected *Aedes* species mosquito (*Aedes aegypti* and *Aedes albopictus*). The mosquitos that spread Zika are found in many countries around the world and can bite during the day and at night. The Zika virus can also be spread from person to person through sexual contact or from a pregnant woman to her baby during pregnancy or childbirth.

Many people infected with the Zika virus will not have any symptoms or will only have mild symptoms and will recover without concern. The most common symptoms are fever, rash, headache, joint pain, red eyes, and muscle pain. Symptoms can last for several days to a week. It is very rare that the illness is so severe that an individual must be hospitalized for this disease. However, Zika virus infection during pregnancy can cause severe fetal brain defects such as microcephaly, a condition where a baby's brain does not develop normally, and his or her head is smaller than expected.

As of 2018, there have been no cases in Miami-Dade of Zika virus transmission by mosquitoes. There were a total of 113 statewide cases and 111 travel cases. However, Zika is still a threat internationally. A person who believes that they may have Zika should consult his or her health care provider. If the health care provider thinks a Zika test is appropriate based on the guidelines from the CDC and the Florida Department of Health, the person should contact their local health department for further assistance.

The Florida Department of Health reminds residents and visitors that it is vital to "Drain and Cover." DOH-Miami-Dade encourages everyone to take simple precautions to protect themselves and their neighbors from mosquito-borne illnesses, which have received increased attention recently in Florida. Residents are encouraged to drain standing water, wear proper clothing, and use Environmental Protectin Agency (EPA) regulated insect repellant.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on Zika are available through the following organizations:

- Call 311 to report Mosquitos
- CDC Zika Travel Information https:///wwwnc.cdc.gov/travel/page/zika-travel-informatoin
- Zika Free Florida https://zikafreefl.org

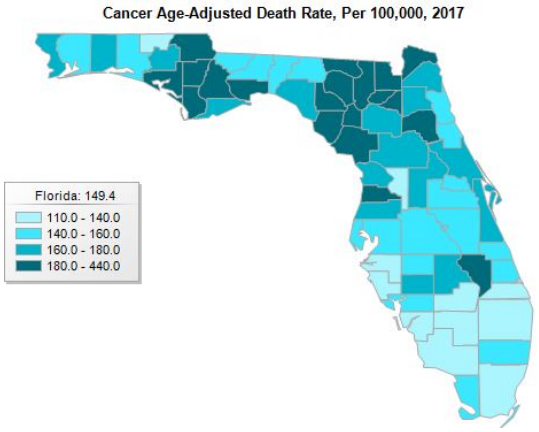
Health Outcomes-Chronic Diseases

Cancer

Indicator: Age-adjusted death rate per 100,000 population due to cancer.

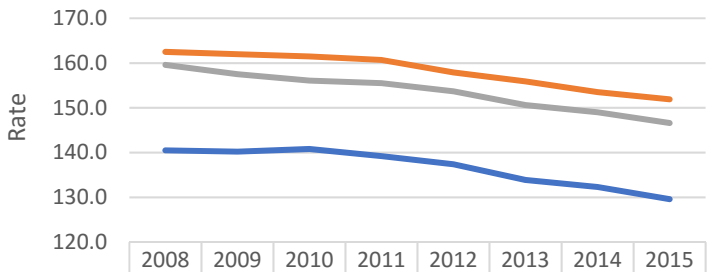
Why is this important?

Cancer is the second leading cause of death in Miami-Dade County and also a leading cause of death in the United States and Florida. According to FLCHARTS, cancer is a class of diseases in which a cell or a group of cells display uncontrolled growth, invasion (intrusion on and destruction of adjacent tissues), and sometimes metastasis (spread to other locations in the body via lymph or blood system). There are more than 100 different types of cancers. Classification is according to their organ or tissue of origin. Reported by the CDC, United States Cancer statistics, the most common cancers among men include prostate, lung and bronchus, and colorectal (colon), while among women they include breast, uterus, and urinary bladder. One-half of new cases of cancer occur in people aged 65 years and over. Some risk factors for cancer may be reduced through healthy behavior and lifestyle changes such as keeping a healthy body weight, avoiding tobacco use, limiting alcohol use and using proper skin protection. More information about cancer is available via the webpage www.cdc.gov/cancer.



Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	140.5	140.2	140.8	139.2	137.4	133.9	132.3	129.6
Florida	162.5	162.0	161.5	160.7	157.9	155.9	153.5	151.9
Peer Counties Average	159.6	157.5	156.1	155.5	153.7	150.6	149.0	146.6

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The cancer death rates in Miami-Dade County, FL and the Peer Counties Average has been decreasing since 2008-10. The most recent cancer mortality rate for Miami-Dade County, 2015-17 is lower compared to the Peer Counties Average rates and the State rate.

The Healthy People 2020 target is to reduce the overall cancer death rate to 161.4 deaths per 100,000 population. With a most recent rate of 128.2 per 100,000 population. Miami-Dade County, the Healthy People Target 2020.

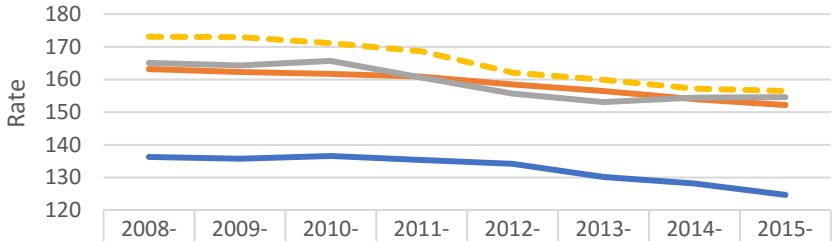
Health Outcomes-Chronic Diseases

Cancer

Stratified by race, the cancer death rate for Miami-Dade County's White population has been decreasing since 2011-13. In recent years, Miami-Dade County's Black population cancer death rate has decreased to a slightly lower death rate than the Florida rate; however, it is still higher when compared to the White population in Miami-Dade.

Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 population



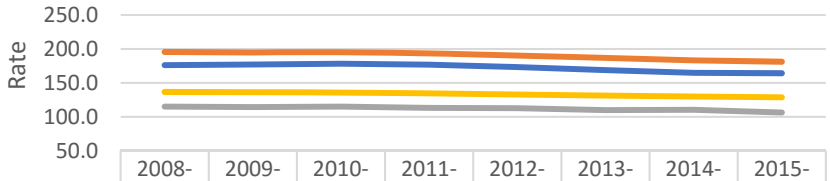
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	136.3	135.8	136.6	135.4	134.2	130.2	128.2	124.7
White - Florida	163.2	162.3	161.7	160.9	158.5	156.5	154.0	152.2
Black - Miami-Dade County	165.1	164.3	165.7	160.6	155.7	153.1	154.5	154.6
Black - Florida	173.1	173.0	171.1	168.6	162.1	159.9	157.2	156.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stratified by sex, cancer death rates are decreasing among males and females in Miami-Dade County and Florida. The death rates for the male residents in Miami-Dade County are higher compared to female residents in Miami-Dade County; this trend is also seen with the state's rate.

Cancer Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	176.2	177.1	178.2	176.8	173.4	168.9	164.9	164.2
Male - Florida	195.6	194.7	194.9	193.8	190.0	187.0	183.3	181.2
Female - Miami-Dade County	115.1	114.3	115.0	113.2	112.7	110.0	110.4	106.3
Female - Florida	136.6	136.4	135.6	134.8	132.7	131.3	129.9	128.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Outcomes-Chronic Diseases

Cancer

Cancer Age-Adjusted Death Rate by Ethnicity, 2011-2017 (3 Year-Rolling Rate per 100,000 Population)

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	7,621	130	7,858	130.3	7,944	126.8	8,176	124.3	8,304	120.7
Hispanic – Florida	13,937	122.5	14,642	123.1	15,096	120.8	15,901	120.4	16,504	118.3
Non-Hispanic - Miami-Dade	4,569	155.2	4,544	149.5	4,542	146.5	4,577	147.3	4,633	146.8
Non-Hispanic – Florida	111,017	167.6	111,459	164.4	113,108	162.6	114,143	159.9	115,995	158.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The above table includes the counts and rates for cancer deaths by ethnicity for Miami-Dade County, and Florida. The most recent counts in Miami-Dade County, are lower than the State cancer death counts for both Hispanic and non-Hispanic populations. Overall, the cancer death rates and counts in Miami-Dade County for both the Hispanic and non-Hispanic population have been decreasing over time.

Estimated New Cases and Deaths from Cancer in the United States in 2018

New cancer cases: 1,735,350

Cancer deaths: 609,640

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/all.html

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on cancer are available through the following organizations:

- American Cancer Society https://www.cancer.org/
- National Comprehensive Cancer Control Program (NCCCP) https://www.cdc.gov/cancer/nccc/
- National Program of Cancer Registries https://www.cdc.gov/cancer/npcr/

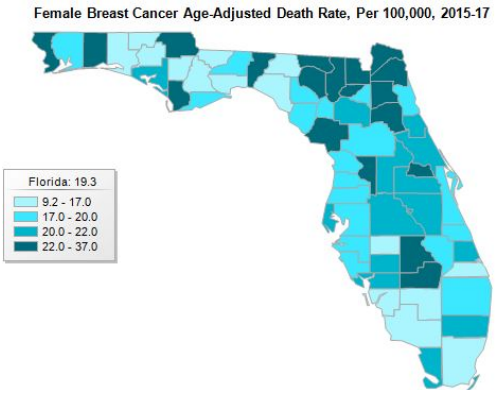
Health Outcomes-Chronic Diseases

Breast Cancer

Indicator: Age-adjusted death rate per 100,000 population due to female breast cancer.

Why is this important?

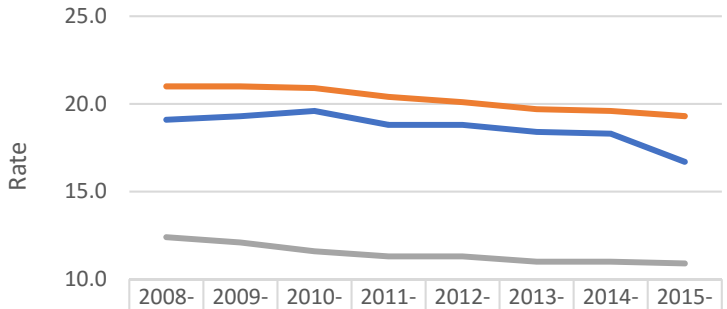
Breast cancer is a type of disease originating from breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk. The most common kinds of breast cancer include cancers originating from ducts, known as ductal carcinomas and those originating from lobules are known as lobular carcinomas. The second leading cause of death among women in the United States is breast cancer. While it is not as common in men, they can also develop this disease.



The CDC reports about 242,500 females and about 2,100 males are diagnosed with breast cancer each year. A health care provider should conduct a clinical breast exam, explain the benefits of regular self-breast exams, and identify the appropriate time to get a mammogram (breast x-ray). Breast cancer screening allows for early detection and treatment.

Female Breast Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	19.1	19.3	19.6	18.8	18.8	18.4	18.3	16.7
Florida	21.0	21.0	20.9	20.4	20.1	19.7	19.6	19.3
Peer Counties Average	12.4	12.1	11.6	11.3	11.3	11.0	11.0	10.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

The breast cancer death rate in Miami-Dade County, has been slightly decreasing since 2013-15. The most recent cancer death rate in Miami-Dade County is unfavorably higher than the Peer Counties Average rates and the State rate.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females. At a recent rate of 16.7 deaths per 100,000 females, Miami-Dade County has met the national health target.

Estimated New Cases and Deaths from Female Breast Cancer in the United States in 2018

New Female breast cancer cases: 266,120 (15.3% of all new cancer cases)
Female breast cancer deaths: 40,920 (6.7% of all cancer deaths)

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/breast.html

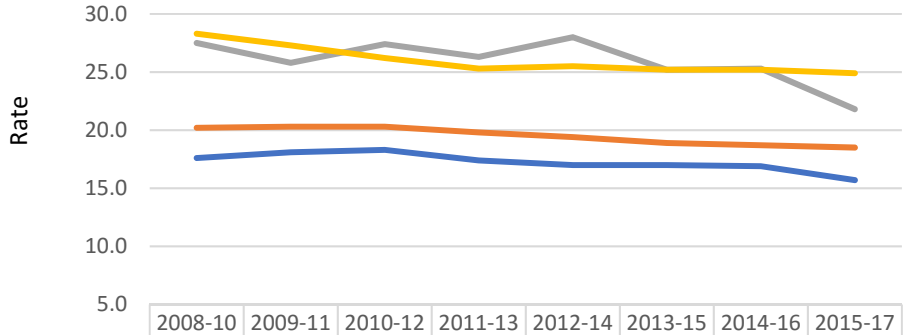
Health Outcomes-Chronic Diseases

Breast Cancer

Breast cancer death rates are favorably decreasing among Miami-Dade County's Black and White population and are lower than the state rates, respectively.

Female Breast Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate Per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	17.6	18.1	18.3	17.4	17.0	17.0	16.9	15.7
White - Florida	20.2	20.3	20.3	19.8	19.4	18.9	18.7	18.5
Black - Miami-Dade County	27.5	25.8	27.4	26.3	28.0	25.2	25.3	21.8
Black - Florida	28.3	27.3	26.2	25.3	25.5	25.2	25.2	24.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Breast Cancer Age-Adjusted Death Rate by Ethnicity, 2011-2017 (3 Year-Rolling Rate per 100,000 Population)

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	557	16.6	569	16.5	579	16.1	604	16.0	588	15.0
Hispanic – Florida	1,057	16.0	1,119	16.2	1,132	15.7	1,198	15.7	1,181	14.7
Non-Hispanic - Miami-Dade	369	23.3	385	23.7	383	23.3	381	23.2	337	20.1
Non-Hispanic – Florida	7,282	21.4	7,298	21.0	7,308	20.7	7,395	20.5	7,492	20.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented above, the counts and rates for breast cancer by ethnicity in Miami-Dade County, and Florida are included. Rates of breast cancer among Hispanics are higher in Miami-Dade County than the state;however rates among non-Hispanics are lower among Miami-Dade County residents as compared to Florida rates.

Health Outcomes-Chronic Diseases

Breast Cancer

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on breast cancer are available through the following organizations:

- Bring Your Brave Campaign https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/
- Florida Breast Cancer Foundation https://www.floridabreastcancer.org/
- Miami Cancer Institute: Breast Cancer https://baptisthealth.net/cancer-care/adultpatients/cancer-types/breastcancer/about
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP) https://www.cdc.gov/cancer/nbccedp/
- Susan G. Komen Foundation https://ww5.komen.org/
    - Additional Local Resources https://komenmiaftl.org/about-breast-cancer/understanding-breast-cancer/resources/

Did you know?

While breast cancer is not as common in men as it is in women, male breast cancer does occur. According to the American Cancer Society, about 2,670 new cases of invasive breast cancer are diagnosed each year in men and 500 men will die from breast cancer. While the disease is less common in men, you should know the symptoms.

- A lump or swelling, which is often (but not always) painless
- Skin dimpling or puckering
- Nipple retraction (turning inward)
- Redness or scaling of the nipple or breast skin
- Discharge from the nipple

Source: American Cancer Society www.cancer.org

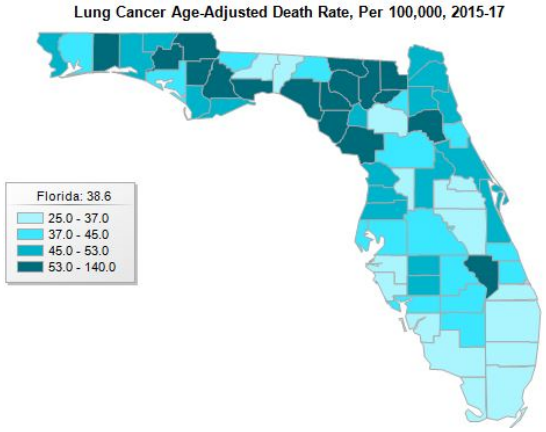
Health Outcomes-Chronic Diseases

Lung Cancer

Indicator: Age-adjusted death rate per 100,000 population due to lung cancer.

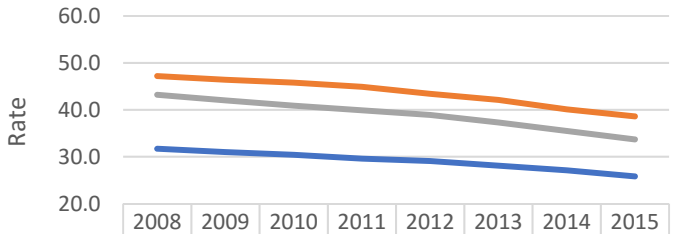
Why is this important?

Lung cancer is a disease in which cells grow out of control in the tissues of the lung. Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body, such as the brain. Cancer from other organs may also spread to the lungs. The process of metastases is when cancer cells spread from one organ to another. Lung cancers are grouped into two main types: small cell and non-small cell. These types of lung cancer grow differently and have different treatments. Most primary lung cancers are carcinomas of the lung, resulting from epithelial cells. The most common cause of lung cancer is long-term exposure to tobacco smoke. The occurrence of lung cancer in nonsmokers, who account for as many as 15% of cases, is often attributed to a combination of genetic factors, radon gas, asbestos, and air pollution including secondhand smoke.



Lung Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	31.7	31.0	30.4	29.6	29.1	28.1	27.1	25.8
Florida	47.2	46.4	45.8	44.9	43.4	42.1	40.1	38.6
Peer Counties Average	43.2	42.0	40.9	39.9	38.9	37.3	35.5	33.7

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The lung cancer death rate in Miami-Dade County has been favorably decreasing since 2009-11. The Peer Counties Average rates have also been decreasing since 2009-11. The Miami-Dade County most recent cancer death rate 2015-17 is significantly lower compared to the Peer Counties Average rates and the State rate. The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 populations. At a most recent rate (2015-17) of 25.8 deaths per 100,000 population, Miami-Dade County, has met the national health target.

Estimated New Cases and Deaths from Lung and Bronchus Cancer in the United States in 2018

New lung and bronchus cancer cases: 234,030 (13.5% of all new cancer cases)
Deaths from lung and bronchus cancers: 154,050 (25.3% of all cancer deaths)

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/lungb.html

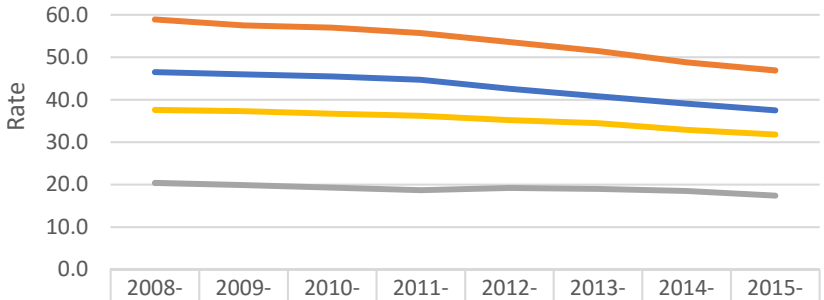
Health Outcomes-Chronic Diseases

Lung Cancer

The lung cancer death rates in Miami-Dade County among the White and Black population have decreased in Miami-Dade County. As presented below, the lung cancer death rates are higher among males in Miami-Dade County than females at more than double the rate.

Lung Cancer Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population

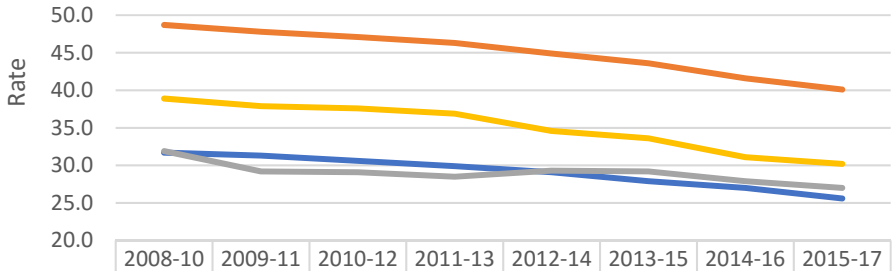


	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	46.5	46.0	45.5	44.7	42.6	40.8	39.1	37.5
Male - Florida	58.9	57.5	57.0	55.7	53.6	51.5	48.8	46.9
Female - Miami-Dade County	20.4	19.9	19.3	18.7	19.2	19.0	18.5	17.4
Female - Florida	37.6	37.3	36.7	36.2	35.2	34.5	32.9	31.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Lung Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	31.7	31.3	30.6	29.9	29.1	27.9	27.0	25.6
White - Florida	48.7	47.8	47.1	46.3	44.9	43.6	41.6	40.1
Black - Miami-Dade County	31.9	29.2	29.1	28.5	29.3	29.2	27.9	27.0
Black - Florida	38.9	37.9	37.6	36.9	34.6	33.6	31.1	30.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Outcomes-Chronic Diseases

Lung Cancer

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on lung cancer are available through the following organizations:

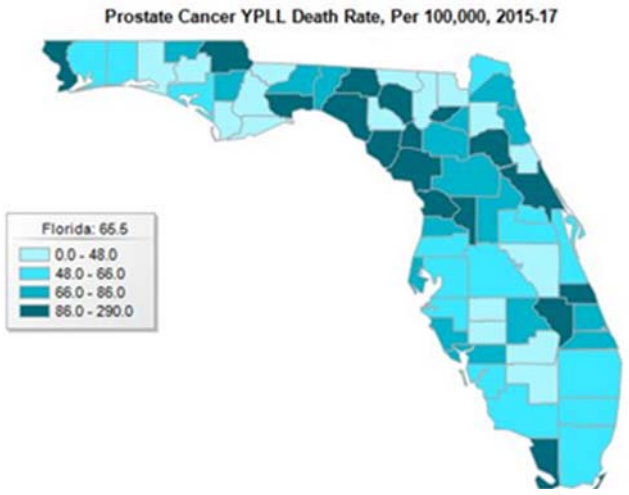
- Lung Cancer Alliance https://lungcanceralliance.org/
- Lung Cancer Foundation https://www.lungcancerfoundation.org/
- Tobacco Free Florida: Miami Dade http://tobaccofreeflorida.com/
- Tobacco Free Workgroup https://www.healthymiamidade.org/committees/tobacco-free-workgroup/
- Department of Health & Human Services (HHS) "Live well. Learn how." https://healthfinder.gov/

Health Outcomes-Chronic Diseases

Prostate Cancer

Indicator: Age-adjusted death rate per 100,000 population due to prostate cancer.

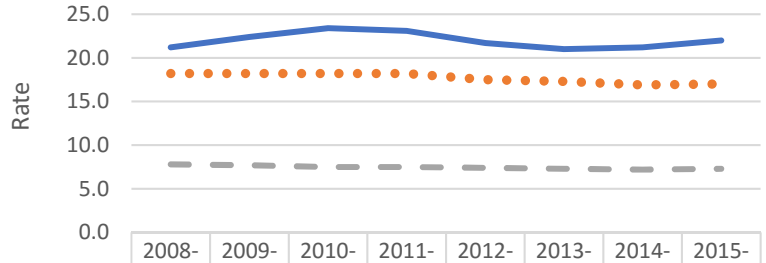
Why is this important?



Prostate cancer is the most common cancer and the second leading cause of cancer death among men in the United States. Prostate cancer is a form of cancer that develops in the prostate, a gland in the male reproductive system. Noted by the National Cancer Institute, in the United States about one in five men will be diagnosed with prostate cancer. Although it is one of the most prevalent types of cancer in men, it usually is slow-growing, and many never show symptoms. Prostate cancer tends to develop in older men who are of 50 years of age and older, are African-American, or who have had a family member like a father, brother, or son who has had prostate cancer. Since men with the condition are older, they often die of causes unrelated to the prostate cancer. About two-thirds of cases are slow growing; the other third of cases are more aggressive and fast developing. The goal of screening for prostate cancer is to find cancers that may be at high risk for spreading if not treated, and to find them early before they spread. Screening for prostate cancer begins with a blood test called a prostate specific antigen (PSA) test. Your doctor is the best person to interpret your PSA test results. More information is available via https://www.cdc.gov/cancer/prostate/index.htm.

Prostate Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	21.2	22.4	23.4	23.1	21.7	21.0	21.2	22.0
Florida	18.2	18.2	18.2	18.2	17.5	17.3	16.9	17.0
Peer Counties Average	7.8	7.7	7.5	7.5	7.4	7.3	7.2	7.3

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The prostate cancer death rate in Miami-Dade County, has been increasing since 2014-16, whereas the Peer Counties Average rates and State rate have remained steady. The Miami-Dade County most recent cancer death rate for 2015-17 are significantly higher than the Peer Counties Average rates and slighltyl higher than the Florida rates.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.8 deaths per 100,000 population. At a recent rate of 22.0 deaths per 100,000 population, Miami-Dade County, has not yet met the Healthy People 2020 Target.

Health Outcomes-Chronic Diseases

Prostate Cancer

Estimated New Cases and Deaths from Prostate Cancer in the United States in 2018

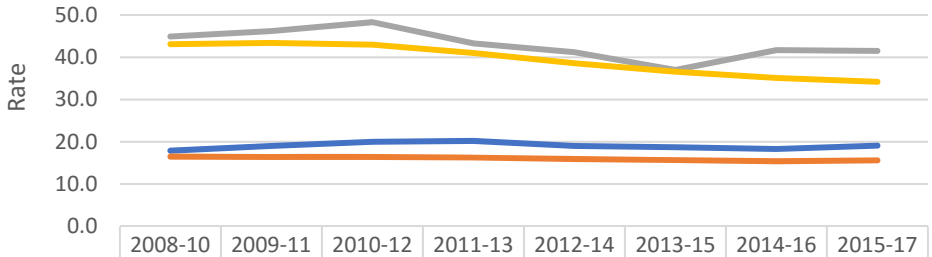
New prostate cancer cases: 164,690 (9.5% of all new cancer cases)

Prostate cancer deaths: 29,430 (4.8% of all cancer deaths)

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/prost.html

Prostate Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	17.9	19.0	20.0	20.2	19.0	18.7	18.3	19.1
White - Florida	16.5	16.4	16.4	16.3	15.9	15.7	15.4	15.6
Black - Miami-Dade County	44.9	46.2	48.3	43.3	41.2	37.0	41.7	41.5
Black - Florida	43.1	43.4	43.0	41.0	38.6	36.6	35.1	34.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, the most recent prostate cancer death rates for Miami-Dade County's Black and White population are higher than Florida rates. There is an evident gap between the prostate cancer death rates between Miami-Dade County's Black and White populations; the rates for the Black population are two times higher than the White population in Miami-Dade.

Prostate Cancer Age-Adjusted Death Rate by Ethnicity, 2011-2017 (3 Year-Rolling Rate per 100,000

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	475	21.0	466	19.8	483	19.5	494	18.8	537	19.5
Hispanic – Florida	787	18.7	805	18.1	839	17.7	879	17.4	948	17.8
Non-Hispanic - Miami-Dade	326	26.6	315	24.8	305	23.3	332	25.4	357	26.6
Non-Hispanic – Florida	5,430	17.9	5,447	17.4	5,563	17.2	5,614	16.8	5,821	16.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The table shows cancer death counts and rates for Miami-Dade County, and Florida by ethnicity. Since 2013-15 the prostate cancer death counts and rates have increased among the non-Hispanic population in Miami-Dade. The most recent prostate cancer death rates have increased in both the Hispanic population and non-Hispanic populations in Miami-Dade.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on prostate cancer are available through the following organizations:

- Know Your Prostate Plan https://www.knowyourprostateplan.com/
- Prostate Cancer Foundation https://www.pcf.prg

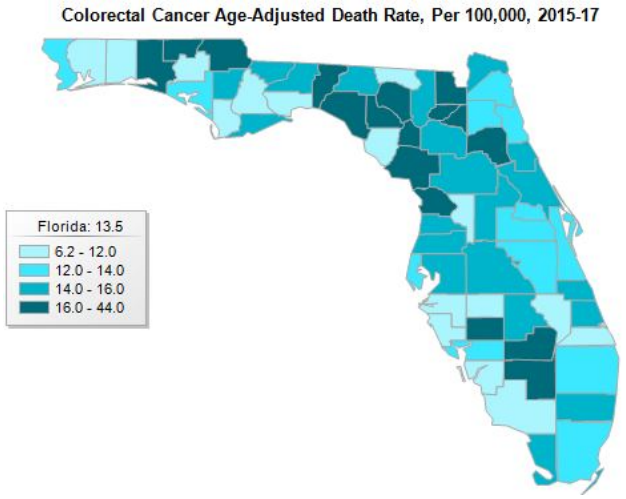
Health Outcomes-Chronic Diseases

Colorectal (Colon) Cancer

Indicator: Age-adjusted death rate per 100,000 population due to colorectal cancer.

Why is this important?

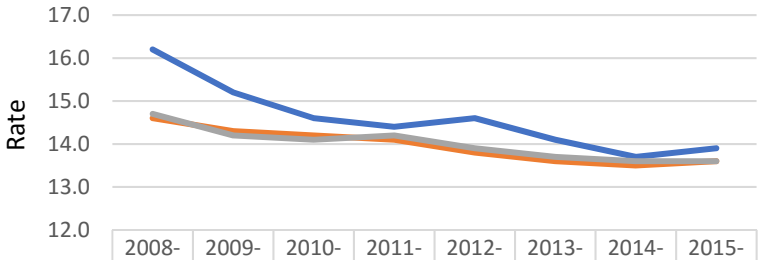
Colorectal cancer is also called colon cancer or rectum cancer. These cancers are usually grouped because they have many characteristics in common. Colorectal cancer includes cancerous growths starting in the colon or rectum. In the United States, colorectal cancer is the third most common cancer in men and women. Colorectal cancers arise from abnormal growths called polyps in the colon or rectum. These mushroom-shaped growths are usually benign, but some develop into cancer over time. Screening tests can find polyps, so they can be removed before turning into cancer. The CDC states that, "More than 90% of cases occur in people who are 50 years old or older."



There are lifestyle factors that may contribute to an increased risk of colorectal cancer. Some of these lifestyle factors include a lack of regular physical activity, a poor diet low in fruit and vegetables, a low-fiber and high-fat diet (diet high in processed meats), unhealthy weight, alcohol consumption, and tobacco use. Overall, the most effective way to reduce your risk of colorectal cancer is to get screened for colorectal cancer annually beginning at the age of 50 years old. It is suggested that getting regular physical activity and keeping a healthy weight may help lower your risk.

Colon Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	16.2	15.2	14.6	14.4	14.6	14.1	13.7	13.9
Florida	14.6	14.3	14.2	14.1	13.8	13.6	13.5	13.6
Peer Counties Average	14.7	14.2	14.1	14.2	13.9	13.7	13.6	13.6

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

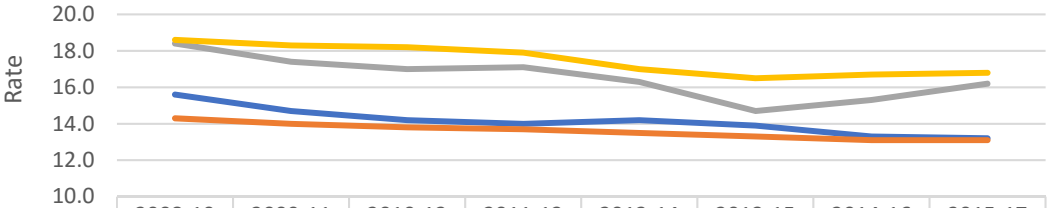
Both the Miami-Dade County and Florida's colorectal cancer death rates have decreased since 2013-15. The most recent colorectal cancer death rate (2015-17) of Miami-Dade County has begun to increase and is slightly higher than the Peer Counties Average and State rates. The Healthy People 2020 national health target is to reduce colorectal cancer death rate to 14.5 deaths per 100,000 population. At a recent rate of 13.9 deaths per 100,000 population, Miami-Dade County has met the Healthy People 2020 Target.

Health Outcomes-Chronic Diseases

Colorectal (Colon) Cancer

Colon Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



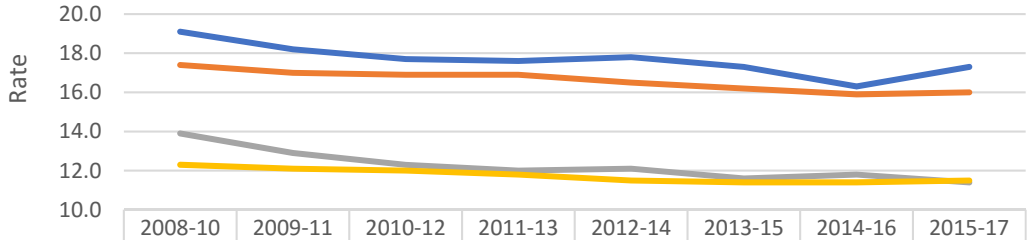
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	15.6	14.7	14.2	14.0	14.2	13.9	13.3	13.2
White - Florida	14.3	14.0	13.8	13.7	13.5	13.3	13.1	13.1
Black - Miami-Dade County	18.4	17.4	17.0	17.1	16.3	14.7	15.3	16.2
Black - Florida	18.6	18.3	18.2	17.9	17.0	16.5	16.7	16.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

In Miami-Dade County, colorectal cancer death rates have decreased over time among the White population, whereas, the Black population in Miami-Dade County colorectal cancer death rates have increased over time. The state rate for colorectal cancer deaths among the White population has also decreased over time since 2012-14 and the State rate for colorectal cancer deaths among the Black population have increased since 2014-16.

Colon Cancer Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	19.1	18.2	17.7	17.6	17.8	17.3	16.3	17.3
Male - Florida	17.4	17.0	16.9	16.9	16.5	16.2	15.9	16.0
Female - Miami-Dade County	13.9	12.9	12.3	12.0	12.1	11.6	11.8	11.4
Female - Florida	12.3	12.1	12.0	11.8	11.5	11.4	11.4	11.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Since 2014-16 the colorectal cancer death rates for males has increased in Miami-Dade County, and has decreased in females. When compared to males in Florida since 2015-17 colorectal cancer death rates have increased and a slight increase is seen in the rates of females in Florida. Recent county and state rates for the male population are higher than the female population rates. Most recent rates for county males are higher than rates for males in Florida.

Health Outcomes-Chronic Diseases

Colorectal (Colon) Cancer

Estimated New Cases and Deaths from Colorectal Cancer in the United States in 2018

New colorectal cancer cases: 140,250 (8.1% of all new cancer cases)
Colorectal cancer deaths: 50,630 (8.3% of all cancer deaths)
Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/colorect.html

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on colorectal cancer are available through the following organizations:

- Colorectal Cancer Control Program (CRCCP) https://www.cdc.gov/cancer/crccp/
- *Screen for Life:* National Colorectal Cancer Action Campaign https://www.cdc.gov/cancer/colorectal/sfl/

Did you know?

Colorectal cancer does not always show symptoms in the early stages and can be confused with other medical conditions. There are several key symptoms that may appear together or independently of each other. According to the American Cancer Society, you should consider see your doctor if you have any of the following:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which may make the stool look dark
- Cramping or abdominal (belly) pain
- Unintended weight loss

Source: American Cancer Society www.cancer.org

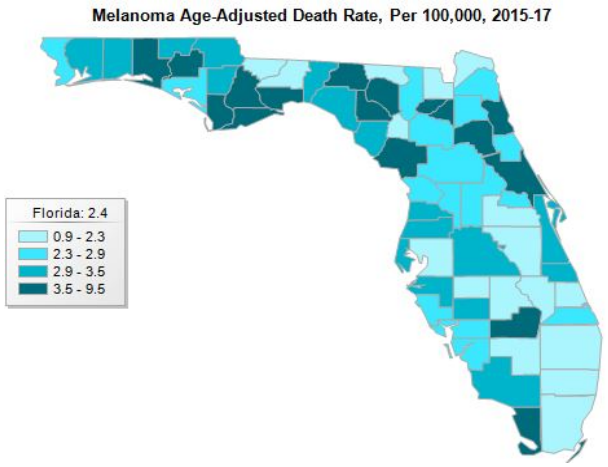
Health Outcomes-Chronic Diseases

Melanoma Skin Cancer

Indicator: Age-adjusted death rate per 100,000 population due to melanoma skin cancer.

Why is this important?

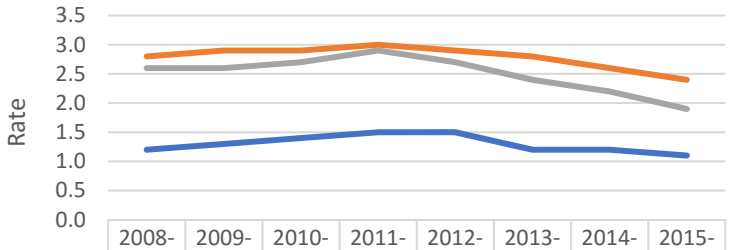
Skin cancer is the most common form of cancer in the United States and is among the deadliest types of skin cancer. Melanoma is the third most common type of skin cancer. It causes about 75% of skin cancer-related deaths and accounts for the majority of skin cancer deaths. Melanoma is a type of skin cancer that begins in the melanocytes cells normally found in the skin but also found in the bowel, and the eye. They are responsible for the production of the dark pigment melanin. This type of skin cancer is caused by overexposure to ultraviolet (UV) light. Melanocytes are present in skin are responsible for the production of the dark pigment melanin.



Anyone can get skin cancer, but people with specific characteristics are at a higher risk like those of lighter natural skin color, skin that burns or turns red easily, certain types of moles, and a family or personal history of skin cancer. The darker pigmented skin may lower your risk of developing melanoma. Other ways to reduce your risk and options to protect yourself from UV radiation as CDC include staying in the shade, wearing protective clothing, hats and using sunscreen.

Melanoma Skin Cancer Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	1.2	1.3	1.4	1.5	1.5	1.2	1.2	1.1
Florida	2.8	2.9	2.9	3.0	2.9	2.8	2.6	2.4
Peer Counties Average	2.6	2.6	2.7	2.9	2.7	2.4	2.2	1.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Comprehensive skin cancer prevention programs could prevent 20% of new cases between 2020 and 2030 according to the June 2015 CDC Vital Signs report. The report notes, “that without additional community prevention efforts, melanoma will continue to increase over the next 15 years, with 112,000 new cases projected in 2030”. The annual cost of treating new melanoma cases is projected to closely triple from $457 million in 2011 to an estimated $1.6 billion in 2030.

Melanoma cancer death rates have favorably declined over time since 2012-14 in Miami-Dade County, FL. The most recent county rate has remained lower than the Peer Counties Average rate and the state rate.

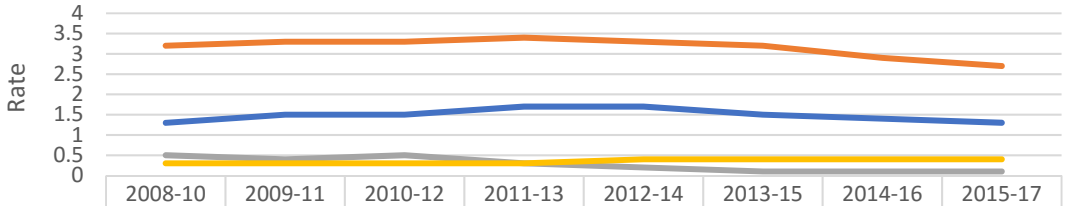
The Healthy People 2020 national health target is to reduce melanoma cancer death rate to 2.4 deaths per 100,000 population. At a recent rate of 1.1 deaths per 100,000 population, Miami-Dade County has met the Healthy People 2020 Target.

Health Outcomes-Chronic Diseases

Melanoma Skin Cancer

Melanoma Skin Cancer Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



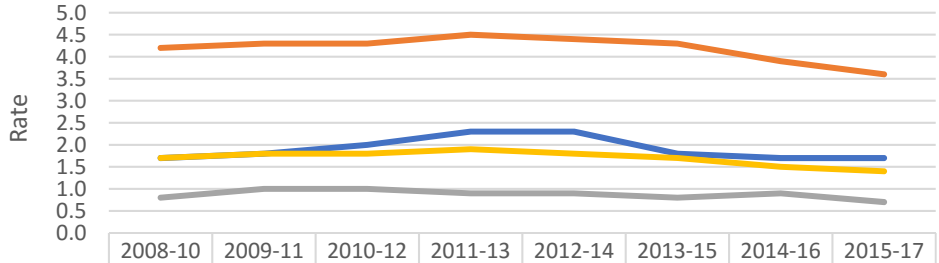
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	1.3	1.5	1.5	1.7	1.7	1.5	1.4	1.3
White - Florida	3.2	3.3	3.3	3.4	3.3	3.2	2.9	2.7
Black - Miami-Dade County	0.5	0.4	0.5	0.3	0.2	0.1	0.1	0.1
Black - Florida	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented in the figure above, death rates for melanoma skin cancer for Miami-Dade County's White population has favorably declined since 2011-13. The most recent rate for Miami-Dade County's White population is below the Florida rate. The most recent rate for Miami-Dade County's Black population has leveled off and is below the Florida rate.

Melanoma Skin Cancer Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	1.7	1.8	2.0	2.3	2.3	1.8	1.7	1.7
Male - Florida	4.2	4.3	4.3	4.5	4.4	4.3	3.9	3.6
Female - Miami-Dade County	0.8	1.0	1.0	0.9	0.9	0.8	0.9	0.7
Female - Florida	1.7	1.8	1.8	1.9	1.8	1.7	1.5	1.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The melanoma cancer death rates in males in Miami-Dade County, FL are two times higher than females in Miami-Dade County, FL. Since 2012-14 there has been a favorable decline in melanoma cancer death rates in both males and females in Miami-Dade County.

Health Outcomes-Chronic Diseases

Melanoma Skin Cancer

Melanoma Skin Cancer Age-Adjusted Death Rates by Ethnicity – Miami-Dade and Florida, 2011-2017

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	69	1.2	72	1.2	70	1.1	72	1.1	66	1.0
Hispanic – Florida	125	1.1	124	0.0	123	1.0	116	0.9	114	0.8
Non-Hispanic – Miami-Dade	60	2.0	61	2.0	46	1.4	43	1.4	42	1.4
Non-Hispanic - Florida	2,177	3.4	1,161	3.3	2,138	3.2	2,016	2.9	1,900	2.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for melanoma skin cancer for Miami-Dade and Florida by ethnicity. The rates for the non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade. The rates for the Hispanic population in Miami-Dade are higher compared to the state rate while the non-Hispanic population in Miami-Dade are lower compared to the state rate.

Estimated New Cases and Deaths from Melanoma of the Skin Cancer in the United States in 2018

New melanoma cancer cases: 91,270 (5.3% of all new cancer cases)

Melanoma cancer deaths: 9,320 (1.5% of all cancer deaths)

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/melan.html

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on melanoma cancer are available through the following organizations:

- Melanoma Research Foundation https://www.melanoma.org/
- Protect All the Skin You're In https://www.cdc.gov/cancer/skin/basic_info/protect_infographic.htm
- Skin Cancer Awareness https://www.cdc.gov/cancer/dcpc/resources/features/skincancer/index.htm
- U.S. Environmental Protection Agency's (EPA) Sun Safety https://www.epa.gov/sunsafety

Did you know?

Wearing sunscreen regularly can reduce your chances of developing melanoma.

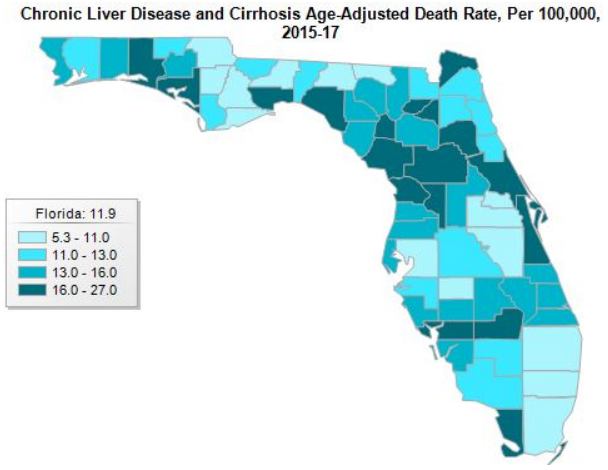
Health Outcomes-Chronic Diseases

Chronic Liver Disease and Cirrhosis

Indicator: Age-Adjusted death rate per 100,000 population due to chronic liver disease and cirrhosis.

Why is this important?

In Miami-Dade County, chronic liver disease and cirrhosis are the leading causes of death with most preventable cases attributed to excessive alcohol, viral hepatitis, or non-alcoholic fatty liver disease. The liver is the largest internal organ in the human body. It is essential for storing nutrients and the removal of waste products, filtering and processing chemicals in food, alcohol, and medications. The liver also produces bile to absorb fats. Cirrhosis is the result of a chronic liver disease that causes scarring of the liver. The scar tissue replaces healthy liver tissue and prevents your liver from working regularly. Scar tissue also blocks the flow of blood through the liver resulting in liver dysfunction and failure.

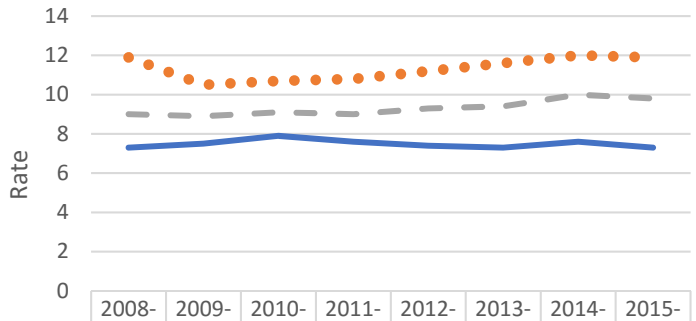


Other complications may be the accumulation of fluid in the abdomen, bleeding disorders, increased pressure in the blood vessels of the liver, and confusion or a change in the level of consciousness. Common causes of chronic liver disease in the United States include Hepatitis C infection and long-term alcohol abuse. To lower your risk of liver disease it is recommended to get vaccinated against Hepatitis B, get tested and treated for Hepatitis C and limit alcohol consumption.

Chronic liver disease and cirrhosis death rates have recently begun to decline since 2014-16 in Miami-Dade County. The current county rate has remained lower than the Peer Counties Average rate and the state rate.

Chronic Liver Disease and Cirrohosis Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Poplulation



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	7.3	7.5	7.9	7.6	7.4	7.3	7.6	7.3
Florida	11.9	10.5	10.7	10.8	11.2	11.6	12.0	11.9
Peer Counties Average	9.0	8.9	9.1	9.0	9.3	9.4	10.0	9.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

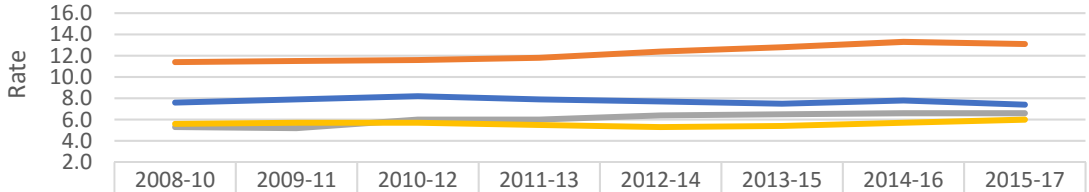
The Healthy People 2020 national health target is to reduce cirrhosis deaths to 8.2 deaths per 100,000 population. At a recent rate of 7.3 deaths per 100,000 population, Miami-Dade County has met the Healthy People 2020 Target.

Health Outcomes-Chronic Diseases

Chronic Liver Disease and Cirrhosis

Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



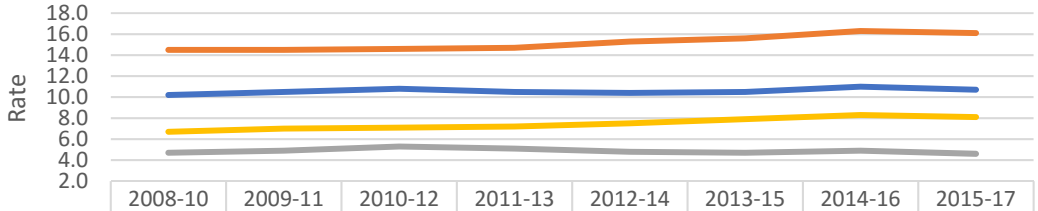
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	7.6	7.9	8.2	7.9	7.7	7.5	7.8	7.4
White - Florida	11.4	11.5	11.6	11.8	12.4	12.8	13.3	13.1
Black - Miami-Dade County	5.3	5.2	6.0	6.0	6.4	6.5	6.6	6.6
Black - Florida	5.6	5.7	5.7	5.5	5.3	5.4	5.7	6.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthFLCHARTS.com

The chronic liver disease and cirrhosis death rates for Miami-Dade County's White population have slowly decreased since 2014-16.The most recent death rate for the Miami-Dade County's White population is lower than the Florida rate. The state rate for the White population is almost two times higher compared to the White population in Miami-Dade County, rate.

Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	10.2	10.5	10.8	10.5	10.4	10.5	11.0	10.7
Male - Florida	14.5	14.5	14.6	14.7	15.3	15.6	16.3	16.1
Female - Miami-Dade County	4.7	4.9	5.3	5.1	4.8	4.7	4.9	4.6
Female - Florida	6.7	7.0	7.1	7.2	7.5	7.9	8.3	8.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The chronic liver disease and cirrhosis death rates for Miami-Dade County's male population have been double the rates of the female Miami-Dade population. The death rates for male and female population in Miami-Dade County are similar to the respective Florida rates. The State rates are higher than the male and female Miami-Dade County rates.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on chronic liver disease and cirrhosis are available through the following organizations:

- American Liver Foundation: Liver Disease Resources https://liverfoundation.org/for-patients/resources/

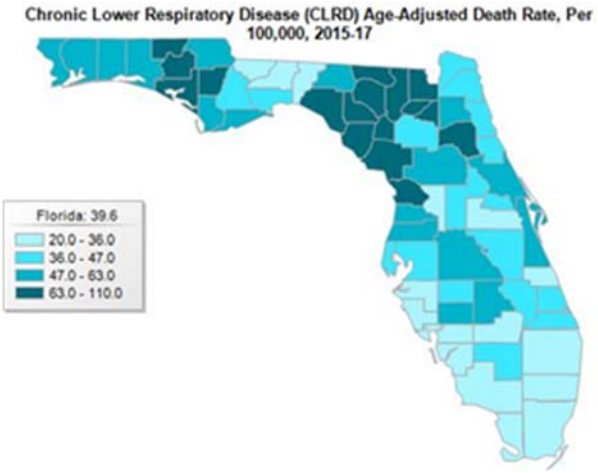
Health Outcomes-Chronic Diseases

Chronic Lower Respiratory Disease

Indicator: Age-Adjusted death rate per 100,000 population due to chronic lower respiratory disease.

Why is this important?

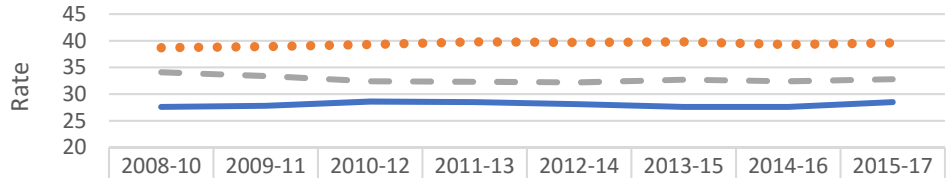
Respiratory diseases are preventable and treatable but continues to be a leading cause of death in Miami-Dade County, and the United States. Chronic lower respiratory diseases (CLRDs) are chronic diseases of the airways and other structures of the lung. Some of the most common CRLDs are asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases and pulmonary hypertension. According to FL CHARTS, an estimated 15 to 20% of long-term smokers will develop CLRD. COPD is among the most lethal of these conditions. It refers to a group of diseases that cause airflow blockage and breathing-related problems.



In the United States the leading cause of COPD is smoking. By comparison, in other countries air pollution, secondhand smoke and genetic factors are the leading causes of COPD.Smoking is a crucial factor in the development and progression of CLRDs in addition to exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections. Smoking cessation is the most essential part of treatment for smokers diagnosed with chronic lower respiratory disease. Other risk factors mentioned by the CDC include persons aged 65 to 74 years of age, non-Hispanic Whites, women, individuals with lower educational attainment, lower income, those with a history of asthma and current or former smokers.

Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	27.6	27.8	28.6	28.5	28.1	27.6	27.6	28.5
Florida	38.7	38.9	39.3	39.8	39.7	39.8	39.3	39.6
Peer Counties Average	34.1	33.4	32.4	32.3	32.2	32.7	32.4	32.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The chronic lower respiratory disease (CLRD) death rates for Miami-Dade County, Florida and the Peer Counties Averages have been stable and similar.

Asthma in Miami-Dade County, and Florida - 2017

• Miami-Dade County, had 1,901 hospitalizations from asthma and 14,157 in Florida (69.6 and 72.1 respective rates per 100,000 population)

• In Miami-Dade County,the asthma hospitalization rate was 2 times higher among the Black population (131.2) when compared to the White population (53.4)

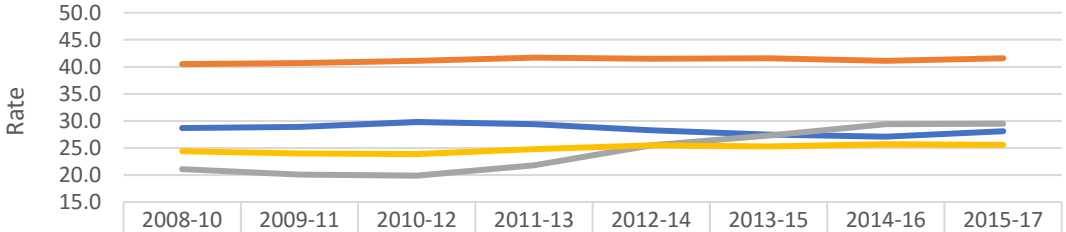
Health Outcomes-Chronic Diseases

Chronic Lower Respiratory Disease

CLRD death rates for Miami-Dade County's White population has slightly increased since 2014-16. The most recent rate CLRD death rate for Miami-Dade County's White population is significantly lower than the State rate. The current CLRD death rate for Miami-Dade County's Black population has been higher than the State since 2013-15.

Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



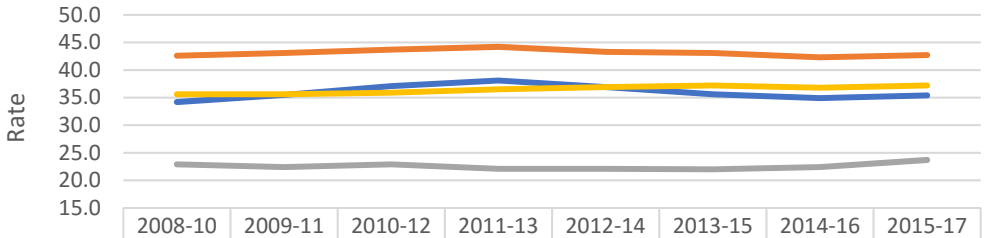
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	28.7	28.9	29.8	29.4	28.3	27.5	27.1	28.1
White - Florida	40.5	40.7	41.1	41.7	41.5	41.6	41.1	41.6
Black - Miami-Dade County	21.1	20.1	19.9	21.8	25.5	27.3	29.4	29.5
Black - Florida	24.4	24.0	23.9	24.8	25.5	25.3	25.7	25.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The CLRD death for males have increased for the last reporting period. The female population in Florida has shown increased CLRD death rates between 2008-10 and 2014-16; and decreased CLRD death rates between for 2015-2017.

Chronic Lower Respiratory Disease (CLRD) Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	34.2	35.5	37.1	38.1	36.9	35.6	34.9	35.4
Male - Florida	42.6	43.1	43.7	44.2	43.3	43.1	42.3	42.7
Female - Miami-Dade County	22.9	22.4	22.9	22.1	22.1	22.0	22.4	23.7
Female - Florida	35.6	35.6	35.9	36.5	36.9	37.2	36.8	37.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

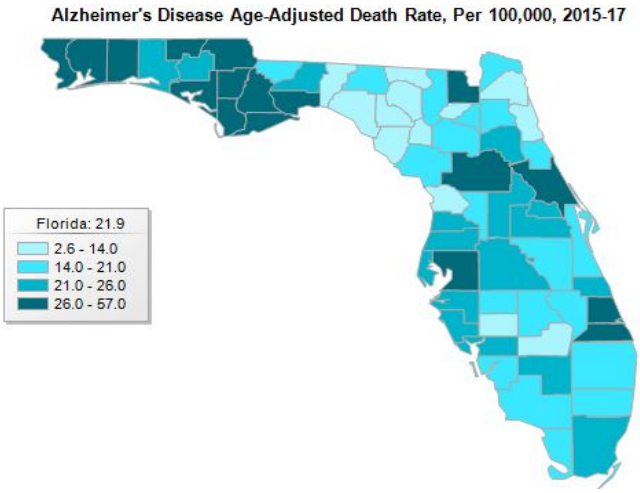
Health Outcomes-Chronic Diseases

Alzheimer's Disease

Indicator: Age-Adjusted death rate per 100,000 population due to Alzheimer's Disease.

Why is this important?

Alzheimer's is the sixth leading cause of death in Miami-Dade County, FL and among one of the leading causes of death in the United States. According to the CDC, in 2014, as many as 5 million Americans were living with Alzheimer's disease. As noted by the CDC, this number is projected to nearly triple to nearly 14 million people by 2060. Alzheimer's disease is an irreversible, progressive brain disorder that begins with mild memory loss. This disease is the most common form of dementia. It slowly destroys one's memory and thought processes. It eventually leads to the loss of the ability to carry on a conversation, respond to the environment, and simply carry out daily living.

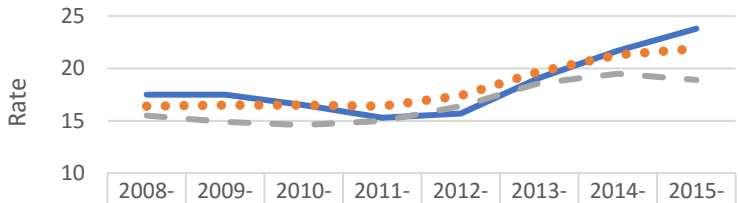


The risk of developing Alzheimer's disease does increases with age. The CDC and the National Institute on Aging suggest that symptoms of the disease can first appear after 60 years old. The number of people living with Alzheimer's disease doubles every five years beyond age 65. It is also important to note that this disease can sometimes affect a person under 65 years old, this is called early or younger-onset Alzheimer's.

The cause of Alzheimer's disease is not yet fully understood by scientists. There probably is not one single cause, but several factors that may contribute to Alzheimer's that affect each person differently. For more information, please visit the National Institute on Aging to learn more: https://www.nia.nih.gov/health/alzheimers/basics.

Alzheimer's Disease Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	17.5	17.5	16.5	15.3	15.7	19.1	21.7	23.8
Florida	16.4	16.5	16.5	16.4	17.4	19.7	21.3	21.9
Peer Counties Average	15.5	14.9	14.6	15.0	16.4	18.6	19.5	18.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

In Miami-Dade County, FL Alzheimer's disease death rates have increased since 2011-13 to the most current levels. Most recent rates in Miami-Dade County, FL are higher than the Florida rate and the Peer Counties Average rates.

Alzheimer's Disease Fact

Current evidence suggests that a balanced diet in addition to physical activity may also help protect the brain.

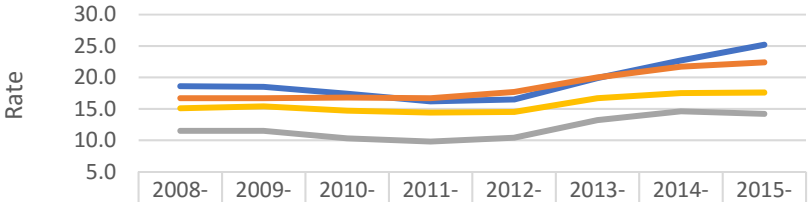
Health Outcomes-Chronic Diseases

Alzheimer's Disease

Alzheimer's disease death rates for Miami-Dade County's White and Black population shows an increase since 2012-14. The most recent Alzheimer's death rate for Miami-Dade County's White population is higher than the Alzheimer's death rate for Miami-Dade County's Black population.

Alzheimer's Disease Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



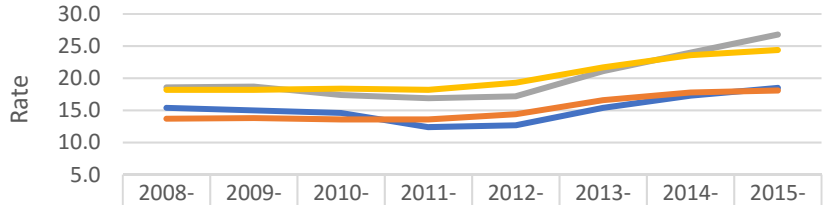
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	18.6	18.5	17.4	16.2	16.5	19.9	22.7	25.2
White - Florida	16.7	16.7	16.8	16.7	17.7	20.0	21.7	22.4
Black - Miami-Dade County	11.5	11.5	10.3	9.8	10.4	13.2	14.6	14.2
Black - Florida	15.1	15.4	14.7	14.4	14.5	16.7	17.5	17.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Alzheimer's disease death rates for both males and females in Miami-Dade, County are slightly higher than respective Florida rates. The gap between rates by gender in Miami-Dade County is growing with a greater increase of Alzheimer's disease death rates among females than males.

Alzheimer's Disease Age-Adjusted Death Rate by Sex - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	15.4	15.0	14.6	12.4	12.7	15.4	17.3	18.5
Male - Florida	13.7	13.8	13.6	13.6	14.4	16.6	17.8	18.1
Female - Miami-Dade County	18.6	18.7	17.4	16.9	17.2	21.1	24.0	26.8
Female - Florida	18.2	18.2	18.4	18.2	19.3	21.7	23.6	24.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on Alzheimer's disease are available through the following organizations:

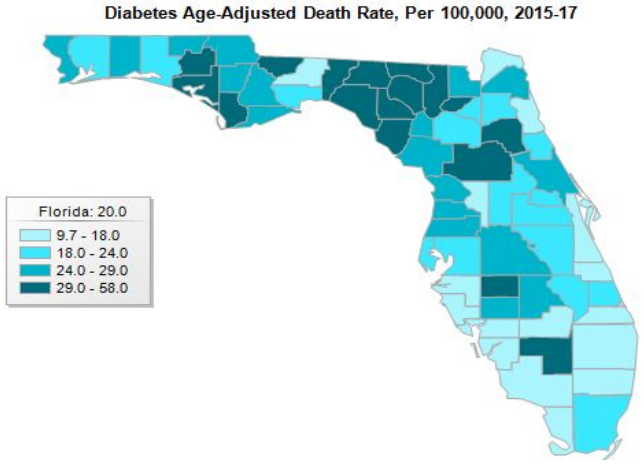
- Alliance for Aging http://www.allianceforaging.org/
- Alzheimer's Association https://www.alz.org/

Health Outcomes-Chronic Diseases

Diabetes

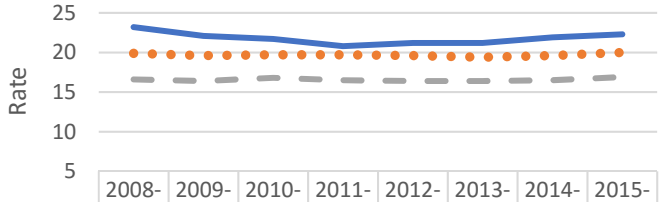
Indicator: Age-Adjusted death rate per 100,000 population due to diabetes. Why is this important?

In 2017, diabetes was the seventh leading cause of death in Miami-Dade County, FL, and the United States. Diabetes is a disease marked by high levels of sugar in the blood. The most common form of diabetes is type 2 Diabetes when the body does not use insulin normally. This form of the disease is known as insulin-resistant diabetes. Your pancreas cannot keep up with making enough insulin from the rise of sugar in your blood. High blood sugar can cause other serious health problems such as heart disease, kidney disease, and vision loss. According to the CDC, approximately 90% to 95% of people with diabetes have type 2 diabetes. This is more than 30 million Americans and most often in people over the age of 45 years old. Type 1 diabetes is a lifelong condition most commonly diagnosed in children and young adults; about 5% of people with diabetes have type 1 diabetes. With this, your body does not make insulin because the body's immune system destroys insulin-producing cells. Risk factors for developing Type 2 Diabetes include: if you have prediabetes, are overweight and obesity, family history of diabetes, high cholesterol or high blood pressure, and physical inactivity. Other important risk factors include age, ethnicity, and race. For more information, please visit the CDC's webpage: https://www.cdc.gov/diabetes.



Diabetes Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	23.2	22.1	21.7	20.8	21.2	21.2	21.9	22.3
Florida	19.9	19.6	19.7	19.7	19.6	19.4	19.6	20.0
Peer Counties Average	16.6	16.4	16.8	16.5	16.4	16.4	16.5	16.9

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Miami-Dade County's diabetes death rates have gradually increased since 2011-13. Recent death rates for Miami-Dade County, are slightly higher than Florida and Peer Counties Average rates.

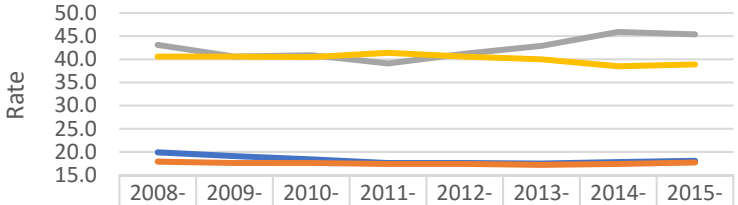
Health Outcomes-Chronic Diseases

Diabetes

Diabetes death rates for Miami-Dade County and Florida's White population have remained steady. The diabetes death rates for Miami-Dade's Black population is much higher when compared to the White population for both the county and the state rates.

Diabetes Age-Adjusted Death Rate by Race - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate Per 100,000 Population



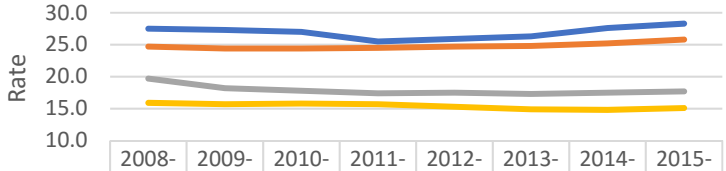
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	19.9	19.1	18.4	17.6	17.6	17.5	17.8	18.1
White - Florida	17.9	17.6	17.6	17.4	17.4	17.2	17.4	17.7
Black - Miami-Dade County	43.1	40.6	40.9	39.1	41.2	42.9	45.9	45.4
Black - Florida	40.6	40.6	40.5	41.4	40.6	40.0	38.5	38.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Diabetes death rates for the male population in Miami-Dade County, have been increasing since 2011-13. The State diabetes death rate for the male population has been increasing since 2009-11 with a lower rate than Miami-Dade County. The diabetes death rate for the female population in Miami-Dade County, have fluctuated over time; between 2008-10 and 2009-11 the rate decreased and then increased between 2010-12 and 2013-15. From 2014-16 to the present diabetes death rate among the female population has increased similarly to the state rate.

Diabetes Age-Adjusted Death Rate by Sex, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	27.5	27.3	27.0	25.5	25.9	26.3	27.6	28.3
Male - Florida	24.7	24.4	24.4	24.5	24.7	24.8	25.2	25.8
Female - Miami-Dade County	19.7	18.2	17.8	17.4	17.5	17.3	17.5	17.7
Female - Florida	15.9	15.7	15.8	15.7	15.3	14.9	14.8	15.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Outcomes-Chronic Diseases

Diabetes

Diabetes Age-Adjusted Death Rates by Ethnicity- Miami-Dade and Florida, 2011-2017

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	1,071	18.1	1,099	18.0	1,141	17.9	1,229	18.4	1,344	19.1
Hispanic – Florida	2,141	19.2	2,158	18.5	2,261	18.3	2,425	18.5	2,671	19.2
Non-Hispanic – Miami-Dade	753	25.7	811	26.9	841	27.4	894	29.1	892	28.4
Non-Hispanic - Florida	13,098	20.0	13,376	20.0	13,592	19.8	13,986	20.0	14,534	20.3

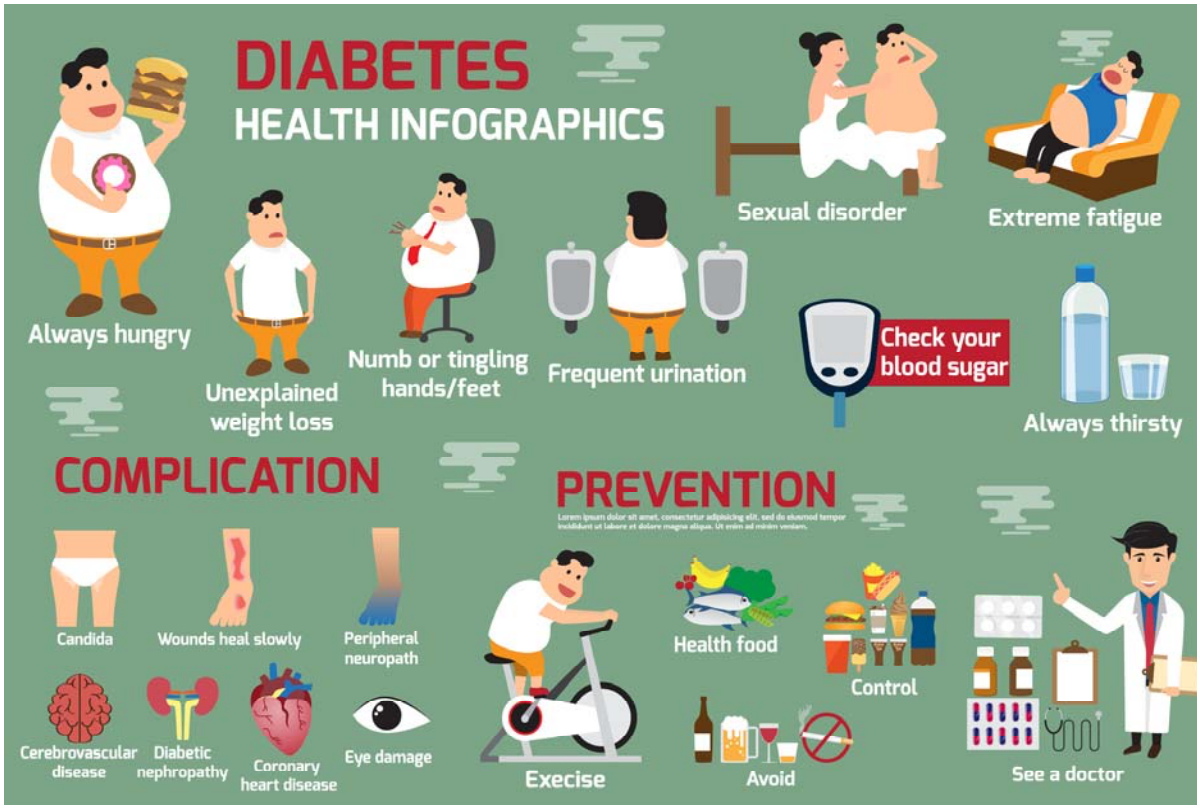
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for diabetes for Miami-Dade and Florida by ethnicity. The recent rate of 2015-2017 for the Hispanic population in both Miami-Dade and Florida are similar. The non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade and the non-Hispanic population for Florida. As noted by the CDC it is estimated that half of Hispanic men and women and non-Hispanic Black women will develop diabetes during their lifetime.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on diabetes are available through the following organizations:

- American Diabetes Association http://www.diabetes.org/
- Consortium for a Healthier Miami-Dade https://www.healthymiamidade.org/make-healthy-happen-miami/
- National Diabetes Prevention Program https://www.cdc.gov/diabetes/prevention/index.html

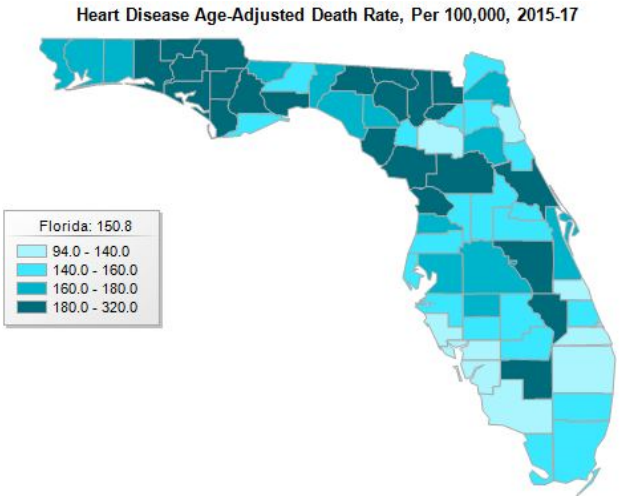


Health Outcomes-Chronic Diseases

Heart Disease

Indicator: Age-Adjusted death rate per 100,000 population due to heart disease.

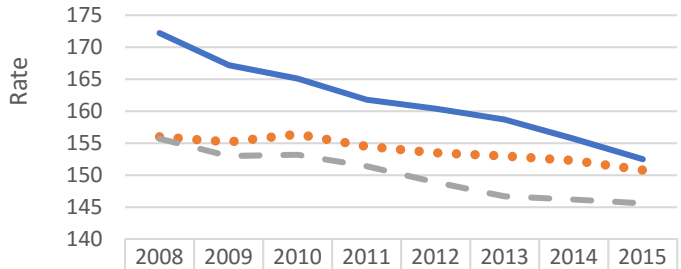
Why is this important?



Heart disease is the leading cause of death for all people in the United States and Miami-Dade County. Heart disease is any disorder that affects the heart's ability to function normally. Noted by CDC, heart disease refers to several types of heart conditions related to coronary artery disease, heart attack, and other related conditions. In the United States, the most common type of heart disease is coronary artery disease, which affects the blood flow to the heart. The decrease in blood flow can cause a heart attack. According to the CDC, approximately 610,000 people die of heart disease in the US every year 1 in every 4 deaths. They also estimate 47% have at least one of the three key risk factors for heart disease which include high blood pressure, high cholesterol, and smoking. The risk of heart disease increases with age. Some risk factors for heart disease may be prevented or reduced through healthy behavior lifestyle changes.

Heart Disease Age-Adjusted Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	172.2	167.2	165.1	161.8	160.4	158.7	155.7	152.5
Florida	156.0	155.2	156.4	154.5	153.5	153.0	152.3	150.8
Peer Counties Average	155.7	153.0	153.2	151.4	148.9	146.7	146.2	145.6

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Miami-Dade County's heart disease death rates have been decreasing since 2009-11; however, rates remain higher than the state rate and the Peer Counties Average rates.

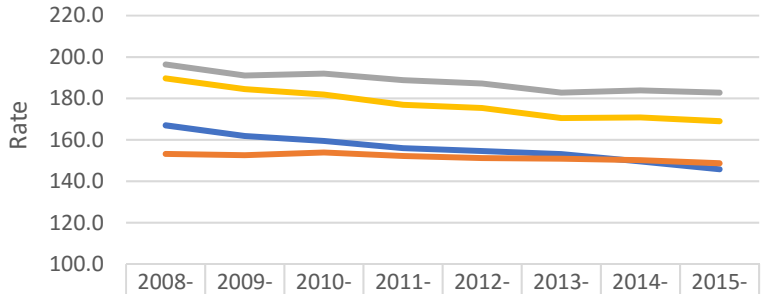
The Healthy People 2020 national health target is to reduce the coronary heart disease death rates to 103.4 deaths per 100,000 population. At a recent rate of 152.5 deaths per 100,000 population, Miami-Dade County, has yet to meet the national target.

Health Outcomes-Chronic Diseases

Heart Disease

Heart Disease Age-Adjusted Death Rate by Race, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	167.0	161.9	159.5	156.0	154.6	153.1	149.6	145.8
White - Florida	153.2	152.6	153.9	152.2	151.2	150.9	150.2	148.7
Black - Miami-Dade County	196.4	191.1	192.0	188.8	187.2	182.8	183.9	182.8
Black - Florida	189.7	184.5	181.9	176.9	175.4	170.5	170.8	169.0

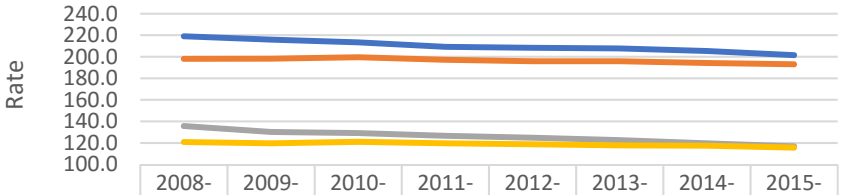
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Heart disease death rates for males and females in Miami-Dade County, have been favorably decreasing at a slight steady rate since 2008-10; however, these Miami-Dade County rates compared to their respective state rates are unfavorably higher. male population rates are higher than female population rates for heart disease deaths.

Miami-Dade County's White population has been favorably decreasing overall since 2008-10, and the most recent rate is slightly lower compared to the White population in Florida. Heart disease death rates for Miami-Dade County's Black population slightly decreased between 2008-10 and 2013-15. Heart disease death rates forMiami-Dade County's Black population surpassed Black Population State rates in 2008-2010.

Heart Disease Age-Adjusted Death Rate by Sex, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	219.0	215.9	213.4	209.3	208.3	207.8	205.3	201.5
Male - Florida	198.1	198.3	199.6	197.2	195.9	195.8	194.3	193.0
Female - Miami-Dade County	135.7	130.2	129.1	126.6	124.8	122.7	119.6	116.8
Female - Florida	120.8	119.7	121.1	119.6	118.7	117.7	117.5	115.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Outcomes-Chronic Diseases

Heart Disease

Heart Disease Age-Adjusted Death Rates by Ethnicity- Miami-Dade and Florida, 2011-2017

	2011-13		2012-14		2013-15		2014-16		2015-17	
Ethnicity	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Hispanic – Miami-Dade	9,000.8	150.8	9,442	152.4	9,867	151.9	10,182	147.7	10,369	142.8
Hispanic – Florida	14,441	132.7	15,291	133.3	16,184	133.1	17,047	131.8	17,717	128.8
Non-Hispanic – Miami-Dade	5,334	177.6	5,332	171.3	5,359	168.1	5,351	167.5	5,435	167.1
Non-Hispanic - Florida	109,367	158.3	111,802	157.5	114,399	156.9	116,816	156.5	118,380	155.2

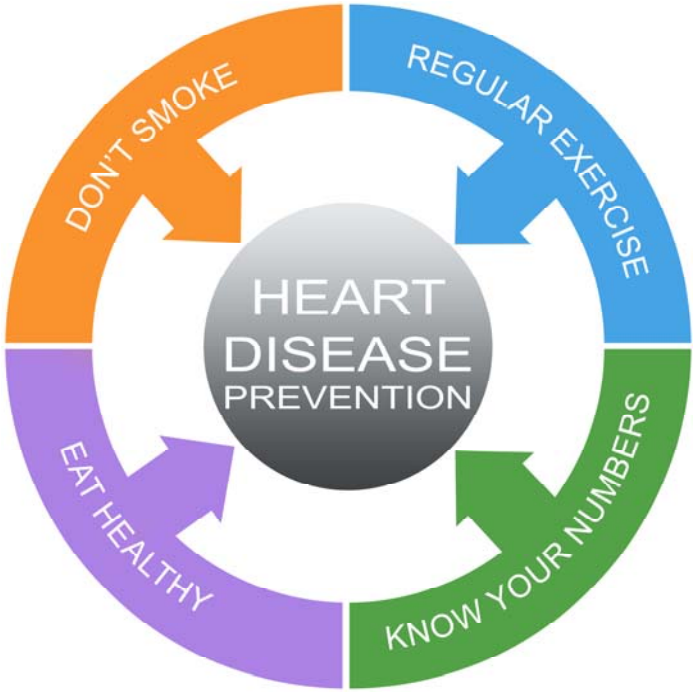
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Presented in the table above includes the counts and rates for heart disease for Miami-Dade and Florida by ethnicity. The recent rate of 2015-2017 for the Hispanic population in Miami-Dade are higher than the Florida rate. The non-Hispanic population in Miami-Dade are higher than the non-Hispanic population in Florida. The rates for heart disease for the non-Hispanic population in Miami-Dade are higher than the Hispanic population in Miami-Dade.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for heart disease are available through the following organizations: Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

- American Heart Association https://www.heart.org/
- Consortium for a Healthier Miami-Dade https://www.healthymiamidade.org/
- FL Health Heart Disease http://www.floridahealth.gov/diseases-and-conditions/heart-disease/
- Target BP https://targetbp.org/

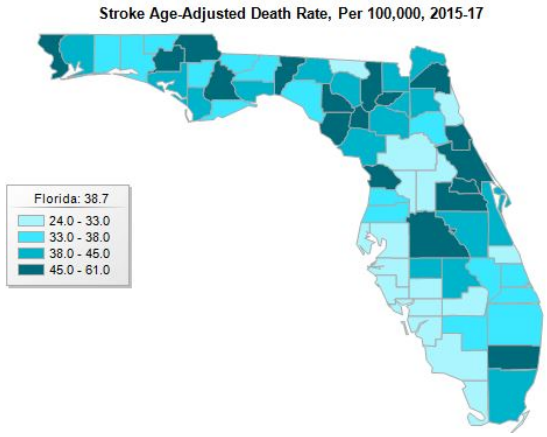


Health Outcomes-Chronic Diseases

Stroke

Indicator: Age-Adjusted Stroke Death Rate

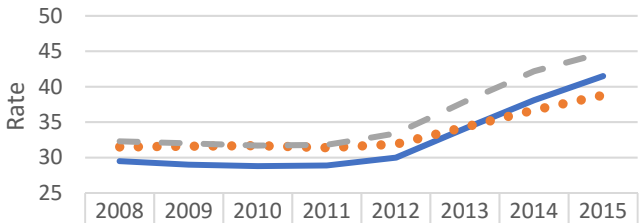
Why is this important?



Stroke is a leading cause of death in the United States and the third leading cause of death in Miami-Dade County. Stroke continues to be a significant cause of disability and a significant contributor to increases in healthcare costs in the United States. The CDC estimates that 795,000 people in the U.S. have a stroke each year. The CDC also notes every 40 seconds someone in the U.S. has a stroke. FLCHARTS defines stroke as an interruption of the blood supply, cutting off the brain's supply of oxygen, or a burst in a blood vessel to any part of the brain. During a stroke when the blood flow is interrupted, brain cells start to die within minutes because they do not receive oxygen which can lead to long-term disability, lasting brain damage, and even death. Some risk factors for stroke that can be modified or treated include high blood pressure, high blood cholesterol, obesity, physical inactivity, poor diet, and extreme alcohol and tobacco use. For more information, please visit the website https://www.cdc.gov/stroke/index.htm

Stroke Age-Adjusted Death Rates - Miami-Dade County, Florida and, Peer Counties

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	29.5	29.0	28.8	28.9	30.0	34.1	38.1	41.5
Florida	31.5	31.6	31.7	31.4	31.9	34.3	36.7	38.8
Peer Counties Average	32.3	32.0	31.7	31.8	33.4	37.9	42.2	44.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Miami-Dade County, stroke death rates have remained steady since 2009 and 2013; however, since 2012-14 the stroke death rate in Miami-Dade has taken a sharp unfavorable increase. Since 2014-16 the Miami-Dade County, stroke death rates have remained higher than the state rate and lower than the Peer Counties Average rates.

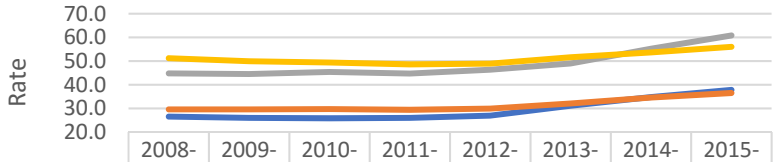
The Healthy People 2020 national health target is to reduce stroke death rates to 34.8 deaths per 100,000 population. At a recent rate of 41.5 deaths per 100,000 population, Miami-Dade County, FL has not met the Healthy People 2020 national target.

Health Outcomes-Chronic Diseases

Stroke

Stroke Age-Adjusted Death Rate by Race, 2008-2017

3-Year Rolling Rate per 100,000 Population



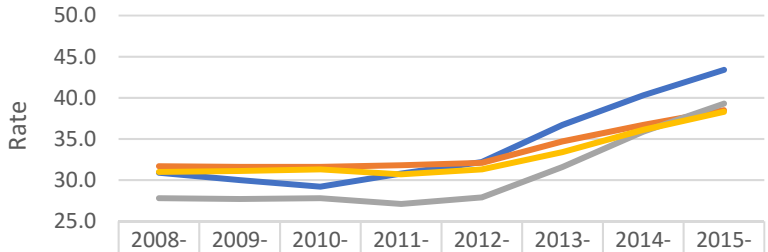
	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White - Miami-Dade County	26.5	26.0	25.8	26.0	26.9	31.1	34.8	37.8
White - Florida	29.6	29.6	29.7	29.4	29.9	32.1	34.6	36.5
Black - Miami-Dade County	44.8	44.5	45.4	44.7	46.3	49.0	55.2	60.8
Black - Florida	51.2	49.9	49.4	48.6	48.9	51.6	53.6	56.0

Between 2008-10 and 2011-13 , stroke death rates were steady among the Miami-Dade County White and Black populations. Stroke death rates for Miami-Dade County's White and Black populations have been significantly rising overall since 2011-13.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stroke Age-Adjusted Death Rate by Sex, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Male - Miami-Dade County	30.9	30.0	29.2	30.8	32.2	36.7	40.3	43.4
Male - Florida	31.7	31.6	31.6	31.8	32.1	34.7	36.7	38.5
Female - Miami-Dade County	27.8	27.7	27.8	27.1	27.9	31.6	35.9	39.3
Female - Florida	31.0	31.1	31.3	30.7	31.3	33.4	36.1	38.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Stroke death rates for males and females in Miami-Dade County, FL have been unfavorably increasing rate since 2012-14; and these Miami-Dade County rates compared to their respective state rates are higher. The Miami-Dade male population rates are slightly higher than among the Miami-Dade female population rates for stroke deaths. The gap between Miami-Dade males stroke death rates among males as compared to Miami-Dade females is closing, and we are seeing a higher increase in female stroke deaths in Miami-Dade County.

Health Outcomes-Chronic Diseases

Stroke

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for stroke are available through the following organizations

- The American Stroke Association https://www.strokeassociation.org/
- Million Hearts https://millionhearts.hhs.gov/
- National Stroke Association https://www.stroke.org/understand-stroke/recognizing-stroke/act-fast/
- NCQA Heart/ Stroke Recognition Program https://www.ncqa.org/programs/health-care-providers-practices/heart-stroke-recognition-program-hsrp/

Did you Know?

Health Factors-Health Equity

The Robert Wood Johnson Foundation (RWJF), provides the following definition: "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." Healthy People 2020 identifies that access to comprehensive quality health care services is important to achieve healthy equity and increase the quality of life for everyone.

Below is a partial highlight of the Health Equity Profile (2017) for Miami-Dade County is presented as obtained from FLCHARTS. This report shows health indicators where the minority population is unfavorably affected and provides comparisons to a reference population.

Health Equity Profile – Miami-Dade County, Florida (2017)							
Structural Drivers (inequitable distribution of power, opportunity, and resources)							
Indicators	**Measure**	**Year(s)**	**Total**	**White**	**Black**	**Hispanic**	**Non-Hispanic**
Income inequality	Index	2013-17	0.5256				
Total registered voters (from Florida Division of Elections)	County	2019	1,437,425				
Median household income	Dollars	2013-17	$46,338	$48,995	$35,082	$43,802	$75,083
Occupied households with monthly housing costs of 30% or more of household income	Percent	2013-17	48.4				
Occupied housing units without a vehicle	Percent	2013-17	10.7				
Individuals below poverty level	Percent	2013-17	19	17.2	27.6	18.8	10.4
Children under 18 below poverty level	Percent	2013-17	25.4	21.5	40.1	24.3	11.1
Unemployed civilian labor force	Percent	2013-17	7.4	6	13.8	6.3	5.4
Renter-occupied households with gross rent costing 30% or more of household income	Percent	2013-17	65.9				
Homeless	Count	2017	3,721				

Children under 18 in single-parent households	Percent	2013-17	40.7				
Indicators	**Measure**	**Year(s)**	**Total**	**White**	**Black**	**Hispanic**	**Non-Hispanic**
High school graduation rate	Percent	2017	80.7	89.2	73	81.9	
Adults who could not see a doctor at least once in the past year due to cost	Percent	2016	16.7	11.4	19.1	18.4	
Life expectancy and population migration Indicator							
Life expectancy	Years	2015-17	82 (81.8-82.2)				
Physical and Built Environment Indicators							
Population living within ½ mile of a park	Percent	2016	72.1				
Food insecurity rate	Percent	2016	9.1				
Child food insecurity rate	Percent	2016	20				
Economic environment							
Civilian non-institutionalized population with health insurance	Per 100,000 population	2013-17	79.3	80.1	76.7	77.7	89.2
Households receiving cash public assistance or food stamps	Percent	2013-17	26				
Five Leading Causes of Death in Miami-Dade County							
Health Outcomes	**Measure**	**Year(s)**	**Total**	**White**	**Black**	**Hispanic**	**Non-Hispanic**
Heart Disease deaths	Per 100,000 population	2017	148.4	141.2	179.8	138.2	163.4
Cancer deaths	Per 100,000 population	2017	128.2	122	156.9	118.4	147.4
Stroke deaths	Per 100,000 population	2017	43.1	38.6	67.5	37.8	54.2
Chronic Lower Respiratory Disease (CLRD) deaths	Per 100,000 population	2017	29.6	29.3	29.3	28.7	30.2
Unintentional Injury deaths	Per 100,000 population	2017	30.6	28.8	37.8	25.4	40.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Social and Economic Factors-Income and Poverty

Income and Poverty

There is a direct correlation between income and poverty and the ability of one to maintain positive health outcomes. The County Health Rankings provides detailed reports related to income and poverty and have suggested that "employment provides income that shapes choices about housing, education, child care, food, medical care and more" (Countyhealthrankings.org). This group of factors can also be characterized as the social determinants of health and includes socioeconomic status or SES. To learn more information about the SES and the direct impact on communities as well as strategies to improve health, see Appendix V to view the publication: *What Works? Social and Economic Opportunities to Improve Health for All*.

Socioeconomic Factors

Below is a summary of socioeconomic factors from the U.S. Census for Miami-Dade County. The median household income ($46,338) is lower than the median household income at the state level ($50,883) and at the national level ($57,652). The proportion of those living below the federal poverty level (FPL) in Miami-Dade County (16.7%) is higher than the proportion of those living in poverty in Florida (14.0%) and the United States (12.3%). In Miami-Dade County, 81% of the population (ages 25+) is a high school graduate or higher, which is slightly lower than the state level (87.6%) and the national level (87.3%). The proportion of those in Miami-Dade County who have a bachelor's degree or higher (27.8%) is marginally lower than Florida's overall population (28.5%) and the United States (30.9%).

Socioeconomic 5-Year Estimates for 2013-2017

Characteristics	Miami-Dade County	Florida	United States
Number of households	858,259	7,510,882	118,825,921
Median household income	$46,338	$50,883	$57,652
Per capita income in past 12 months	$25,481	$28,774	$31,177
Homeownership rate	52.2%	64.8%	63.8%
Persons in poverty*	16.7%	14.0%	12.3%
High school graduate or higher (ages 25+)	81.0%	87.6%	87.3%
Bachelor's degree or higher (ages 25+)	27.8%	28.5%	30.9%

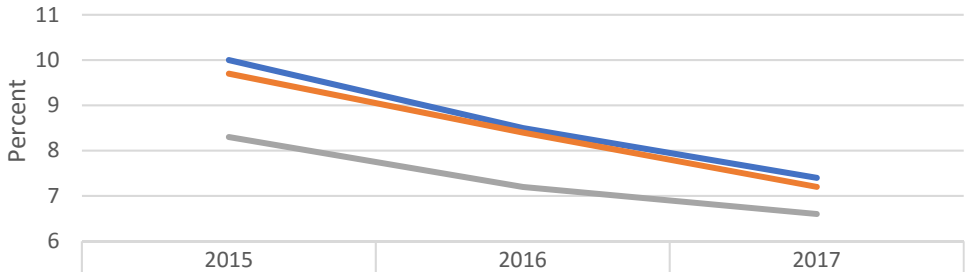
Source: Data for 2013-2017 estimates accessed via the United States Census https://factfinder.census.gov

Social and Economic Factors-Income and Poverty

Unemployment

Miami-Dade County has experienced a decrease in unemployment from 2015-2017. Miami-Dade County's rates remain higher than both Florida and national unemployment rates overall. Income helps individuals and families to provide for their families, which can lead to healthier life choices and outcomes.

Percent of Average Annual Unemployment Rates - Miami-Dade, Florida, and United States, 2015-2017



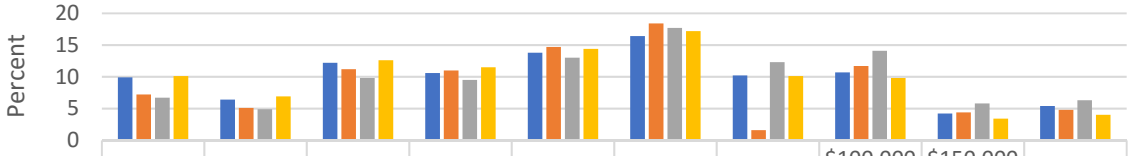
	2015	2016	2017
Miami-Dade	10	8.5	7.4
Florida	9.7	8.4	7.2
United States	8.3	7.2	6.6

Source: Data for 2010-2017 accessed via United States Census Bureau https://factfinder.census.gov

Household Income

In Miami-Dade County during 2017, the median household income ranged between $57,652 and $81,283, with a median county-level value of $46,338. As shown in the graph below, the majority of individuals in Miami-Dade County, have an annual income of $50,000 and $74,999 (16%). Which is similar to both Florida's and the United States overall rate of 18%. When compared to Florida, a higher proportion of Miami-Dade County's population earn an annual income of below $10,000 and $74,999, while a lower percentage of the Miami-Dade County population earn $75,000 and above.

Percent of Households by Household Income, 5-Year Estimate for 2013-2017



	<$10,000	$10.000-14,999	$15,000-$24,999	$25,000-$34,999	$35,000-$49,999	$50,000-$74,000	$75,000-$99,999	$100,000-$149,999	$150,000-$199,999	>$200,000
Miami-Dade	9.9	6.4	12.2	10.6	13.8	16.4	10.2	10.7	4.2	5.4
Florida	7.2	5.1	11.2	11	14.7	18.4	1.6	11.7	4.4	4.8
United states	6.7	4.9	9.8	9.5	13	17.7	12.3	14.1	5.8	6.3
2010 Miami-Dade	10.1	6.9	12.6	11.5	14.4	17.2	10.1	9.8	3.4	4

Source: Data for 2010-2017 accessed via United States Census Bureau https://factfinder.census.gov

Social and Economic Factors-Income and Poverty

Income Inequality

Annual income is commonly used to assess the wellbeing of a community. Income inequality is a word used to describe how income is unevenly dispersed among the population. Income inequality has been increasing in the United States. There has been adversity in trying to address this growing issue, but providing educational tools such as community partner workshops that provide education on financial literacy to community members can aid in developing solutions to reduce income inequities.

Poverty

The poverty level in a community reflects their ability to meet basic needs to maintain their health and wellbeing. High poverty rates are the cause and the consequence of poor economic conditions and can affect a person's health. On the surface, poverty is defined as a lack of income and assets needed to live on a day-to-day basis. Poverty converts into a network of disadvantages that exhaust opportunities for improvement. People who lack access to the most basic opportunities such as education, shelter, proper sanitation, and adequate nutrition can be adversely affected.

The United States Census Bureau is the government entity responsible for measuring poverty. The Census Bureau uses monetary thresholds and family size to make poverty determinations. "If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition applies money income before taxes and does not include capital gains or noncash benefits. "

Poverty by Race and Ethnicity

Poverty levels in Miami-Dade County are higher in American Indian and Alaska native at 22.1% and Black or African Americans at approximately 27.6%.

Population Below the Poverty level in the Past 12 Months by Race or Ethnicity, 2017

Geography	White Non-Hispanic	Back or African American	Asian	Other Race	Two or More Races	Hispanic or Latino	American Indian and Alaska Native alone
Miami-Dade County	17.2%	27.6%	15.2%	17.5%	15.7%	18.8%	22.1%
Florida	13.3%	24.8%	12.6%	21.9%	18.0%	19.8%	20.5%
United States	12.0%	25.2%	11.9%	23.8%	18.4%	22.2%	26.8%

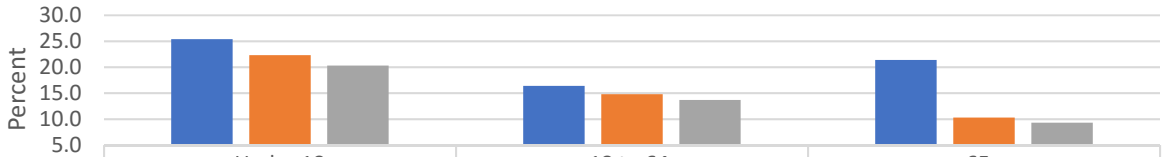
Source: Data for 2010-2017 accessed via United States Census Bureau https://factfinder.census.gov

Social and Economic Factors-Income and Poverty

Poverty by Age

As reported by the American Psychological Association (APA), poverty is associated with otheradverse socioeconomic conditions such as inadequate shelter, not being able to access a sufficient amount of nutritious food, homelessness, substandard child care, access to healthcare, schools that lack standard resources and unsafe neighborhoods. Children and teens who are in poverty are more likely to engage in risky behaviors such as smoking and drinking in comparison to their peers. In Miami-Dade County, the highest population living in poverty are those who are under the age of 18. Miami-Dade County's proportion is slightly higher than the state of Florida (22.3%) and the nation (20.3%). The second significant age group in poverty in Miami-Dade County, FL are those who are 65 and older.

Percent of Population Below Poverty Level by Age, 2017



	Under 18	18 to 64	65+
Miami-Dade County	25.40	16.40	21.40
Florida	22.30	14.80	10.30
United States	20.30	13.70	9.30

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Poverty and Families

A higher proportion of Miami-Dade County, families live in poverty (15.6%) when compared to the state's rate of 11.1% and the nation's rate at 10.5%. Miami-Dade County has a similar proportion of families with children less than 5 years of age below the poverty level (17.7%) when compared with Florida (17.0%) and the nation (16.2%). It is also worth noting that Miami-Dade has a higher rate of households age 65+ that are living below the poverty level at 14.1%.

Percent of Families Below the Poverty Level estimates for 2013-2017

Geography	All Families	Families Below the Poverty Level	Female Head of Household	Female Head of Household Families Below the Poverty level
Miami-Dade County	585,476	15.6%	156,582	27.9%
Florida	4,847,306	11.1%	981,283	26.8%
United States	78298703	10.5%	15,092,201	28.8%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Percent of Families Below the Poverty Level 5-Year Estimates for 2013-2017

Geography	Families with Children ≤ 5 Years of Age	Families with Children <5 Years of Age Below the Poverty Level	Householder ≥ 65 Years of Age	Householder ≥ 65 Years of Age Families Below Poverty Level
Miami-Dade	49,484	17.7%	114,089	14.1%
Florida	359,022	17.0%	1,274,289	6.3%
United States	6,765,837	16.2%	15,846,204	5.3%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Social and Economic Factors-Income and Poverty

Public Assistance

The United States Census Bureau publishes annual data on the number of clients and families that receive different types of assistance from the federal government. As seen below, a higher proportion of residents in Miami-Dade County, receive Supplemental Nutrition Assistance Program (SNAP) benefits (25.5%), Supplemental Security Income (7.5%), and cash public assistance (2.2%), when compared to the State of Florida and nation. Most people are not eligible for benefits because they earn too much to qualify and they are often referred to as the "working poor." The working poor are employed but do not make enough to raise themselves above the federal poverty level. In response to Hurricane Irma, the United States Department of Agriculture (USDA) Food and Nutrition Service approved Florida's Disaster-SNAP (D-SNAP) in October of 2017. This allowed eligible households to receive SNAP benefits to help meet their needs as they recovered from the natural disaster.

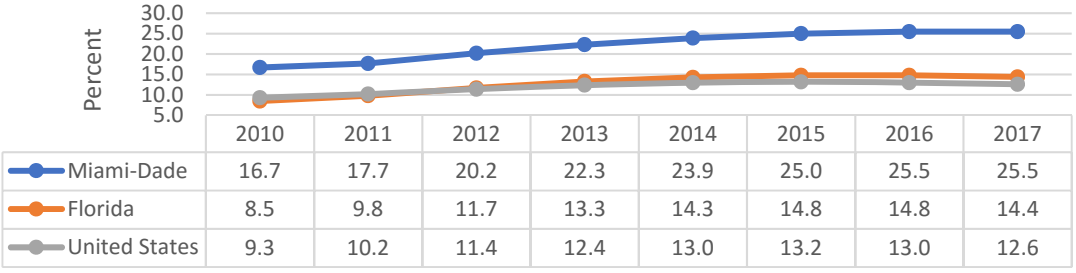
Public Assistance and Supplemental Benefits 5-Year Estimates for 2013-2017

Characteristic	Miami-Dade County	Florida	United States
Per Capita Income (Dec. -Dec)	$25,481	$28,774	$31,177
Total Households	858,289	7,510,882	118,825,921
Households with Social Security Income	29.2%	36.8%	30.6%
Household with SNAP Benefits2	25.5%	14.4%	12.6%
Households with Supplemental Security Income	7.5%	5.1%	5.4%
Households with Cash Public Assistance	2.2%	2.1%	2.6%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

The proportion of Miami-Dade County residents receiving SNAP benefits has increased more than 8% over an eight-year period. Compared to the state's proportion of approximately 6% and the nation's rate of 3%, Miami-Dade County, is slightly higher.

Percent of Food Stamp Clients - Miami-Dade, Florida, and United States, 2010-2017 (Single-Year)



	2010	2011	2012	2013	2014	2015	2016	2017
Miami-Dade	16.7	17.7	20.2	22.3	23.9	25.0	25.5	25.5
Florida	8.5	9.8	11.7	13.3	14.3	14.8	14.8	14.4
United States	9.3	10.2	11.4	12.4	13.0	13.2	13.0	12.6

Source: Data for 2010-2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information for poverty and income inequality are available through the following organizations:

- U. S. Census Bureau https://www.census.gov/topics/income-poverty/poverty.html
- World Health Organization https://www.who.int/hdp/poverty/en/

Social and Economic Factors-Education

Education

The correlation between education and health outcomes has been studied for many years. As stated by the CDC risky behaviors such as premature sexual initiation, violence, and drug use are frequently associated with poor grades and test scores and lower educational attainment. Education is an excellent indicator for the overall well-being of youth and an index and determinant of adult health outcomes.

Miami-Dade County School District

As noted in the Statistical Highlights report the Miami-Dade County Public School System (MDCPS) states there are 354,172 students that were enrolled during the 2017-2018 school year. MDCPS is comprised of 505 schools for the 2017-2018 school year. Of those 505 schools, there are more elementary schools than any other school type. The table does not portray the number of private schools or higher education facilities that are in Miami-Dade County.

Miami-Dade County Public Schools
2017-2018 School Year

School Type	Number of Schools
Elementary Schools (K-5)	167
K-8 Schools	53
Middle Schools (6-8)	50
High Schools (9-12)	63
Alternative Center (K-12)	9
Virtual Schools	1
Technical College	22
Charter Schools	134
Juvenile Justice facilities	6

Source: Data for 2016-2017 estimates accessed on Miami-Dade Public Schools website https://www.dadeschools.net/.

Students with Disabilities

According to MDCPS there are 79,266 students with learning or intellectual disabilities, emotional/behavioral or autism spectrum disorders, speech/language or sensory impairments and developmental delays. The MDCPS acknowledges that finding a starting point to aid the students who have disabilities may be arduous, so resources have been gathered from community members to help find the best services to meet the students' needs. One program within the MDCPS is the Exceptional Student Education (ESE) program. The ESE program and services help address the unique needs of kindergarten through 12th grade students who are gifted and those who have mild, moderate or severe disabilities. They serve students from the age of three until they graduate with their high school diploma, or until their 21st birthday.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and resources for students are available through the following organizations:

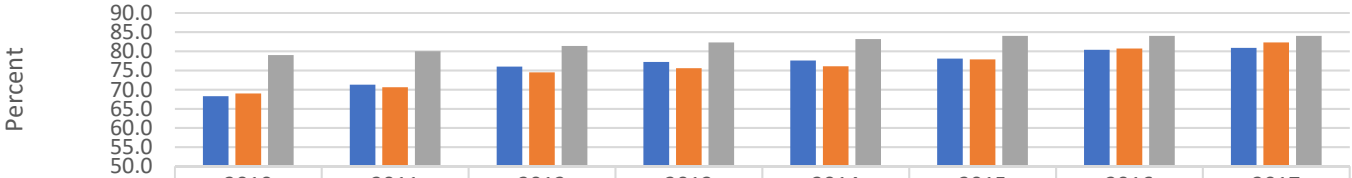
- Miami-Dade County Public Schools http://www.dadeschools.net/
- The Florida School for the Deaf and the Blind https://www.fsdbk12.org/

Social and Economic Factors-Education

Graduation Rates

Graduation rates for Miami-Dade County have remained at approximately the same rate as the State of Florida. When compared to the nation, Miami has remained slightly below the national rate.

Percent of High School Graduates - Miami-Dade County, Florida, and the United States, 2010-2017 (Single-Year)



	2010	2011	2012	2013	2014	2015	2016	2017
Miami-Dade	68.3	71.3	76.0	77.2	77.6	78.1	80.4	80.9
Florida	69.0	70.6	74.5	75.6	76.1	77.9	80.7	82.3
United States	79.0	80.0	81.4	82.3	83.2	84.0	84.0	84.0

Public high school adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.
Source: Data for Miami-Dade County and Florida accessed via Florida Department of Education https://www.fldoe.org/.
Source: Data for the United States accessed via United States department of Education https://ed.gov/.

Graduation Rates and Race or Ethnicity (Florida)

Florida's high school graduation rate by race or ethnicity has increased each year since 2015. In Florida, the population with the lowest graduation rates are Hispanic/Latino population and the American Indian or Alaska Native population when compared to other races or ethnicity.

High Schools Graduation Rates by Race and Ethnicity, Florida, 2015-2017

Year	White	Black or African American	Hispanic/ Latino	Asian	American Indian or Alaska Native	Two or More Races	Native Hawaiian or Other Pacific Islander
2015	88.5%	80.7%	77.0%	86.1%	78.6%	85.9%	89.2%
2016	88.7%	81.2%	77.6%	86.4%	81.4%	86.1%	87.8%
2017	92.4%	82.0%	78.4%	86.7%	81.3%	86.7%	88.8%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/
Public high school adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.

Social and Economic Factors-Education

Graduation Rates and Race or Ethnicity (Miami-Dade County)

In Miami-Dade County, graduation rates have continued to increase steadily since 2015 across most races and ethnicities. In 2015, the population with the lowest graduation rate were American Indian or Alaska Native. The 2016 graduation rate increased by 5.7%, it decreased by 2.3% in 2017. According to the U.S. Census Bureau, those who identified as Native Hawaiian or Pacific Islander had the highest graduation rates in 2015-2017.

High School Graduation Rates by Race and Ethnicity Miami-Dade County, 2015-2017

Year	White	Black or African American	Hispanic/ Latino	Asian	American Indian or Alaska Native	Two or More Races	Native Hawaiian or Other Pacific Islander
2015	80.9%	76.7%	77.4%	86.5%	70.3%	79.7%	94.3%
2016	81.4%	77.5%	78.1%	85.8%	76.0%	80.5%	87.5%
2017	81.7%	77.9%	78.8%	84.8%	73.7%	82.6%	88.5%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Educational Attainment

Approximately, 28.2% of Miami Dade County's population has attained a high school diploma as their highest form of education. This is lower than the State of Florida's rate of 29%, but higher than the United States' rate of 27.3%. The second highest proportion of Miami-Dade County's population has a bachelor's degree (17.8%) as their highest form of educational attainment, which is slightly below the state of Florida's rate of 18.2% and the nations' rate of 19%. In Miami-Dade County, FL, there are opportunities to obtain higher educational degrees, as well as technical and vocational degrees.

Educational Attainment 5-Year Estimates for 2013-2017

Geography	High School Graduate	Some College	Associate degree	Bachelor's Degree	Graduate or Professional Degree
Miami-Dade County, FL	28.2%	15.8%	9.2%	17.8%	10.0%
Florida	29.0%	20.4%	9.8%	18.2%	10.3%
United States	27.3%	20.8%	8.3%	19.1%	11.8%

Percentages are based on the population 25 years and over.
Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Social and Economic Factors-Family and Social Support

Social Support

Social support means having a network of friends family, and others to turn to in times of need or crisis that will give a broader focus and positive self-image. Social support enhances quality of life and provides a buffer against adverse life events. To improve community health, there is a need to identify and address the social support inequities within Miami-Dade County.

Social Support and Health

According to Centers for Disease Control and Prevention (CDC), there is a an association between increased levels of social support and reduced risk for physical disease, mental illness, and mortality. Social support can promote health by providing persons with positive experiences, socially rewarding roles, or improved ability to cope with stressful events. The rates of chronic disease are reaching record levels and the support of families, friends and communities can help to combat the problem. There are times when social support can have an impact on the likelihood of an individual who is considering suicide. A lack of social support, isolation, limited access to resources, and substance abuse are just a few of the many risk factors that make it more likely for a person to consider ending their own life.

Social Support and Health Inequities

Social support can be affected by many different factors including the social determinants of health. The social determinants of health include the availability of resources such as education, healthcare services, safe housing, socioeconomic conditions, discrimination and racism. The County Health Rankings have shown that neighborhoods with lower social support may be more prone to violence than those with more social support and often have limited community resources and role models. Socially isolated individuals are more likely to be concentrated in communities with limited social support. These individuals with low support are more likely to have a fair or poor health status and are more likely to suffer depression and anxiety.

Social and Economic Factors-Family and Social Support

Youth and Social Norms

Social norms give us an expected idea of how to behave in a social group or culture and often vary among age groups, ethnicities, and races. Norms provide a key to understanding social influence in general and conformity, in particular. Social norms may have an impact on youth interactions with their peers. Youth may have misconceptions about alcohol and drug use, healthy eating, and bullying behaviors.

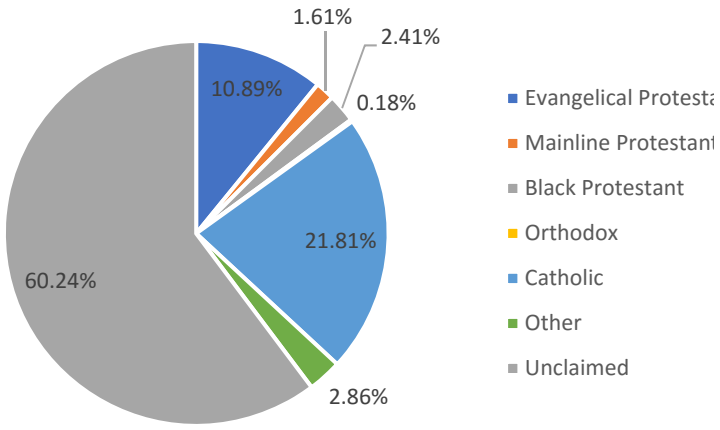
Elderly and Social Isolation

The process of aging can be different for each individual depending on heredity attributes, lifestyle, and attitudes. Social disconnectedness and perceived isolation have distinct associations with physical and mental health among older adults (Cornwell & Waite, 2009). Social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health Individuals who lack social connections or report frequent feelings of loneliness tend to suffer from higher rates of morbidity and mortality, infection, depression, and cognitive decline (Cornwell & Waite, 2009).

Faith Communities

Faith organizations have an impact on individual's values, behaviors, spiritual well-being and their overall health. Faith organizations are assets due to the role that they play in the community. Community members who are a part of the congregation often receive health information through attending faith-based events and service. The figure 3 to the right shows the reported religions that are present in Miami-Dade County by Homefacts.

Figure 3: Miami-Dade County Religious Bodies



Source: Data for 2010 Religious bodies in Miami-Dade County, FL accessed via https://www.homefacts.com/

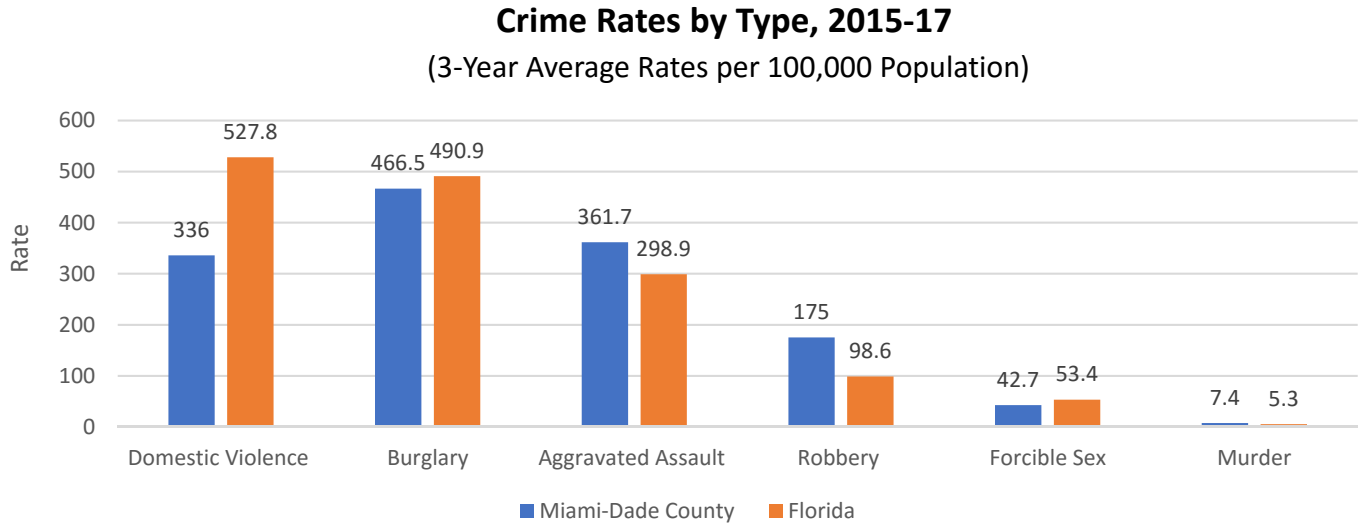
Social and Economic Factors-Community Safety

Crime and Health

The third leading cause of death in the United States are injuries caused by accidents and violence for individuals between the ages of one and 44. Living in unsafe neighborhoods can impact health and quality of life and exposure to violence can affect us physically and psychologically. Studies have shown that high exposure to violence and crime can increase your stress levels, affect your overall wellbeing and increase the chances to suffer from certain illnesses like hypertension, stress-related disorders, upper respiratory illness, asthma, and obesity. Policies and programs such as firearms restrictions for domestic violence offenders, automated speed enforcement cameras, traffic calming, universal motorcycle helmet laws, hot spot policing, community policing, car seat distribution and educational programs can help decrease accidents and fatal injuries. Crime contributes to higher levels of stress, anxiety and depression among commubity members which can also be linked to higher rates of premature births and low birth weight babies.

Crime

High crime rates can have a negative impact on social and economic outcomes in a community. For instance, neighborhoods across the United States that have a low annual income have been frequently linked with higher crime rates when compared to neighborhoods that have a higher annual income (Brown et al., 2014). Crime may result in companies being less willing to invest in neighborhoods that have high crime rates, which may impact community resources. Surveilling criminal activity is key to ensuring safe, livable, communities and to improving community health. Crime rates in Miami-Dade County are lower than the state's rate in the following areas: domestic violence, burglary, and forcible sex. In other areas such as aggravated assault, robbery and murder, the rates are higher than Florida's overall rate. The County Health Rankings provide additional information on community safety for each county in Florida including Miami-Dade County.



Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

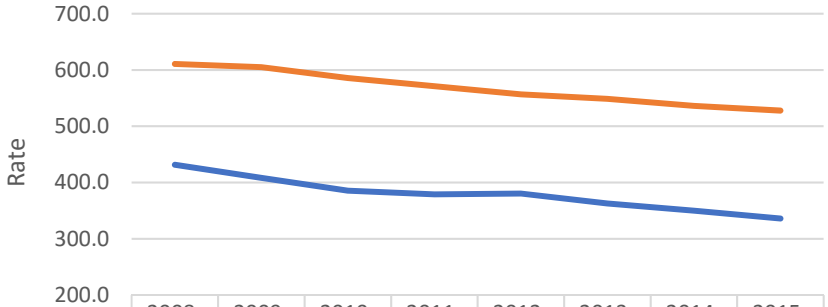
Social and Economic Factors-Community Safety

Domestic Violence

The National Domestic Violence Hotline defines domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) as a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Anyone can be a victim of domestic violence. Domestic Violence does not discriminate based on race, age, sexual orientations, religions, genders, socioeconomic backgrounds, or education levels. Miami-Dade County offers free services and programs to increase the safety of domestic violence victims and to reduce violence. In the table presented below, Miami-Dade County has lower rates of domestic violence when compared to the state's rates. It is important to note that many victims of domestic violence are not included in these rates because not all victims seek help in the health care setting or report domestic violence.

Domestic Violence Offenses, 2008-2017

(3-Year Rolling Rates per 100,000 Population)



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	431.5	408.4	385.4	378.9	380.5	362.9	349.9	336
Florida	610.7	604.9	585.6	571.3	556.7	548.7	536.2	527.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County Resources

- **Emergency**
  911
- **Florida Domestic Violence 24-Hour Crisis Hotline**
  1-800-500-1119
- **Miami-Dade County Coordinated Victims Assistance Center**
  305-285-5900
- **Rape Hotline**
  305-585-7273
- **Miami-Dade Advocates for Victims Hotline**
  305-247-4249
- Report an incident by emailing svbinfo@mdpd.com

Source: https://www8.miamidade.gov/global/initiatives/domesticviolence/home.page

Health Behaviors-Drug Use

Opioids

Opioid drugs are a class of drugs used to reduce pain. According to the National Institute on Drug Abuse (NIDA), this class of drugs includes heroin, synthetic opioids such as fentanyl, and pain relievers available legally when prescribed, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine. Between 1999-2017, nearly 400,000 people died from an overdose involving opioids including prescription drugs and illicit opioids. The CDC notes that the rise in opioid overdose deaths can be explained in three distinct waves:

1.) In the late 1990s, the first wave began with increased prescribing of opioids with overdose deaths related to prescription opioids.
2.) The second wave started in 2010, with a quick rise in overdose deaths involving heroin.
3.) The third wave started in 2013, with significant increases in overdose deaths involving synthetic opioids specifically those involving illicitly-manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.

Florida's Statewide Drug Policy Advisory Council (DPAC) 2016 Annual Report states that, "Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). The number of deaths associated with fentanyl and heroin-related drug use has substantially increased." In the Spring of 2017, Florida's Governor Rick Scott signed an executive order declaring a statewide public health emergency for the opioid epidemic.

The Miami-Dade County Medical Examiner's found that in 2017, an estimated 305 Miami-Dade County residents died as a result of opioid overdoses. In 2017 the opioid overdose age-adjusted death rate in Miami-Dade County was an estimated 10.8 per 100,000 persons. Furthermore, thousands of Miami-Dade residents have been admitted to hospitals, treatment centers or visited the emergency departments each year due to opioid poisoning and abuse.

In a response to the illegal and prescription opioid addiction and overdose epidemic in Miami-Dade County, Mayor Carlos A. Gimenez in partnership with the State Attorney Katherine Fernandez-Rundle, the Department of Children and Families, the DOH-Miami-Dade and Miami-Dade County's Board of County Commissioners Chairman Bovo, founded the Opioid Addiction Taskforce. The Taskforce was charged with developing an effective action plan to address the opiod crisis. From a review of best evidence-based and informed practices, the Taskforce was delegated to provide recommendations to reduce opioid overdoses, prevent opioid misuse and addiction (as well as heroin addiction), increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. Additionally, healthcare solutions were examined to raise awareness and improve knowledge of misuse and the role of the justice system in opioid prevention.

To combat the opioid addiction and overdose epidemic, programs have been created to combat this issue. The Helping Emergency Responders Obtain Support (HEROS) is a program sourced at the DOH-Miami-Dade that provides emergency responders with emergency opioid antagonist medications like Naloxone. This medication works by reversing the narcotic effects on the brain. The 2009 Florida legislature created the Florida Prescription Drug Monitoring Program. This initiative was created to encourage safer prescribing of controlled substances and to reduce drug abuses and diversion within the state of Florida. The Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline is available for individuals and family members facing substance use disorders at 1-800-662-HELP (4357) or 1-800-487-4889. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

Health Behaviors-Drug Use

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is defined by the CDC, "as a withdrawal syndrome that can occur in newborns exposed during pregnancy to certain substances including opioids". There is a dramatic increase in maternal opioid use and neonatal abstinence syndrome. The use of opioids during pregnancy can have detrimental effects on newborns such as withdrawal syndrome. Neonatal abstinence syndrome (NAS) is a result of the sudden discontinuation of fetal exposure to substances that were used or abused by the mother during pregnancy. Recent studies have shown that approximately every 15 minutes in the United States a baby is born with opioid withdrawal. These babies are more likely to have low birthweight and suffer from respiratory complications, seizures, and feeding difficulties. A report noted on drugabuse.gov, indicates that a larger number of hospitalizations are paid for by Medicaid, which indicates that there is a higher rate of drug use during pregnancy by mothers with low-income (Drugabuse.gov, 2019). This information is relevant to addressing NAS as this syndrome is directly linked to substance abuse during preganancy.

According to CDC guidelines, prevention for NAS involves controling opioid prescription and being cautious especially with pregnant women and nonpregnant women of reproductive age, and when possible using nonopioid pharmacological therapy. It is also important to have proper access to prenatal care and family planning services. Women who are pregnant or thinking about becoming pregnant should be honest with their health care provider about the consumption of opioids before, during and after pregnancy to prevent and decrease the rate of NAS.

In Florida, the number of babies born with NAS has increased between 2014-2017. The Florida Birth Defects Registry (FBDR) has tracked the number of infants that manifest a diagnosis of NAS since 2014 in Florida. While the Florida Department of Health works to track NAS trends, the following should be noted:

- **Data sources:** To identify NAS cases, DOH currently uses a passive case ascertainment methodology that relies on linked administrative datasets and diagnostic codes indicative of NAS. ICD codes used for diagnosis are 779.5 and P96.1. Once an infant's birth certificate record has been linked to his/her birth hospitalization, the discharge portion of the linked electronic record is scanned for the presence of any of the above-mentioned diagnosis codes.
- **What are limitations of the data?** Currently, there appears to be substantial variation in the diagnosis and reporting of NAS across medical institutions, providers, and surveillance systems. These inconsistencies result in questionable accuracy and reliability of NAS data. However, they are also indicative of the need and opportunity for the DOH/FBDR to encourage establishment of a standardized set of recommendations and guidelines for clinical diagnosis, data collection, surveillance, and reporting efforts.
- There are specific data perimeters that should be considered when examining this data. To learn more about how data is collected and used, visit the Florida Department of Health Surveillance of Neonatal Abstinence Syndrome in Florida.

Neonatal Abstinence Syndrome Cases and Rates per 10,000 Live Births in Miami-Dade County, 2014-2017

Year	Total	Rate
2014	10	3.13
2015	6	1.85*(ICD Code Change)
2016	14	4.28
2017	16	5.03

*The ICD 9 Code changed to ICD 10 Code during the collection of data, therefore the impact on total and rate is unknown.

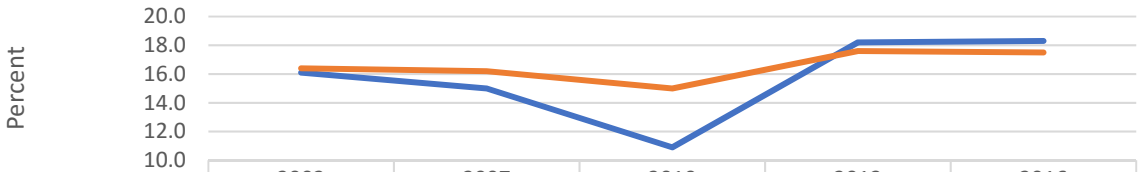
Health Behaviors-Alcohol Use

Binge Drinking

According to the CDC, binge drinking is defined as the consumption of four or more drinks for women and five or more for men in about two hours. Young adults ages 18 to 34 and those with a household income of $75,000 or more are more likely to participate in binge drinking behaviors. It is worth noting that those with a household income of less than $25,000 consumed a higher amount of drinks, between eight to nine when binge drinking.

Binge drinking is a significant issue in the U.S. due to the following: inexpensive to purchase, accessibility, and mass marketing and promotion by the alcohol industry. One out of ten adult deaths are related to binge drinking. According to the County Health Rankings, 2016 data indicates that the percentage of adults reporting binge or heavy drinking was 17% in Miami-Dade County which is lower than the state average of 18%.

Percent of Adults Who Engage in Heavy or Binge Drinking, 2002-2016 (Single-Year)



	2002	2007	2010	2013	2016
Miami-Dade	16.1	15.0	10.9	18.2	18.3
Florida	16.4	16.2	15.0	17.6	17.5

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Binge Drinking and Maternal and Child Health

When a women drinks during pregnancy, there can be adverse effects on the unborn child. According to the CDC, the effects of alcohol on unborn children are characterized as a set of behavioral or intellectual disorders known as Fetal Alcohol Spectrum Disorders. There can be significant medical problems for the unborn child including hearing, vision, and sleep problems. When a woman is pregnant, there is no safe level of alcohol that should be consumed. To learn more about Fetal Alcohol Spectrum Disorders and the specific types of disorders, please visit the CDC- https://www.cdc.gov/ncbddd/fasd/facts.html.

Binge Drinking and Youth

Alcohol is the drug used most often by adolescents today. Binge drinking is not only a concern for adults, but youth as well. A report from Johns Hopkins Bloomberg School of Public health and The Boston University School of Public Health, shows beer as the choice of liquor for minors and underage 13 to 20 years of age.

The most common consequences associated with young people binge drinking are driving under the influence and engaging in other unhealthy behaviors such as risky sexual activity.

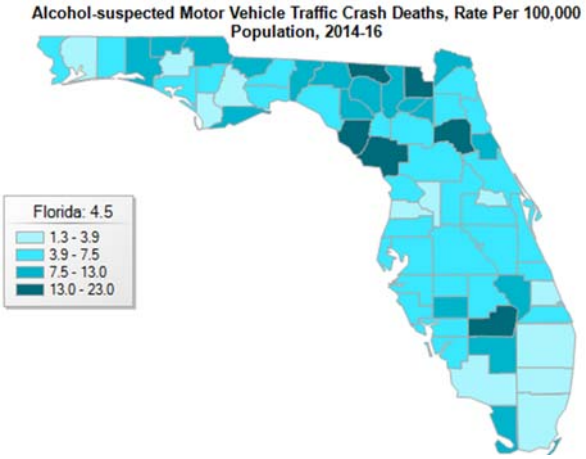
Health Behaviors-Alcohol Use

Alcohol Suspected Motor Vehicle Traffic Crashes

Indicator: Age-adjusted death rate per 100,000 population due to alcohol-suspected motor vehicle traffic crashes.

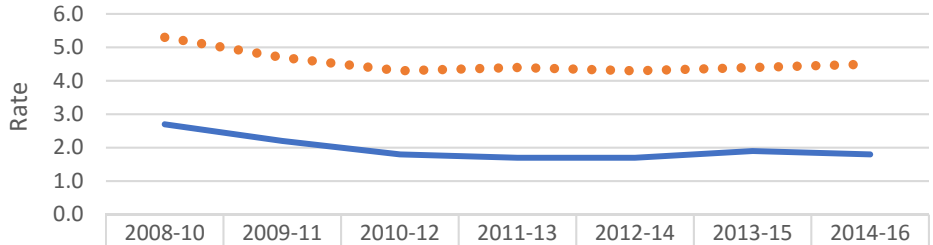
Why is this important?

Alcohol suspected motor vehicle traffic crash deaths as defined by the CDC, as persons killed in crashes involving a drunk driver. Per the CDC, Every day, 29 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This is one death estimated every 50 minutes. The annual cost of alcohol-related crashes totals more than $44 billion in the United States. From the Behavioral Risk Factor Surveillance System (BRFSS), 2.1% in Florida reported driving after drinking too much compared to the nation's response of 1.9%; this is lower when compared to the State of Florida. In Florida, 934 people died in alcohol suspected motor vehicle traffic crashes and 37 of those occurred in Miami-Dade County.



Alcohol-suspected Motor Vehicle Traffic Crash Death Rates - Miami-Dade County, Florida, and Peer Counties, 2008-2016

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
Miami-Dade	2.7	2.2	1.8	1.7	1.7	1.9	1.8
Florida	5.3	4.7	4.3	4.4	4.3	4.4	4.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Motor Vehicle Crash Snapshot, 2008-2016 (3-Year Rolling Rate per 100,000 Population)

Type	2008-10	2009-2011	2010-12	2011-13	2012-14	2013-15	2014-16
Total Motor Vehicle (MVT) Traffic Crashes	1728.2	1702.3	1798.2	1903.6	2109.7	2241.9	2343.6
Alcohol-suspected MVT Crashes	70.8	68.7	64.4	62.4	57.3	52.5	46.4
Alcohol-suspected MVT Crash Injuries	48.8	45.3	43.1	41.0	37.6	32.8	29.6

As illustrated in the figure above alcohol suspected motor vehicle traffic crash death rates for Miami-Dade County, FL have decreased since 2015. The most recent rates for Miami-Dade County, FL are lower than the State rate and the Peer Counties Average rates.

Health Behaviors-Tobacco Use

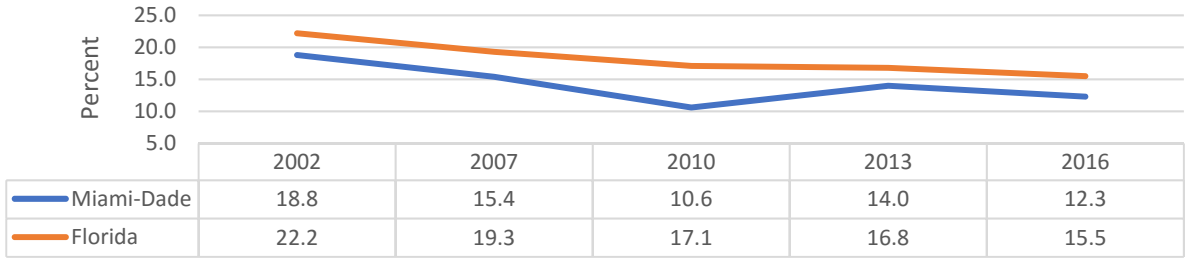
Smoking

Smoking is associated with serious diseases and damage to almost every organ in your body. More than 16 million Americans have a disease linked to smoking. Smoking increases the risk of cancer, heart disease, stroke, lung diseases, diabetes, and (COPD), which includes emphysema and chronic bronchitis. It increases risk of tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis, and erectile dysfunction. Smoking remains the number one cause of preventable diseases in the United States. The U.S. Department of Health and Human Services states that cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure (Centers for Disease Control and Prevention, 2019).

The money that is collected from tobacco taxes and settlements in court, less than 2.4% is spent on programs that can help stop young people from becoming smokers and help current smokers quit (Centers for Disease Control and Prevention, 2019).

Percent of Adults Who are Current Smokers, 2002-2016

(Single-Year)



	2002	2007	2010	2013	2016
Miami-Dade	18.8	15.4	10.6	14.0	12.3
Florida	22.2	19.3	17.1	16.8	15.5

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Smoking and Youth

The U.S. National Library of Medicine in the National Institute of Health attributed about a third of teenage experimentation with smoking to tobacco advertising and promotional activities in retail environments. The 2016 and 2018 Florida Youth Tobacco Survey (FYTS) shows a slight decrease in some areas for youth ages 11 years old to 17 years old who have tried some form of tobacco. It is essential to note the evolving trend of electronic nicotine delivery systems (ENDS) such as vapes or JUUL. In 2018, 28.4% of youth reported ever trying electronic vaping. That percentage is higher than the prior year of 2016, where 24.9% of youth reported every using electronic vaping devices according to the FYTS.

Florida Youth Tobacco Survey for Miami-Dade County, Florida

Percentage of Youth Ages 11-17 Who Have	2016	2018
Ever tried cigarettes	11.7%	11.2%
Ever tried cigars	7.1%	7.3%
Ever tried smokeless tobacco	2.5%	2.1%
Ever tried hookah	21.3%	15.7%
Ever tried electronic vaping	24.9%	28.4%

Health Behaviors-Diet and Exercise

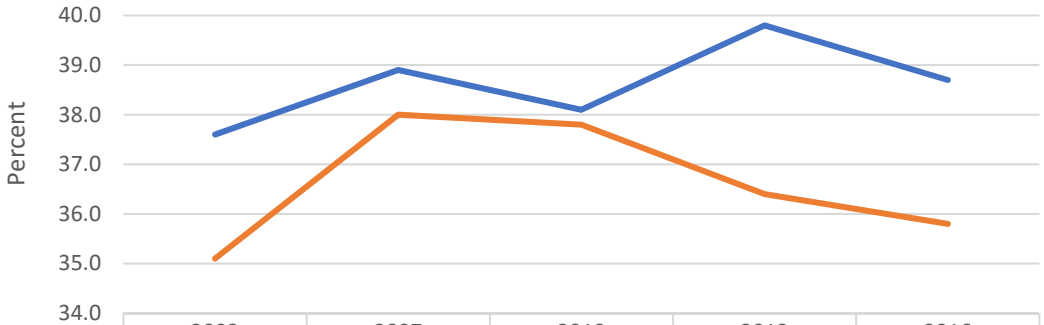
Diet and Obesity

Obesity is the state of being significantly overweight based on a height-to-weight ratio. Factors that influence the likelihood of becoming obese include diet, exercise, genetics, and lifestyle. Having access to fresh food plays an essential role in preventing obesity. In the United States, obesity has been on the rise for decades In 2016, more than one third of the United States population was obese.

According to FLCHARTS in 2016, 35.8% of adults in Florida were obese. In Miami-Dade County 38.7% of adults were classified as overweight. This rate is higher than Florida's rate.

As represented below, the proportion of Miami-Dade County adults that are overweight is decreasing.

Percent of Adults Who are Overweight, 2002-2016
(Single-Year)



	2002	2007	2010	2013	2016
Miami-Dade	37.6	38.9	38.1	39.8	38.7
Florida	35.1	38.0	37.8	36.4	35.8

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Food Deserts

A person's food environment is made up of several factors: the physical presence of food that affects a person's diet, a person's proximity to food store locations, the distribution of food stores, food service, and any physical entity by which food is obtained, or overall a connected system that allows access to foods. The CDC defines food deserts as "areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up a healthy nutritious diet". Populations that live within food deserts rely on federal supplemental assistance which includes the National School Lunch Program (NSLP),SNAP, and Women, Infants, and Children (WIC) programs. The WIC program in Miami-Dade County has partnered with Univesity of Florida Institure of Food and Agrigulture Sciences on promoting a program called "*Health in The Hood*." The program brings a mobile unit to WIC locations and offers a variety of fruits and vegetables for members in the community to come and participate in picking nutritious groceries. This program is an example of bridging the gap in these food desert areas. The U.S. Department of Agriculture (USDA) map illustrates that food desert areas exists in Homestead, Cutler Bay and Hialeah.

Health Behaviors-Diet and Exercise

Food Insecurity

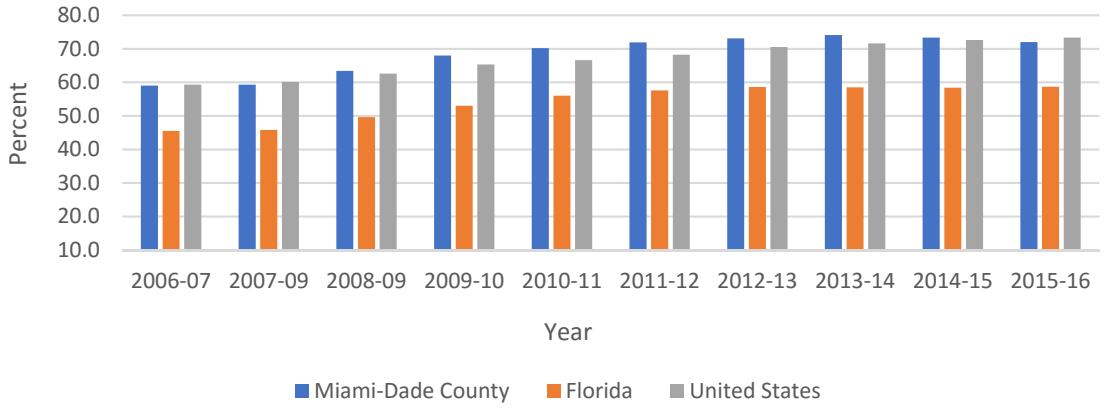
Food insecurity for the County Health Rankings is the percentage of the population who lacks adequate access to food. It is important to discuss food insecurities when discussing health because it can be related to negative health outcomes such as weight-gain and premature mortality. The measure also addresses the ability of individuals and families to provide balanced meals, further addressing barriers to healthy eating and adequate access to a constant food supply. The prevalence of food insecurity in the United States is related to changes in unemployment, inflation, and the cost of food. The U.S. Department of Agriculture (USDA) describes food environments as food secure and food insecure. A food secure household always has access to adequate food for all members of the household, whereas, a food insecure households does not always have adequate or enough food for all household members throughout year. Food insecurity is increasing amng older adults. The number of seniors facing the risk of hunger has more than doubled. As reported by the USDA, the food insecurity rate for senior households was 7.8% in 2016. Seniors are more likely to be food insecure if they live in a Souther state, have a disability, live with a grandchild, or if they are either African-American or Hispanic. The "Map the Meal Gap" food insecurity interactive map shows that the food insecurity rate is 9.1% in Miami-Dade compared to Florida overall which is 13.9%. Results released in 2018, using 2016 data indicates the overall number of people in Miami-Dade County who had food insecurity was an estimated 241,620.

The *County Healthy Rankings Report* uses "Food Environment Index" as one of the Diet and Exercise measures. The two factors that determine this index are food insecurity estimates and limited access to healthy foods estimates. The 2019 *County Healthy Rankings Report* highly ranks Miami-Dade County for the Food Environment Index measures as 3rd out of 67 counties in Florida.

Free and Reduced Lunch

The National School Lunch Program (NSLP) is a federally assisted meal program which provides nutritionally balanced, low-cost or free lunches to children each school day in public, nonprofit private schools and residential child care institutions. An indicator of poverty is the number of students receiving free or reduced priced lunch. The proportions of Miami-Dade's students eligible to receive free or reduced lunch when compared to the nation is similar but still greater than the Florida percentage.

Percent of Students Grade K-12 Eligible to Participate in The Free and Reduced Lunch Program, Miami-Dade County, Florida, and United States, 2006-2016



Source: Kids Count Data Center http://datacenter.kidscount.org
Source: United States Department of Agriculture https://fns-prod.azureedge.net

Health Behaviors-Diet and Exercise

Built Environment, Exercise, and Obesity

Interventions were implemented at the municipal level in order to increase the opportunity for physical activity and access to healthy food within Miami-Dade County. Evidence-based architectural and urban design strategies can encourage regular physical activity and healthy eating. Improving the built environment to make the surroundings conducive to healthy lifestyles will benefit all members of the community. This objective will potentially reduce health disparities such as access to health care and increasing physical activity by encouraging better walkable streets and complete streets planning principles that are incorporated in underserved and unsafe areas. Additionally, incorporating Active Design Guidelines and Complete Streets Guidelines provides architects and urban designers with a manual of strategies for creating healthier buildings, streets, and urban spaces, based on the latest academic research and best practices in the field. Local governments play a key role in shaping community infrastructure to support walking by promoting transit, community planning zoning provisions, and by retrofitting existing areas to better serve pedestrians. A frequently cited barriers to physical activity is lack of safe areas.

According to the Recommended Community Strategies and Measurements to Prevent Obesity in the United States, street-scale urban design and land-use policies and practices may increase environmental supports, such as safety, walkability, improved sense of community, decreased isolation, and reduction in crime and stress. In Miami-Dade the Active Design guidelines have been adopted to achieve environmental supports. Active Design is an evidence-based approach to shaping communities which leverage urban design and architecture solutions to improve public health. Another approach adopted by Miami-Dade is the Complete Streets Design Guidelines which was developed to provide policy and guidance to all stakeholders involved in street design projects. These projects are designed and operated to enable safe access for all users including, pedestrians, bicyclists, motorists, and public transportation users of all ages and abilities. By implementing a Complete Streets policy, communities direct their transportation planners & engineers to routinely design and operate the entire right of way to enable safe access for all users, regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, & bicyclists – making areas in the county a better place to live. Our Active Design Miami guidelines policy includes the following:

- A vision for how and why the community wants to complete its streets
- Specifies that ‘all users’ includes pedestrians, bicyclists and transit passengers of all ages and abilities, as well as trucks, buses and automobiles.
- Applies to both new and retrofit projects, including design, planning, maintenance, and operations, for the entire right of way.
- Makes any exceptions specific and sets a clear procedure that requires high-level approval of exceptions.
- Encourages street connectivity and aims to create a comprehensive, integrated, connected network for all modes.
- Is implementable by all agencies to cover all roads.
- Directs the use of the latest and best design criteria and guidelines while recognizing the need for flexibility in balancing user needs.
- Directs that Complete Streets solutions will complement the context of the community.
- Establishes performance standards with measurable outcomes.
- Includes specific next steps for implementation.

To date, there are 10 municipaities within Miami-Dade and Unincorporated Miami-Dade that have adopted Active Design Guidelines. By adopting these guidleines, Miami-Dade County has been able to effectively impact over 600,000 Miami-Dade County Residents.

Health Behaviors-Diet and Exercise

Built Environment, Exercise, and Obesity

DOH-Miami-Dade has over five years of experience with Active Design development and has thoughtfully created partnerships within the community through the Consortium for a Healthier Miami- Dade. We have partnered with the Miami Chapter of American Institute of Architects (AIA) to organize an annual Fit City Miami conference based on the NY Active Design Guidelines developed by NYC Department of Health and NYC AIA. Incorporating the Active Design Guidelines into the Urban Design Manual. The Urban Design Manual Is a set of principles that designers use that improve the quality of physical development in unincorporated Miami-Dade. This merge will provide an important opportunity to educate local architects, engineers, planners, city managers, school boards, hospitals, universities, business owners, and elected officials about the physical and economic benefits of NY Active Design Guidelines, through special training sessions and participation in yearly Fit City events.

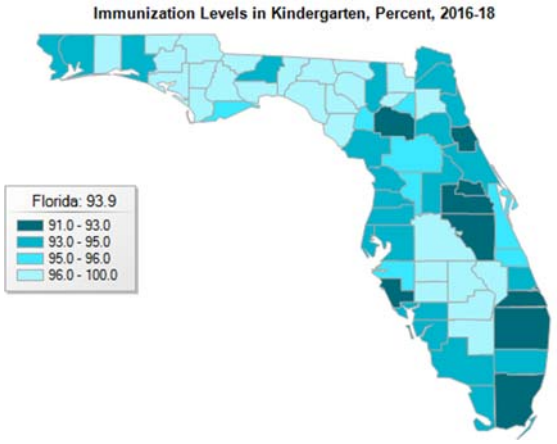
The NY Active Design Guidelines have been retrofitted to fit the climate and cultural aspects unique to Miami-Dade. The Miami Active Design Guidelines will strengthen policy guidelines that illustrate the basic design principles for the placement and design of public open space and civic structures and significantly improve wellness in Miami-Dade County. The urban design principles in this manual identify acceptable and preferred design examples of ways to implement the urban form guidelines and other policies pertaining to community land use, housing patterns, and design in the Miami-Dade County Comprehensive Development Master Plan (CDMP), in addition to the incorporation of the Active Design Guidelines as part of increasing physical activity. Miami Dade Parks, Recreation, and Open Spaces (MDPROS) has 270 parks, covering 13,599 acres of land and there are 130 miles of bike/walking trails that can be accessed by Miami-Dade County's 2.7M residents, as well as any visitors/tourists to the area.

To access the full Complete Streets Guidelines or Active Design Miami Guidelines, please visit Healthymiamidade.org

Health Behaviors-Vaccination

Immunization Coverage or School Age Children

Indicator: Percentage of kindergarteners in Florida public and private schools that have the required immunization documentation for pre-school entry.

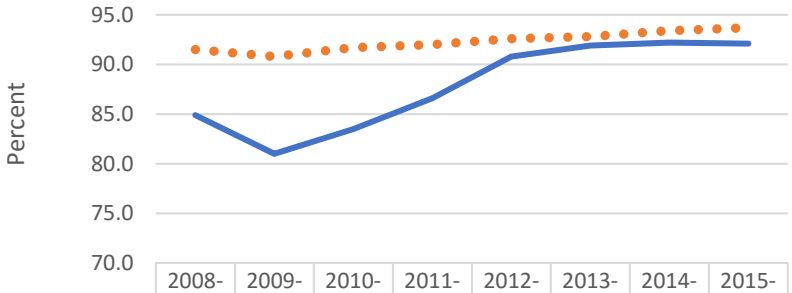


Why is this important?

Vaccination is one of the best ways parents can protect infants, children, and teens from about 16 harmful diseases. These diseases can result in long school absences, hospitalizations, and death. This may even have a significant impact on the family's financial stability consequentially from costly medical bills and even loss of work to take care of dependents. The State of Florida has improved immunization coverage through mandatory immunization requirements for school-aged children in an effort to reduce the threat of vaccine-preventable disease. Required vaccines for children in the state of Florida include: diphtheria/tetanus/pertussis (DTaP), polio series vaccine, measles/mumps/rubella (MMR), Hepatitis B (Hep B) series, Haemophilus influenzae type b (HiB), and varicella (chicken pox). In addition, childcare facilities and schools must report their annual vaccination records at the beginning of each school year or period of assessment to the Florida Department of Health. For more information, please visit the CDC website: www.cdc.gov/vaccines.

Percent of Kindergarteners Meeting Immunization Requirements - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate per 100,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	84.9	81.0	83.5	86.6	90.8	91.9	92.2	92.1
Florida	91.5	90.8	91.7	92.0	92.6	92.8	93.4	93.7

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

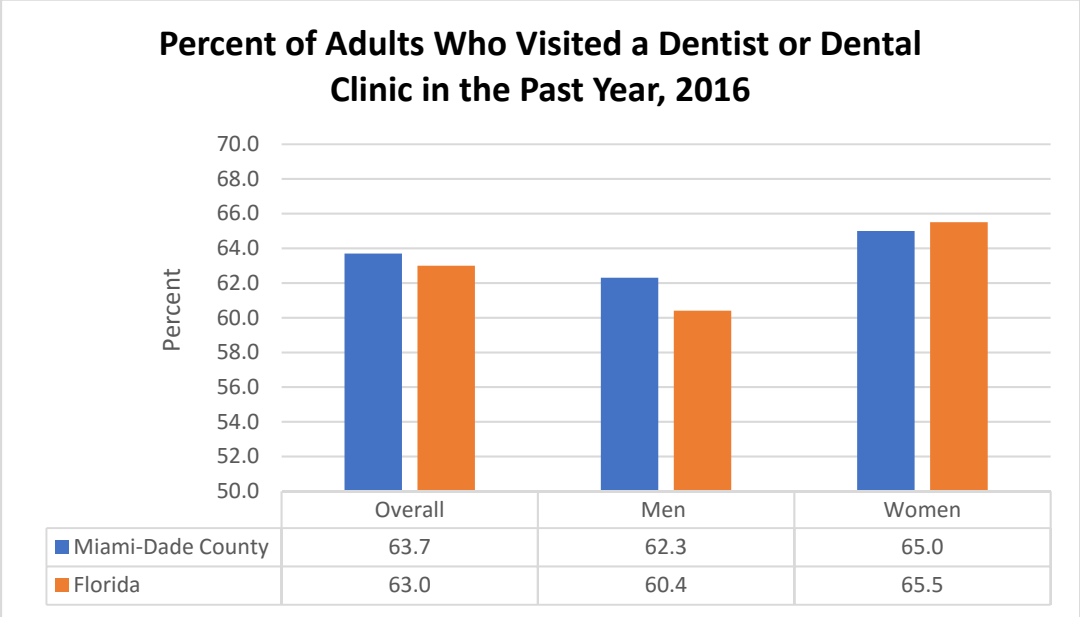
Information and supportive resources on immunizations and vaccines are available through the following organizations:

- FL Health Miami-Dade Immunization Clinics http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/immunizations/clinics/index.html
- Florida Shots Keeping Shots in Check http://flshotsusers.com/
- CDC's School Vax View https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/index.html
- Vaccinate Your Family http://ecbt.org/

Health Behaviors-Oral Health

Dental Care

The importance of dental care goes far beyond the appearance of a beautiful smile. Regular oral healthcare can prevent many types of diseases ranging from gum disease to heart disease. Dental disease can lead to diabetes, lung disease, stroke, respiratory illnesses, and complications during pregnancy. Oral diseases can cost taxpayers millions of dollars every year. Dental costs are the main reason why people do not go to the dentist. Healthy People 2020 is working to decrease and eliminate oral health disparities with interventions such as community water fluoridation and school-based dental sealant programs to achieve this goal. FLCHARTS reported 63.8% of the Miami-Dade County population saw a dentist within the last year,which is similar to the state of Florida's average of 63.0%. Women (65.0%) and men (62.3%) in Miami-Dade County have visited the dentist or dental clinic within the last 12 months at similar percentages.



	Overall	Men	Women
Miami-Dade County	63.7	62.3	65.0
Florida	63.0	60.4	65.5

Source: Data for 2016 accessed via FLCHARTS http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=97

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on dental care are available through the following organizations:

- American Dental Association "Mouth Healthy" www.MouthHealthy.org/en/
- U.S. Department of Health and Human Services "Live well. Learn how." www.healthfinder.gov
- Florida Department of Health in Miami-Dade County Dental Program http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/community-dental-centers.html

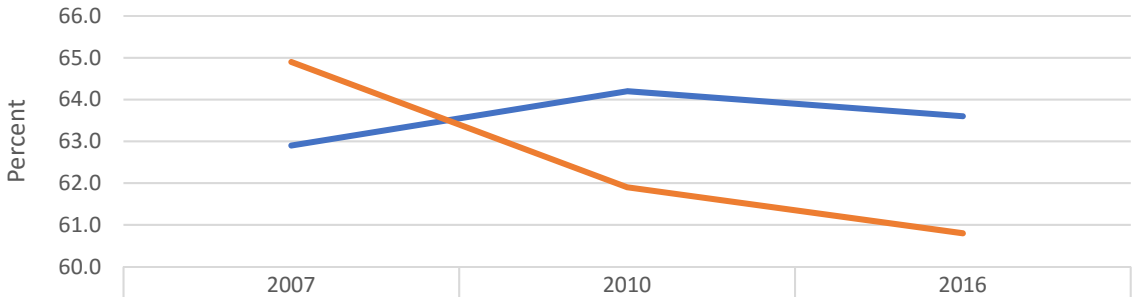
Health Behaviors-Women's Health

Breast Cancer Screening (Mammograms)

Statistics shows that breast cancer is the second most prevalent type of cancer in the United States. According to the American Cancer Society, an estimated 268,600 new cases of breast cancer will be diagnosed in women in the United States in 2019. Chances of getting breast cancer increase for woman with age. Breast cancer screening is vital before onset of signs and symptoms of the disease. The Florida Behavioral Risk Factor Surveillance tracks the indicator for women of 40 years of age and older for who have received a mammogram. It is recommended that women who are 50 to 74 years old with a risk for breast cancer to get a mammogram every two years, and depending on an individual's risks, a health care provider can determine how often to get a mammogram before age 50. CDC's National Breast and Cervical Cancer Early Detection Program provides low-cost breast and cervical cancer screenings and diagnostic services to low-income, uninsured, and underinsured women across the United States.

Percentage of Women 40 Years of Age and Older Who Received a Mammogram in the Past Year, 2007-2016

(Single-Year)



	2007	2010	2016
Miami-Dade	62.9	64.2	63.6
Florida	64.9	61.9	60.8

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for breast cancer and breast cancer screenings are available through the following organizations:

- Florida Department of Health Florida Breast and Cervical Cancer Early Detection Program http://www.floridahealth.gov/diseases-and-conditions/cancer/breast-cancer/index.html
- Sylvester Comprehensive Cancer Center https://umiamihealth.org/sylvester-comprehensive-cancer-center

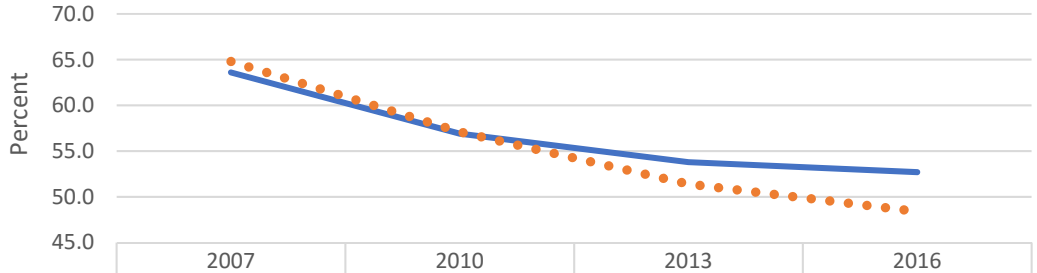
Health Behaviors-Women's Health

Cervical Cancer Screening (Pap Smear)

Cervical cancer is cancer that starts in the cervix. There are two screening tests that can help prevent cervical cancer or detect it in its early stage: the Pap smear (or Pap test) and the human papillomavirus (HPV) test. The Pap smear screens for precancerous cells, on the cervix that could potentially become cervical cancer. According to the CDC HPV factsheet, HPV is the most common form and main cause of cervical cancer which is also the most commonly sexually transmitted infection in the United States. All women are at risk for cervical cancer; however,most often it occurs in women over the age of 30 years. The Centers for Disease Control and Prevention) recommends that women should start getting Pap tests at the age of 21 and to continue to get tested annually until the age of 65. Screening requirements may vary, so it is best to discuss your risk and options with your healthcare provider.

Percent of Women 18 Years of Age and Older Who Have Received a Pap Smear in the Last Year - Miami-Dade County and Florida, 2007-2016

(Single-Year)



	2007	2010	2013	2016
Miami-Dade	63.6	56.9	53.8	52.7
Florida	64.8	57.1	51.4	48.4

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

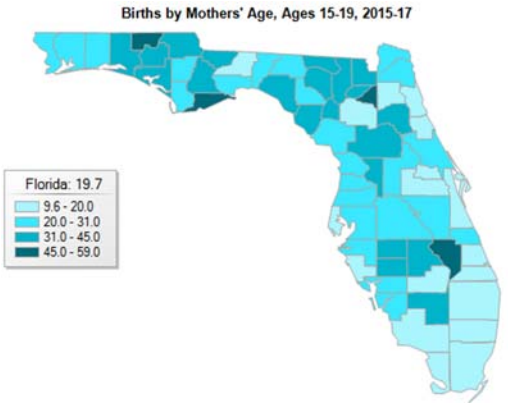
The Healthy People 2020 national health target is to increase the number of women who receive a cervical cancer screening based on the most recent guidelines in 2008 (age-adjusted to the year 2000 standard population) to 93.0%. The percent of women 18 years and older who received a Pap smear in 2016 in Miami-Dade County was 52.7%; Miami-Dade has yet to meet this national target.

Health Behaviors-Sexual Activity

Teen Births

Indicator: Rate of births per 1,000 females 15 years of age to 19 years of age.

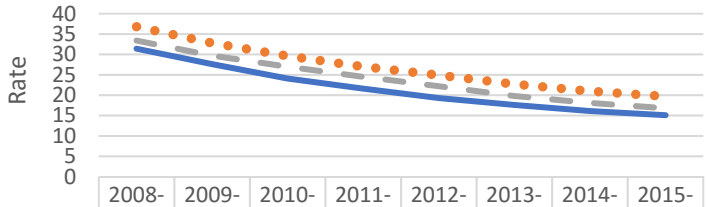
Why is this important?



The 2017 National Vital Statistics reports from the CDC stated that a total of 194,377 babies were born to women aged 15–19 years, for a birth rate of 18.8 per 1,000 women in this age group. This is a record low for U.S. teens. Some of the reasons for teen births declining are due to more teens abstaining from sexual activity and using birth control and contraceptives than in prior years. The importance of prevention is key in teen pregnancies and childbearing because it brings such a substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The U.S. Department of Health and Human Services reports that babies born to teen moms are more likely to be born pre-term and possibly with a low birth weight. Healthy People 2020 also mentions children of teen parents are more likely to have lower cognitive attainment, more behavior problems, more likely to have poorer educational and health outcomes throughout their lives compared to children born from older parents.

Birth Rate for Mothers 15 to 19 Years of Age - Miami-Dade County, Florida, and Peer Counties, 2008-2017

3-Year Rolling Rate per 1,000 Population



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	31.4	27.6	24.1	21.6	19.3	17.6	16.1	15.1
Florida	36.8	32.8	29.6	27.0	24.9	22.7	21.0	19.7
Peer Counties	33.4	29.7	27.0	24.5	22.2	19.8	18.1	16.8

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Since 2009-11 teen birth rates in Miami-Dade County have decreased and remained lower than Florida and Peer Counties Average rates.

Teen Birth Rate by Race, 2009-2017

(3-Year Rolling Rate per 1,000 Mothers 15 Years of Age to 19 Years of Age)

Race and Geography	2009-2011	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White – Miami-Dade	21.3	18.2	16.3	14.8	13.9	13.3	12.9
White - Florida	28.3	25.6	23.5	22.0	20.3	19.1	17.8
Black – Miami-Dade	48.0	43.0	38.7	34.4	30.3	26.4	23.8
Black – Florida	50.8	45.0	40.6	36.5	32.5	29.4	27.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)

Health Behaviors-Sexual Activity

Teen Births

Overall teen birth rates are on the decline in Miami-Dade County. Teen pregnancies are linked to Social Determinants of Health including unplanned pregnancies, poverty, and lack of education and access to adequate family planning resources.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

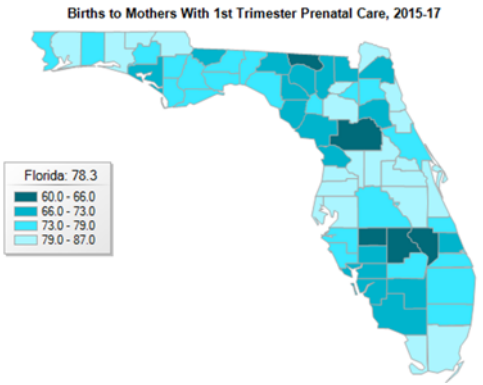
Information and supportive resources on teen births are available through the following organizations:

- CDC Reproductive Health: Teen Pregnancy https://www.cdc.gov/teenpregnancy/about/index.htm
- Institute for Child & Family Health http://www.icfhinc.org/
- Teen Pregnancy Prevention Evidence Review https://tppevidencereview.aspe.hhs.gov/

Health Behaviors-Maternal and Child Health

Early Entry into Prenatal Care

Indicator: Percentage of births to mothers who began prenatal care in the first trimester (12 weeks) of their pregnancy.

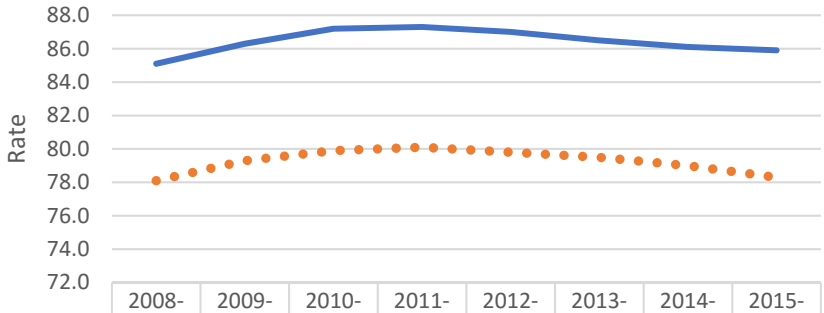


Why is this important?

Prenatal care is a top maternal and child health priority. Preconception health is getting healthy before pregnancy. Women who see a health care provider regularly during pregnancy have healthier babies and are less likely to have pregnancy complications. Prenatal care visits are used to monitor the progress of a pregnancy. It is recommended that women begin prenatal care visits in the first trimester or as soon as pregnancy is suspected or confirmed to achieve the greatest benefits and better health outcomes for both the mother and the baby. Early visits allow health care providers to identify potential problems, so they can be prevented or treated before they become serious.

Percent of Mothers Beginning Prenatal Care During 1st Trimester - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	85.1	86.3	87.2	87.3	87.0	86.5	86.1	85.9
Florida	78.1	79.3	79.9	80.1	79.8	79.5	79.0	78.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

The percent of mothers entering early into prenatal care in Miami-Dade County has decreased since 2011-13; however, when compared to the State rates Miami-Dade County remains higher.

The Healthy People 2020 national health target is to increase the percentage of pregnant women who receive prenatal care in the first trimester to 77.9%. Miami-Dade County is at a current proportion of 85.9% of pregnant women who are receiving early prenatal care. The national health goal has been met.

Health Behaviors-Maternal and Child Health

Early Entry into Prenatal Care

Percent of Mothers Beginning Prenatal Care During 1st Trimester by Race, 2009-2017

(3-Year Rolling Rate)

Race and Geography	2009-2011	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
White – Miami-Dade	89.1	89.7	89.3	88.7	87.7	87.1	86.8
White - Florida	81.5	82.0	82.2	81.9	81.6	81.2	80.6
Black – Miami-Dade	78.1	80.0	80.9	81.5	82.0	82.6	82.8
Black – Florida	71.8	72.9	73.5	73.2	73.0	72.3	71.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

As presented above, fewer Black mothers receive early prenatal care compared to White mothers in Miami-Dade County. The percent of mothers beginning prenatal care during first trimester in Miami-Dade among both the White and Black populations are higher than mothers in Florida.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for early entry to prenatal care are available through the following organizations:

- Healthy Start Coalition of Miami-Dade https://www.hscmd.org/
- FL Health Prenatal Care Program http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/womens-health/Prenatal/index.html
- Text4Baby https://text4baby.org/
- Women, Infant, and Children's Program (WIC) Miami http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic-women-children/index.html

Clinical Care-Access to Care and Quality of Care

Access to Care

Healthcare access is crucial for overall physical, social, mental status and quality of life. However, there are several barriers to healthcare services such as high cost of care, inadequate or no insurance coverage, lack of availability to services and lack of culturally competent care. Healthy People 2020 suggests that access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. Lack of healthcare access leads to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations. To achieve the best health outcomes,three distinct steps are required.

1) Gaining entry into the healthcare system (usually through insurance coverage).
2) Accessing a location where needed health care services are provided (geographic availability).
3) Finding a health care provider whom the patient trusts and can communicate with (personal relationship).

Quality of Care

Quality of care also plays an important role on health outcomes. In order to have better and higher quality of healthcare for all Americans, it is necessary to have adequate coverage, excellent care services, and quick healthcare. It is important to focus on the six priorities as identified by the Institute of Medicine to guide efforts to improve health and health care quality. They are:

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with heart disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Clinical Care-Access to Healthcare Providers

Health Insurance Coverage

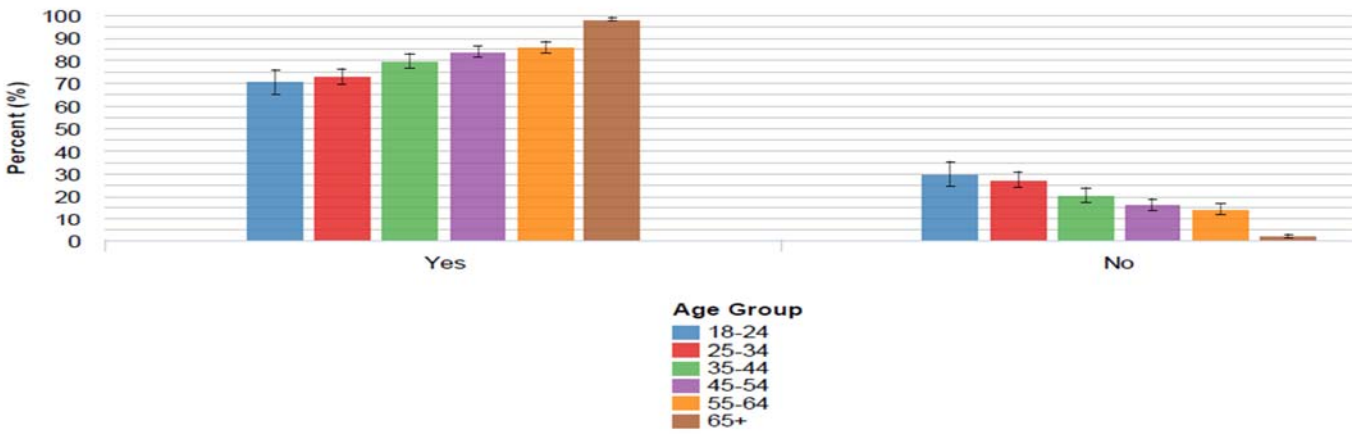
Health insurance coverage impacts a person's ability to receive the care they need. As shown in the graph, 79.3% of Miami-Dade County residents reported having health insurance coverage, surveyed by the United States Census Bureau. This proportion is lower than both the state of Florida and the United States (85.1% and 89.5%, respectively). Of the 79.3% of individuals who are insured, 49.9% are insured with a private provider, while 33.4% are insured through a public health insurance provider.

Health Insurance Coverage 5-Year Estimates by Type, 2013-2017

Geography	Percent of Population with Insurance Coverage	Private	Public	Percent of Population with No Insurance Coverage
Miami-Dade County, FL	79.3%	49.9%	33.4%	20.7%
Florida	85.1%	60.8%	36.5%	14.9%
United States	89.5%	67.2%	33.8%	10.5%

Source: Data for 2017 estimates accessed via Unites States Census Bureau https://factfinder.census.gov/.

Health Insurance Coverage by Age



Source: Behavioral Risk Factor Surveillance System (2019)

Clinical Care-Access to Healthcare Providers

Licensed Health Care Facilities

The Florida Agency for Health Care Administration is responsible for the licensure and regulation of Florida's licensed health care services facilities and provision of information to residents of Florida about the quality of care they receive. The table below presents a list of he number of licensed health care facilities by facility type in Miami-Dade County.

Health Care Facilities for Miami-Dade County, FL

Facility Type	Count	Facility Type	Count
Adult Day Care Center	157	Homemaker and Companion Service	192
Ambulatory Surgical Center	33	Hospital	34
Assisted Living Facility	838	Intermediate Care Facility for the Developmentally Disabled	18
Clinical Laboratory	562	Multi-phasic Health Test Center	9
End-Stage Renal Disease Center	59	Nursing Home	55
Health Care Clinic	850	Prescribed Pediatric Extended Care Center	21
Health Care Services Pool	55	Rehabilitation Agency	35
Home Health Agency	302	Residential Treatment Center for Children and Adolescents	3
Home Medical Equipment Provider	91	Residential Treatment Facility	12

Source: Data for 2017 accessed via Florida Agency for Health Care Administration (AHCA) http://www.fdhc.state.fl.us/

Clinical Care-Access to Healthcare Providers

Licensed Professionals

Overall, the total number of licensed Florida physicians in Miami-Dade County, FL has gradually increased. FLCHARTS captures health care provider data by each fiscal year (FY). Fiscal year (FY) is defined as a time period that is used by a company or the government for accounting purposes which begins on July 1st to June 30th for each year. Since FY 14-15 through FY 16-17, the number of licensed family practice physicians have decreased and pediatricians in Miami-Dade have increased. The number of licensed dentists internal medicine physicians, and obstetricians/ gynecologists (OB/GYN) in Miami-Dade has slightly decreased.

Number of Licensed Health Providers Medical Professionals by Type for Miami-Dade County, FY 2009 – FY2018

Specialty	FY 09-10 - FY 11-12	FY 10-11 - FY 12-13	FY 11-12 - FY 13-14	FY 12-13 - FY 14-15	FY 13-14 - FY 15-16	FY 14-15 - FY 16-17	FY 15-16 - FY 17-18
Dentists	4,394	4,493	4,605	4,843	4,956	5,112	5,097
Family Practice Physicians	1,060	1,208	1,286	1,237	1,079	864	897
Internal Medicine Physicians	3,573	3,908	4,091	4,176	4,232	4,148	4,129
Obstetricians/ Gynecologists (OB/GYN)	595	669	687	711	723	720	710
Pediatricians	1,898	2,048	2,221	2,155	2,127	1,875	2,010
Total Licensed Florida Physicians in Miami-Dade	21,475	22,340	23,354	23,746	23,674	24,637	26,125

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Mental Health Providers

Overall, the number of licensed mental health professionals in Miami-Dade County, FL has gradually increased from FY 2016-17 to the most recent FY 17-18. This data is new to FL Health Charts and is reported currently as single year data.

Number of Licensed Mental Health Professionals by Type for Miami-Dade County, FY 2009 – FY 2018

Type	FY 15-16	FY 16-17	FY 17-18
Licensed Clinical Social Workers	969	959	1,045
Licensed Marriage and Family Therapists	271	268	294
Licensed Mental Health Counselors	1,140	1,167	1,271
Licensed Psychologists	191	199	201

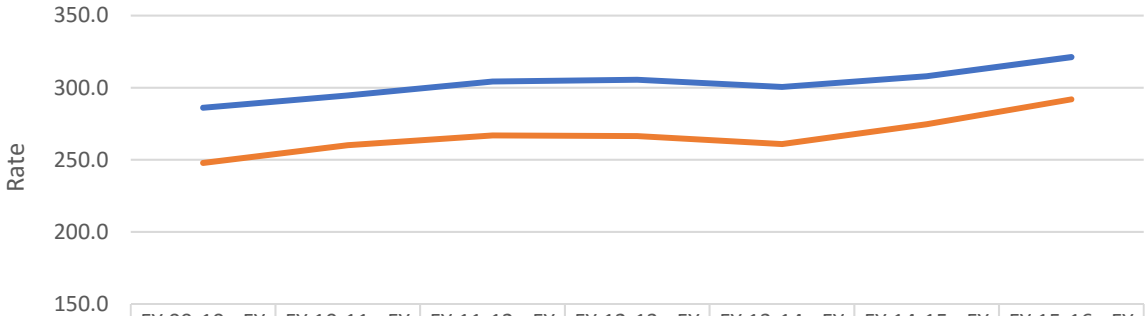
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Clinical Care-Access to Healthcare Providers

Physicians

A physician is a professional who practices medicine. A physician can specialize in different areas of medicine. In Miami-Dade County, the rate of licensed practicing physicians has increased since FY 13-14 through FY 15-16.

Physicians per 100,000 Population in Miami-Dade County, FY 2009 - FY 2018
(3-Year Rolling)



	FY 09-10 - FY 11-12	FY 10-11 - FY 12-13	FY 11-12 - FY 13-14	FY 12-13 - FY 14-15	FY 13-14 - FY 15-16	FY 14-15 - FY 16-17	FY 15-16 - FY 17-18
Miami-Dade	286.1	294.6	304.3	305.5	300.5	307.9	321.2
Florida	247.8	260.1	266.9	266.4	260.9	274.6	291.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Primary Care Providers

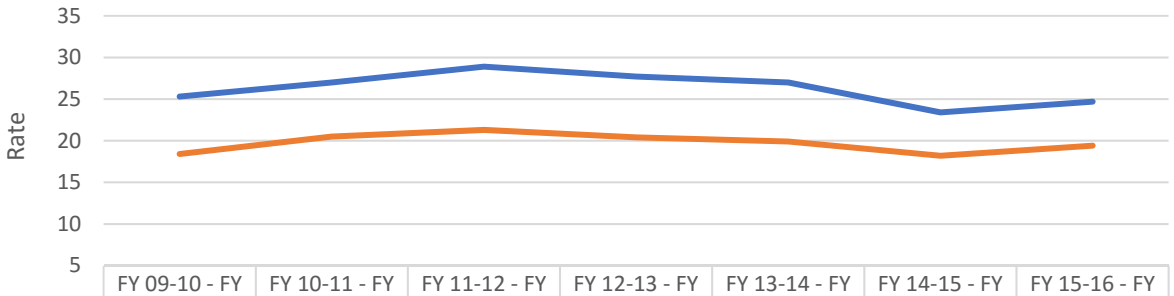
The Healthy People 2020 national goal is to improve the number of practicing doctors within communities. Primary care is the entry point into the healthcare system for non-emergent services. Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services. Primary care providers are made up of general and family medicine physicians, internists, pediatricians, obstetricians and gynecologists, nurse midwives, physician assistants, and nurse practitioners. School health nurses provide primary care services to selected populations.

Clinical Care-Access to Healthcare Providers

Pediatricians

From the American Academy of Pediatrics (AAP) a pediatrician is a physician who is concerned primarily with the health, welfare, and development of children from birth to early adulthood (18 years of age). A pediatrician understands his or her patients' incident to growth and development and the changing standards of normal for age along with diagnosis and treatment of an array of childhood illnesses and disorders. The trending rates for pediatricians in Miami-Dade County, have fluctuated over time.

Pediatricians per 100,000 Population in Miami-Dade County, FY 2009 - FY 2018
(3-Year Rolling)



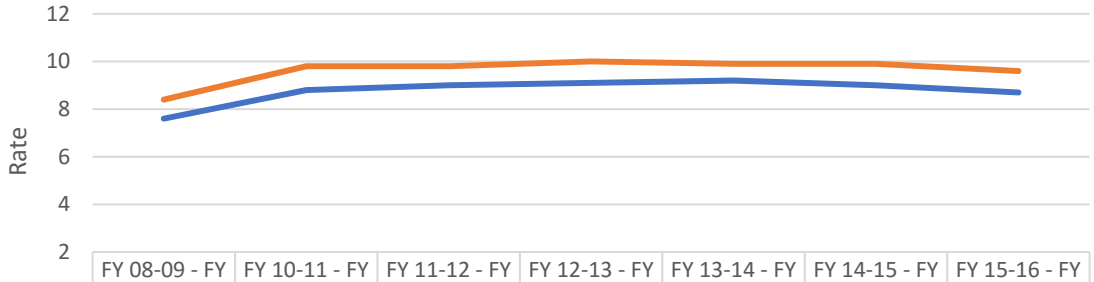
	FY 09-10 - FY 11-12	FY 10-11 - FY 12-13	FY 11-12 - FY 13-14	FY 12-13 - FY 14-15	FY 13-14 - FY 15-16	FY 14-15 - FY 16-17	FY 15-16 - FY 17-18
Miami-Dade	25.3	27	28.9	27.7	27	23.4	24.7
Florida	18.4	20.5	21.3	20.4	19.9	18.2	19.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Obstetricians/Gynecologists

Obstetricians (OB) are physicians that work with women to deliver healthy babies while keeping women and their pregnancy healthy. Many obstetricians specialize in gynecology (GYN). a specialization in health and disease of the female reproductive health system. As seen below, the rate of OB/GYN per 100,000 population in Miami-Dade has been steady.

OB/GYN per 100,000 Population in Miami-Dade County, FY 2008 - FY 2018
(3-Year Rolling)



	FY 08-09 - FY 10-11	FY 10-11 - FY 12-13	FY 11-12 - FY 13-14	FY 12-13 - FY 14-15	FY 13-14 - FY 15-16	FY 14-15 - FY 16-17	FY 15-16 - FY 17-18
Miami-Dade	7.6	8.8	9	9.1	9.2	9	8.7
Florida	8.4	9.8	9.8	10	9.9	9.9	9.6

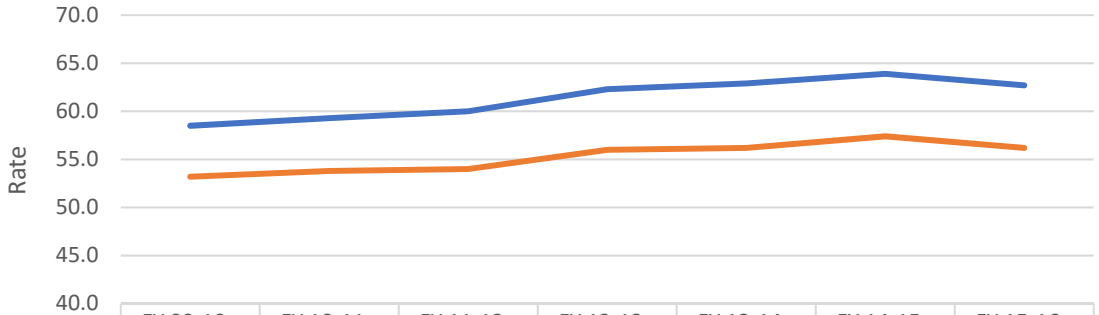
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Clinical Care-Access to Healthcare Providers

Dentists

Dentists are doctors who specialize in oral health. They promote oral health and disease prevention. Some of their responsibilities include diagnosing oral diseases, creating treatment plans to maintain or restore the oral health of their patients, interpret x-rays and tests, and ensure the safe administration of anesthetics while performing surgical procedures on the teeth, bone, and soft tissues of the oral cavity. Dental public health focuses on improving oral health for all Americans by reducing disparities and expanding access to effective prevention programs. As seen below, the rate of dentists per 100,000 population in Miami-Dade has remained steady since FY 12-13 and FY 14-15.

Dentists per 100,000 Population in Miami-Dade County, FY 2009 - FY 2018
(3-Year Rolling)



	FY 09-10 - FY 11-12	FY 10-11 - FY 12-13	FY 11-12 - FY 13-14	FY 12-13 - FY 14-15	FY 13-14 - FY 15-16	FY 14-15 - FY 16-17	FY 15-16 - FY 17-18
Miami-Dade	58.5	59.3	60.0	62.3	62.9	63.9	62.7
Florida	53.2	53.8	54.0	56.0	56.2	57.4	56.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Health Professional Shortage Areas

The U.S. Department of Health & Human Services (USHHS) has designated Health Professional Shortage Areas (HPSAs) as areas having shortages of primary medical care, dental, or mental health providers which can occur within a certain region, demographic, or institution. Medically Underserved Populations are areas or populations designated by HRSA and having (1) too few primary care health providers; (2) high infant mortality; (3) high poverty and/ or; (4) high elderly population. There are three federal designations for Miami-Dade County. As indicated on the U.S. Department of Health & Human Services HPSA website, the designations include the following.

1. **Primary Health Professional Shortage Area-** Low Income Population; Northwest Miami-Dade County, FL.
2. **Dental Health Professional Shortage Area-** Low Income Population; Northwest Miami-Dade County, FL; Southwest Miami-Dade, FL
3. **Mental Health Professional Shortage Area-** Northeast Miami-Dade County, FL; Southwest Miami-Dade County, FL

Source: Data accessed via U.S. Department of Health and Human Services Health Professional Shortage Areas https://data.hrsa.gov/tools/shortage-area/hpsa-find

Clinical Care-Access to Healthcare Utilization

Number of Beds

Acute care hospitals play a major role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide a comprehensive diagnostic and treatment services on an outpatient basis. There are some hospitals who have a number of beds available for specific specialties. The rates of available acute care, specialty, and nursing home beds are as shown below for Miami-Dade County. All facility rates excepting rehabilitation and nursing home services are at a lower than the respective rate for the states for these facilities. The rate for rehabilitation facilities in Miami-Dade County for 2018 is 0.8, while the rate for the state is 2.3. For nursing homes in Miami-Dade County the rate for 2018 is 313, while the state's rate is 413.6.

Rate of beds by Type of Health Care Facility, 2015-2018

3-Year Rolling Rates per 100,000 Population

Geography	Hospital	Acute Care	Specialty	Adult Psychiatric	Rehabilitation	Nursing Home
Miami-Dade County, FL	328.5*	265.3*	65.0*	28.3*	0.8*	313.0*
Florida	306.3	247.1	58.7	20.8	2.3	413.6

* Indicates the county rate is statistically significantly different from the statewide rate.

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Total Annual Emergency Room Visits and Admissions

Local emergency room utilization is an indicator of the availablity and accessibility of health care services for the community. Many emergency room visits do not result in admission. The number of individuals who have visited the emergency room and those who have been admitted into the hospital are represented below.

Total Emergency Department Visits and Hospital Admissions for 2017, Per 100,000 population	
Emergency Department Visits	35,450.7
Hospital Admissions	12,258.7

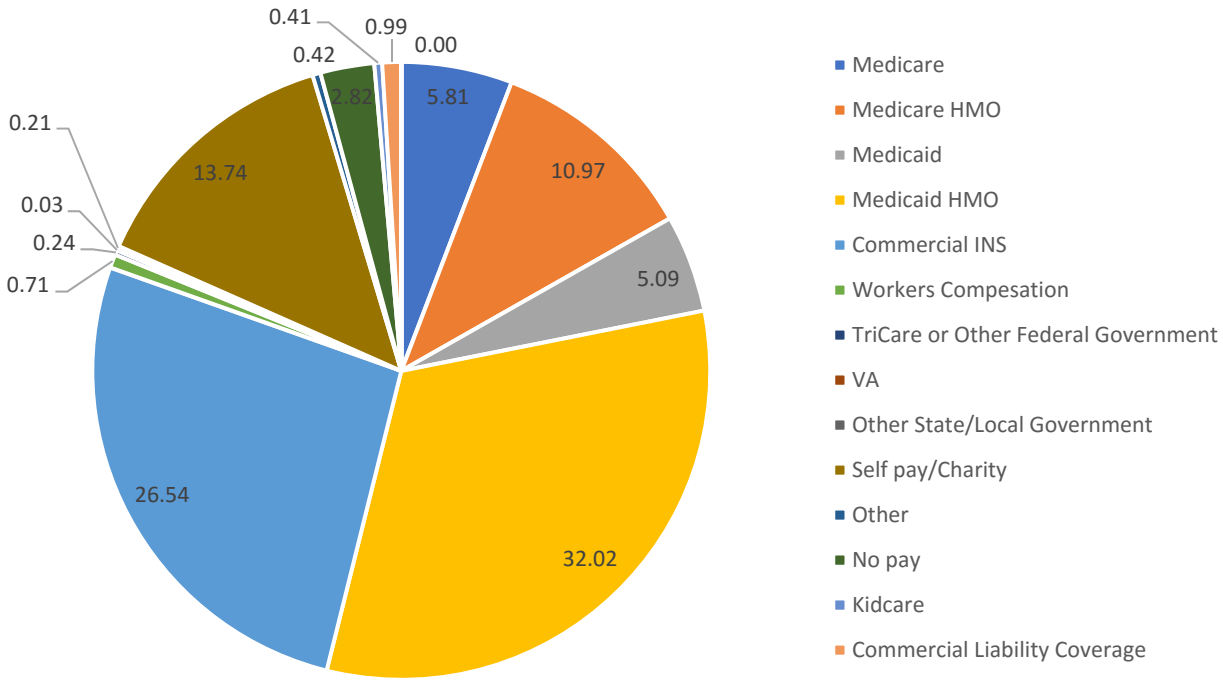
Source: Data for 2017 accessed via Epidemiology, Disease Control and Immunization Services, Applied Epidemiology and Research

Clinical Care-Access to Healthcare Utilization

Payer Source

In Figure 2, the emergency department constitues, the highest proportion of those admitted who used Medicaid HMO plans to pay for the rendered health care services (32.02%). As for the lowest proportion, (0.03%) of people admitted to the emergency room used Veteran Affairs funds to pay for health care services.

Figure 4: Emergency Department Payer Source for Medical Services in Miami-Dade County for 2017



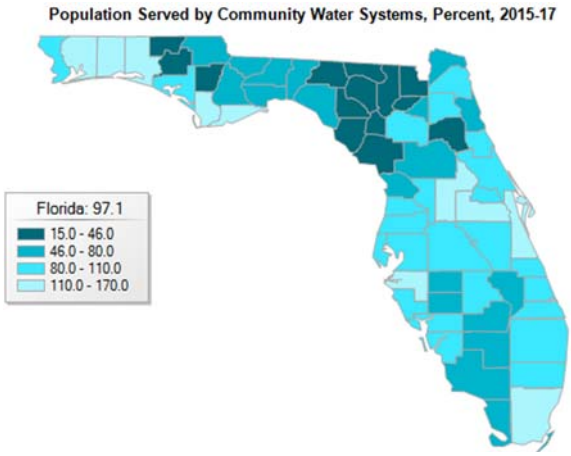
Source: Data for 2017 accessed via Epidemiology, Disease Control and Immunization Services, Applied Epidemiology and Research

Physical Environment-Water Quality

Community Water Supply

Indicator: Percentage of the community that receives its potable water from a community water system.

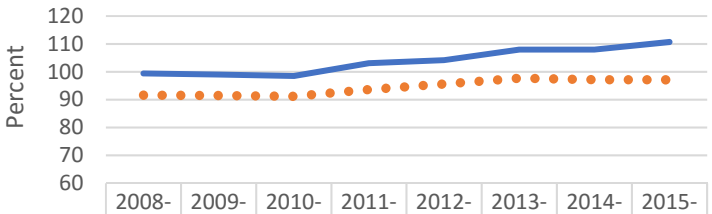
Why is this important?



According to the United States Environmental Protection Agency (EPA), public drinking water systems consist of community and non-community systems. It is a public water system that supplies water to the same population year-round. It is important to know where drinking water also known as potable water comes from, how and if it has been treated, and if it is safe to drink or use for food preparation. A community water supply system provides water to the public for human consumption through pipes or other constructed transports. The Florida's Department of Environmental Protection (DEP) states a community water system serves at least 15 service connections used by year-round residents. Public drinking water regulations aim to reduce the harmful effects of contamination on people who use water from public water systems. Some of these benefits of these regulations include: improved taste, reduced pipe corrosion, and a reduction in buying bottled water, boil-water advisories, and purchasing filters.

Percent of Population Served by Community Water Systems - Miami-Dade County and Florida, 2008-2017

3-Year Rolling Rate



	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	99.4	99.0	98.5	103.1	104.2	108.0	108.0	110.7
Florida	91.6	91.5	91.2	93.6	95.6	97.7	97.2	97.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

Since 2014, the proportion of Miami-Dade County, FL residents receiving potable water from a regulated community water system has increased. In 2015-2017 the estimate indicated that 110.7% of the County residents received potable water access from a community water system. This is almost 14% more than the State.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for community water supply are available through the following organizations:

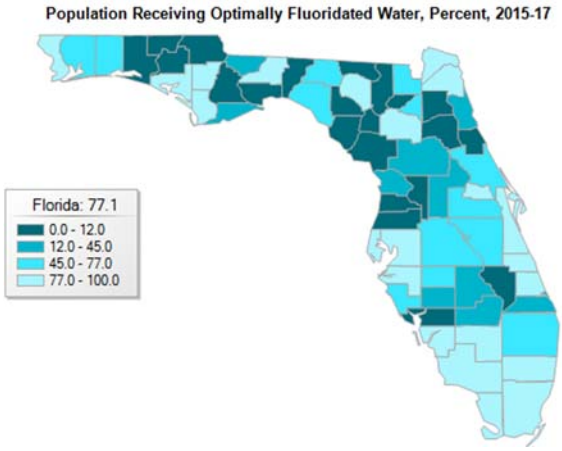
- CDC's Drinking Water https://www.cdc.gov/healthywater/drinking/
- Safe Drinking Water Act (SDWA) https://www.epa.gov/dwstandardsregulations/background-drinking-water-standards-safe-drinking-water-act-sdwa
- U.S. EPA Drinking Water Standards and Regulation https://www.epa.gov/dwstandardsregulations#listmcl

Physical Environment-Water Quality

Fluorinated Water Supply

Indicator: Percentage of the community that receives optimally fluoridated water.

Why is this important?

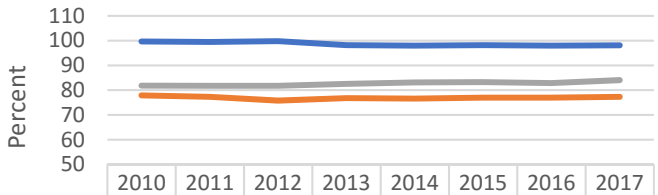


According to the CDC, water fluoridation is the controlled addition of fluoride to a public water supply to prevent and reduce tooth decay (dental caries). Through this process, fluoride a natural mineral, helps to re-mineralize tooth surfaces. The community water system must adjust their water with fluoride, have fluoride naturally occurring in their water, or purchase water from another system which is adjusted or naturally fluoridated to be considered an optimally fluoridated system. Moderate water fluoridation is now reaching about two-thirds of the US population on public water systems; however, cavities are still one of the most common chronic diseases of childhood, which greatly affects their quality of life, particularly those of low socioeconomic status. One of the most cost-effective ways to deliver fluoride to people of all ages, education levels, and income levels who live in a community is through community water fluoridation. Through this method it has been shown to reduce tooth decay by 25% in children and adults.

Other techniques that are also effective in preventing tooth decay include fluoride toothpaste and dental sealants. The percent of Miami-Dade County residents receiving optimally fluoridated water has remained constant over time, with Miami-Dade County is being almost 21% higher than the state. Miami-Dade County's most recent and higher than both the Peer Counties Average. and the State proportions.

Percent of Population Receiving Optimally Fluoridated Water, 2010-2017

Single Year Rate



	2010	2011	2012	2013	2014	2015	2016	2017
Miami-Dade	99.7	99.5	99.8	98.2	98	98.2	98	98.1
Florida	77.9	77.3	75.8	76.8	76.6	77	77	77.3
Peer Counties Average	81.8	81.8	81.8	82.6	83.1	83.3	82.9	84.1

Note: Peer Counties include Broward, Hillsborough, Orange, and Palm Beach.
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS)
http://www.flhealthcharts.com

The Healthy People 2020 objective on community water fluoridation target is to increase the percent of the U.S. population served by community water systems with optimally fluoridated water to 79.6%. Miami-Dade County does meet this target with a most recent proportion of 98.1% of the population does receive optimally fluoridated water.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for community water fluoridation are available through the following organizations:

- CDC's Community Water Fluoridation https://www.cdc.gov/fluoridation/faqs/index.htm
- Florida Dental Association's Water Fluoridation https://www.floridafluoridation.org/

Physical Environment-Water Quality

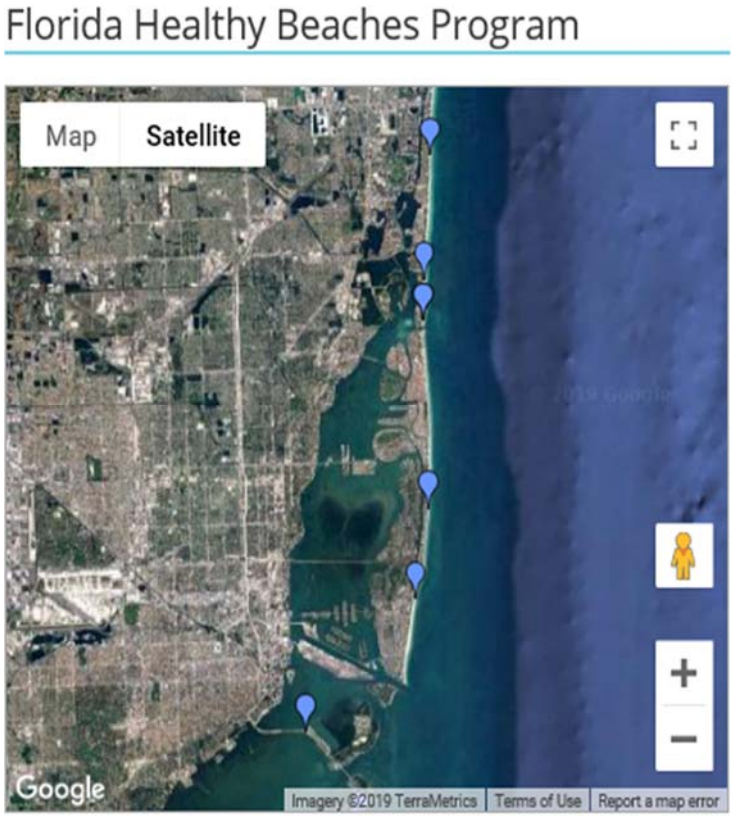
Healthy Beaches

Indicator: Number of beach advisories issued for monitored beaches that are open to the public for swimming.

Why is this important?

The salt water from the ocean can cause disease if contaminated with certain bacteria like enterococci. Contaminants to ocean water include but are not limited to: storm water runoff, animal and seabird waste, failing septic systems after a natural disaster, sewage treatment plant spills, or boating waste. Enterococci bacteria are in high concentrations in recreational waters like beaches and are ingested while swimming or enter the skin through a cut or sore. They may cause human disease, infections or rashes. All coastal beaches are tested regularly for enterococci bacteria. This bacterium is present in intestinal tracts of warm-blooded animals and humans. A health advisory is issued when bacteria levels exceed normal healthy water levels. For more information on the Florida Department of Health's Healthy Beaches Program, please visit: http://www.floridahealth.gov/environmental-health/beach-water-quality/index.html

The Healthy People 2020 national health target is to increase the percent of days that beaches are open and safe for swimming at a target of 96%.



Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on healthy swimming and the outdoors are available through the following organizations:

- FL Health Aquatic Toxins http://www.floridahealth.gov/environmental-health/aquatic-toxins/index.html
- Florida Fish and Wildlife Conservation Commission https://myfwc.com/
- Miami-Dade Parks, Recreation and Open Spaces https://www8.miamidade.gov/global/recreation/home.page

Physical Environment-Lead Poisoning

Health Outcomes-Environmental Health

Lead Poisoning

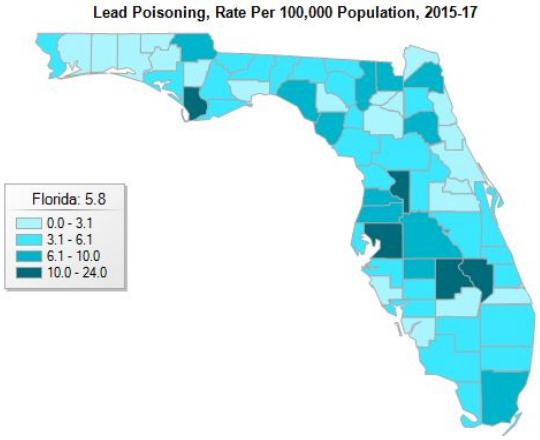
Indicator: Rate of lead poisoning per 100,000 population.

Why is this important?

Lead poisoning is caused by swallowing or breathing lead particles and can affect nearly every system in the body, particularly the brain and the nervous system. It can cause learning disabilities, behavioral problems, and at very high levels it could cause seizures, coma, and even death. Between 1970-1990, dramatic reductions in blood lead levels (BLLs) of children in the United States were attributed to population-based primary prevention policies (such as the banning of lead in gasoline) in combination with improved lead screening and identification of children with elevated BLLs. Childhood lead exposure and signs of elevated blood lead levels remain a major public health problem among young children in the United States.

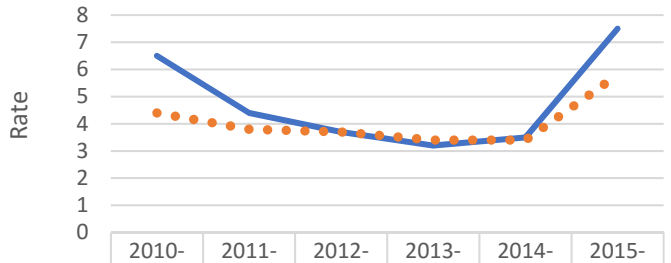
The CDC Childhood Lead Poisoning Prevention Program is committed to the Healthy People 2020 goals of eliminating blood lead levels ≥ 10 µg/dL and differences in average risk based on race and social class as public health concerns.

The exposure often occurs with no obvious symptoms and thus frequently goes unrecognized. For more information on lead, exposures, and risk reduction, visit the Centers for Disease Control and Prevention webpage: https://www.cdc.gov/nceh/lead/default.htm.



Lead Poisoning Death Rates - Miami-Dade County and Florida, 2010-2017

3-Year Rolling Rate per 100,000 Population



	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
Miami-Dade	6.5	4.4	3.7	3.2	3.5	7.5
Florida	4.4	3.8	3.7	3.4	3.4	5.8

Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

Miami-Dade County lead rates have increased since 2011 and are higher than the state rate. The Florida Department of Health lowered the threshold for blood lead level from ≥ 10 µg/dL to ≥ 5 µg/dL to align with the national surveillance case definition in 2017, so that, you may see significantly increased lead poisoning cases since 2017.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for lead poisoning are available through the following organizations:

- Florida Health's Lead Poisoning Prevention Program: http://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/disease-control/lead-poisoning-prevention.html
- CDC's Childhood Lead Poisoning Prevention Program: https://www.cdc.gov/nceh/lead/about/program.htm

Physical Environment-Air Quality

Outdoor Air Quality-Particulate Matter

Why is this important?

Particle pollution is pollution by particulate matter that is made up of several components including: acids like nitrates and sulfates, organic chemicals, metals, soil or dust particles, and allergens like pieces of pollen or mold spores. Small particles found in smoke and haze are defined as “fine particles” which are 2.5 micrometers in diameter or less; and "coarse particles" can be found in wind-blown dust which have diameters between 2.5 and 10 micrometers. Particles less than 10 micrometers in size cause the greatest problems, because they can penetrate lungs, and get into bloodstreams. Larger particles are of less concern and can irritate eyes, nose, and throat and can often cause limited visibility on hazy days.

Indoor Air Quality-Radon

Indicator: Number of housing units tested for radon in 2017.

Why is this important?

The American Cancer Society identifies radon as the second leading cause of lung cancer. Radon is naturally occurring outdoors and can be found in different amounts in rocks, soil and groundwater. It cannot be detected by the human senses because it is a colorless, odorless, and tasteless gas. Florida has many places where natural radioactivity in the soil releases radon gas into the home through the foundation. Homes are not normally built to be radon resistant. The possibility for radon exposures varies by geographic area with Miami-Dade County is in a mid-level radon potential area, meaning that testing for radon should be conducted for indoor air safety. In 2017, the number of housing units tested for radon was 589. Overall, the state of Florida tested 12,694 housing units for radon.

Source: EPA

	Zone 1: Counties with predicted average indoor radon screening levels greater than 4 pCi/L
	Zone 2: Counties with predicted average indoor radon screening levels from 2 to 4 pCi/L
	Zone 3: Counties with predicted average indoor radon screening levels less than 2 pCi/L

Miami-Dade County’s average indoor radon screening levels average from 2 to 4 picocuries per liter (pCi/L), which is Zone 2 of the scale. As stated by the Environmental Protection Agency (EPA), the purpose of the map of radon zones is to help organizations at the local, state, and national levels to target their resources and to implement radon-resistant building codes. This map is not intended to be used to determine if a home in a given zone should be tested for radon as homes should be tested regardless of geographic location. For more information on how to get your home tested please visit http://www.floridahealth.gov/environmental-health/radon/.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for air quality are available through the following organizations:

- Call the Florida Radon Hotline at **1-800-543-8279** to protect your health.
- Environmental Protection Agency https://www.epa.gov/
- Radon Leaders Saving Lives http://www.radonleaders.org/

Physical Environment-Housing

Housing

Socioeconomic inequities impact access to housing. A way to address housing inequities is to ensure that the community has affordable housing. Since 1940, the U.S. Census Bureau has collected information on housing characteristics. Results from the United States Census helps communities determine where to build schools, supermarkets, homes and hospitals. As shown below, the proportion of houses from 2013 to 2017 that were owned in Miami-Dade County is lower than the states rate (64.8%) and the nation's (63. 8%).Yet the median value of a house in Miami-Dade County ($242,800) is higher than the state of Florida ($178,700) and the United States ($193,500).

Housing Estimates 5-Year Estimates 2013-2017

Characteristic	Miami-Dade County	Florida	United States
Vacant Housing Units	14.90%	18.90%	12.20%
Homeownership rates	52.20%	64.80%	63.80%
Median Value	$242,800	$178,700	$193,500
Housing Units with a mortgage	63%	57.90%	63.50%
Renters spending greater than or equal to 35% of income on rent	37.3%	47.40%	41.50%

Source: Data for 2013-2017 estimates accessed via United States Census Bureau https://factfinder.census.gov

Units Built by Year Built

Housing Units by Year Built

	Miami-Dade County	Florida	United States
1939 or earlier	39,032	203,768	17,451,760
1940-1949	56,481	193,716	6,903,420
1950-1959	143,100	664,563	14,229,384
1960-1969	135,911	861,270	14,577,264
1970-1979	192,767	1,673,228	20,920,173
1980-1989	150,110	1,914,733	18,399,296
1990-1999	127,714	1,590,368	18,945,953
2000-2009	139,108	1,854,673	19,663,902
2010-2013	16,261	203,328	3,112,243
2014- or later	8,424	100,037	1,190,169

Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov

Physical Environment-Housing

Housing

Home Values

Home Values in Miami-Dade County – 2017

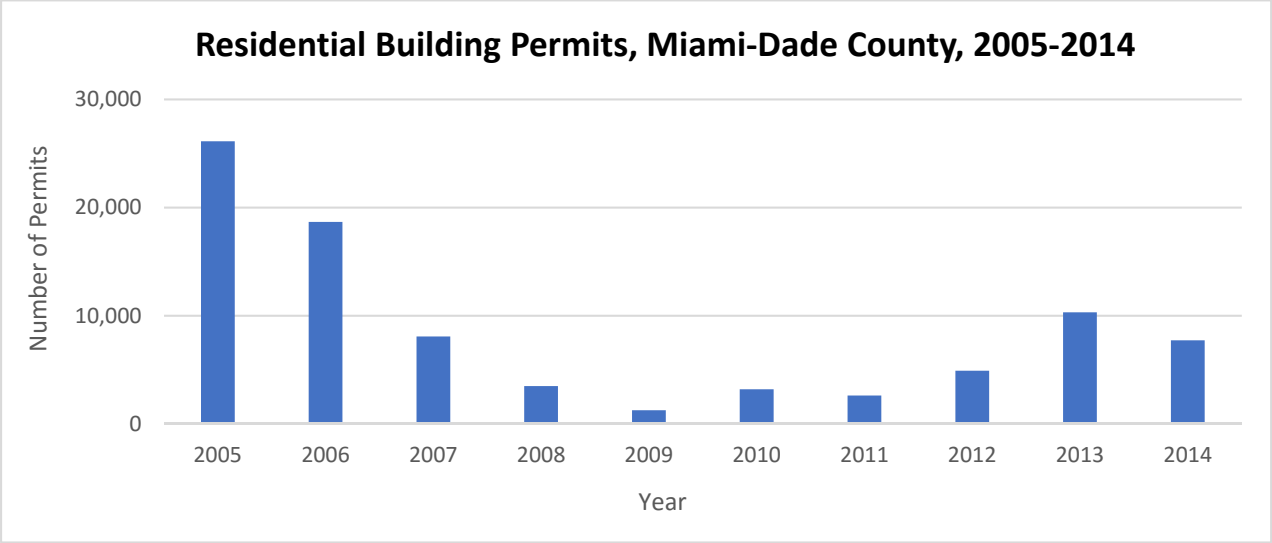
Home Value Characteristics	Estimate
Owner Occupied Units	448,011
Less than $50,000	16,596
$50,000 to $99,999	36,996
$100,000 to $149,999	53,734
$150,000 to $199,999	67,204
$200,000 to $299,999	111,188
$300,000 to $499,999	96,758
$500,000 to $999,999	44,333
$1,000,000 or more	21,202
Median (dollars)	**242,800**

Note: Estimates and margins of error in thousands of housing units.
Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov

Physical Environment-Housing

Residential Building Permits

Residential building permits are tracked to assist in monitoring the rate of new construction. In 2005, Miami-Dade County, Florida had the highest rate of building permits issued. By 2007 there has been a dramatic decrease with 2009 showing the least number of permits issued. After 2009, there has been a slow increase in the number of residential permits, but a small decline was seen again in 2014.



Source: Data for 2005-2014 accessed via Home Facts for Miami-Dade County, FL https://www.homefacts.com/

Physical Environment-Housing

Homelessness

According to The National Health Care for the Homeless Council, a homeless individual is defined "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." The main cause of homelessness is poverty, due to lack of employment or extremely low income. There are several contributing factors that can lead an individual or family to lose secure housing.

In Miami-Dade County, there are many resources and agencies dedicated to reducing the number of people who are without housing. The Miami-Dade County Homeless Trust is one of the many organizations who is taking the lead on this mission with the goal of implementing policy changes and working with contracted providers to ensure services are delivered to those who need them most. The Homeless Trust is also responsible for overseeing the utilization of food and beverage taxes that are specifically dedicated to fund programs. The Trust also serves for both federal and state funding announcements. The Trust also completed a 2018 Assessment of Racial Disparities for Miami-Dade County. This assessment evaluates service delivery for four programs including emergency shelters, transitional housing, rapid rehousing and permanent supportive housing.

Key Findings are:

Persons of color are extraordinarily overrepresented as a proportion of the homeless population when compared to the general population. While black persons represent **18%** of Miami-Dade County's general population, they comprise **56%** of the homeless population.

- While young adults aged 25 years or younger make up a small percentage of all persons served by the Continuum of Care (CoC), racial disparity among such young adults is striking, particularly when compared to single adults over the age of 25 years. Sixty-nine percent (69%) of young adults are black compared to 53% of single adults.
- White participants have a longer length of stay in permanent supportive housing (PSH). While a small percentage of PSH participants exit to homelessness, a greater percentage of those who do are black.
- While the CoC programs (emergency shelter, transitional housing, rapid re-housing and permanent supportive housing) do a good job in preventing returns to homeless compared to overall exits, a significantly greater number of black persons exit into homelessness than white persons. On the other hand, the rate of exits to permanent housing is much greater for black persons when compared to white persons.
- There is racial disparity in the collection of exit destination data with a greater percentage of black persons leaving without exit destination.

According to the Florida Housing Coalition Home Matters Report 2018, Florida continues to have problems with affordable housing. Below are facts for 2019.

- There are 921,928 "very low-income" Florida households-which include hardworking families, seniors, and people with disabilities-pay more than 50% of their income in housing.
- Florida has the third highest homeless population of any state in the nation, with 31,030 people living in homeless shelters and on the streets. This includes 2,543 veterans and 9,587 people in families with at least one child.
- Low wage jobs are prevalent in Florida's economy. In many occupations, workers do not earn enough to rent a modest apartment or buy their first home.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for homelessness are available through the following organizations:

- Miami-Dade County Homeless Trust http://homelesstrust.org
- National Health Care for the Homeless Council www.nhchc.org/

Physical Environment-Housing

Children in Foster Care

The Florida Department of Children and Families (DCF) reports that every day in Florida children are removed from their homes. A child could be removed from their home because of bad parenting skills, substance abuse, mental illness, and/or domestic violence. Removing a child from his or her home and caregiver generates trauma, confusion, and fear. In Miami-Dade County in addition to DCF, Our Kids of Miami-Dade/Monroe Inc., provides a direct coordinated system of care in order to deliver excellence to abused, abandoned, and neglected children and families. FLCHARTS reported that in 2017 Miami-Dade County, FL had a rate of 340.4 per 100,000 population of children under the age of 18 years old in foster care. By contrast the rate in 2017 for the state of Florida was 537.7 per 100,000 population of children under the age of 18 was in foster care. This is a total of 1,913 children in Miami-Dade County under the age of 18 years old compared to a total of 22,220 children in the whole state of Florida. The Miami-Dade County rate is statistically significantly lower compared to the state rate. Nevertheless, it is important to continue to monitor the rate of foster children for a few reasons including, children who have been in the foster care system are at a higher risk of developing mental and physical health problems.

Physical Environment-Transportation

Transportation

Lack of adequate transportation can limit a person's employment options and their chances of being hired for a position. Without transportation, a person may also lack the ability to access nutritious foods or recreational spaces where physical activity takes place. Transportation barriers also inhibit access to health care services, in some cases causing people to cancel or miss medical appointments.

As shown below, 10.7% of households in Miami-Dade County do not have a vehicle,a proportion higher than both the state of Florida (6.7%) and the United States (8.8%).

Percent of Households by Number of Available Vehicles 5-Year Estimates for 2013-2017

Geography	Occupied Housing Units	No Vehicle	1 Vehicle	2 Vehicles	3+ Vehicle
Miami-Dade County	858,289	10.7%	39.3%	34.8%	15.2%
Florida	7,510,882	6.7%	40.6%	38.2%	14.5%
United States	118,825,921	8.8%	33.2%	37.4%	20.6%

Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov/.

As presented below, of the approximate 1,251,193 workers (ages of 16 and over) in Miami-Dade County, 76.8% drove alone between 2013 and 2017. This rate is lower than Florida's rate of 79.5% but is slightly higher than the nation's rate of 76.4%. Of the 1,251,193 workers, only 5.2% used public transportation, which is a higher than Florida (2%) and the nation's (5.1%). Support for public transportation is essential for community members because it is affordable and widely accessible. For those who are unable to afford a vehicle, transport systems are a vital source for improving population health. Public transportation has been found to reduce financial stress for those who are lower income. It also decreases fuel emissions and the number of car crashes per year. A smaller proportion of Miami-Dade County's workers carpool to work (8.9%). When compared to the State of Florida and the United States (both 9.2), Miami-Dade County's rate is slightly lower. There are 4.9% of workers who worked from home, and 2.1% of people walked to work, while there are 2% of people who used other means of transportation to make it to work.

Method of Transportation to Work 5-Year Estimates for 2013-2017

Geography	Workers	Drove Alone	Carpooled	Worked at Home	Walked/Biked	Other Means	Used Public Transportation
Miami-Dade County, FL	**1,251,193**	**76.8%**	**8.9%**	**4.9%**	**2.1%**	**2.0%**	**5.2%**
Florida	8,907,171	79.5%	9.2%	5.6%	1.5%	2.2%	2.0%
United States	148,432,042	76.4%	9.2%	4.7%	2.7%	1.8%	5.1%

Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov/.

As shown below, commute time in Miami-Dade County, FL is higher when compared to Florida and the nation.

Travel Time to Work-Single-Year Estimates in Minutes, 2017

Geography	Average
Miami-Dade County, FL	**31.3**
Florida	**27**
United States	**26.4**

Source: Data for 2017 estimates accessed via United States Census Bureau https://factfinder.census.gov/.

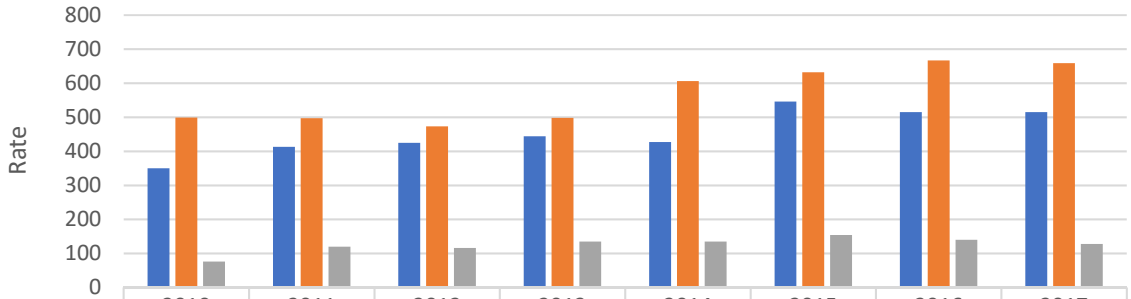
Physical Environment-Transportation

Transportation

The development of different transportation options such as walkable communities, bike lanes, and bike share programs, has helped boost health for the community. Safe transportation is not only important for those on the road, but for those who commute by foot. Florida has been ranked number 1 in the nation for highest Pedestrian Danger Index (PDI). The Pedestrian Danger Index measures how fatal it is for people to walk based on the number of people struck and killed by drivers while walking. The PDI controls for the number of people that live in that state or metro area and the number of people who walk to work. Multiple collisions have happened on Interstate 95 and other major highways like US-1 due to those who have been hit while on a motorcycle, walking or biking on these major highways. The chart below shows the number of motorcyclist, pedestrian and bicyclist fatalities that occurred between the years of 2010 and 2017.

Traffic Fatalities by Type, Miami-Dade County, 2010-2017

(Rate per 100,000 Population)



	2010	2011	2012	2013	2014	2015	2016	2017
Motorcyclist	350	413	425	444	427	546	515	515
Pedestrian	499	497	473	498	606	632	667	659
Bicyclist	76	120	116	135	135	154	140	128

Source: Data for 2010-2017 accessed via Florida Department of Transportation for Miami-Dade County, FL https://www.fdot.gov/

Summary-Community Health Assessment Indicators

The Miami-Dade Community Health Status Assessment has provided a detailed summary of health outcomes over a period of time. This data has allowed us to make comparisions to peer counties, state, and national rates. It is important to highlight the progress of the health indicators assessed by Miami-Dade County compared to the national goals of Healthy People 2020. The list below summarizes the health indicators progress compared to the Healthy People 2020 goal to the current data of Miami-Dade to assess if we are meeting the goal.

Indicator	Healthy People 2020 Goal	Miami	HP 2020 Goal Progress: Was the goal reached?
Unintentional injury	Reduce the deaths caused by unintentional injuries to 36.4 deaths per 100,000 population.	29.9 deaths per 100,000	Yes
Motor Vehicle Crashes	Reduce the deaths caused by motor vehicle crashes to 12.4 deaths per 100,000 population.	11.5 deaths per 100,000	Yes
Unintentional Drowning	Reduce the deaths caused by unintentional drowning to 1.1 deaths per 100,000 population.	1.2 deaths per 100,000	No
Suicide	Reducing the suicide rate is 10.2 suicides per 100,000 population.	8.2 per 100,000 population	Yes
Low Birth Weight	Reduce the proportions of infants born with LBW to 7.8%.	8.5% LBW	No
Infant Mortality	Reduce infant mortality rates to 6.0 deaths per 1,000 live births.	5.0 deaths per 1,000 births	Yes
Sexually Transmitted Disease	• Reduce gonorrhea rates among females aged 15 to 44 years to 251.9 new cases per 100,000 population. • Reduce gonorrhea rates among males aged 15 to 44 years to 194.8 new cases per 100,000 population. • Reduce domestic transmission of primary and secondary syphilis among females to 1.3 new cases per 100,000 population. • Reduce domestic transmission of primary and secondary syphilis among males to 6.7 new cases per 100,000 population.	156.3 cases per 100,000 population 340.2 cases per 100,000 population 8.2 cases per 100,000 population 90.1 cases per 100,000 population	Yes No No No

Indicator	Healthy People 2020 Goal	Miami	HP 2020 Goal Progress: Was the goal reached?
HIV/AIDS	Reduce HIV infection deaths to 3.3 deaths per 100,000 population.	5.8 per 100,000	**No**
Vaccine Preventable Diseases	• Maintain elimination of cases of vaccine-preventable congenital rubella syndrome (CRS) among children under 1 year of age (U.S. – acquired cases) to 0 cases. • Reduce cases of measles (U.S. – acquired cases) to 30 cases. • Reduce cases of mumps (U.S. – acquired cases) to 500 cases. • Maintain elimination of acute paralytic poliomyelitis (U.S. – acquired cases) to 0 cases. • Maintain elimination of acute rubella (U.S. – acquired cases) to 10 cases.	0 cases 4 cases acquired in 2016 10 cases acquired in 2017 0 cases 0 cases	**Yes** **Yes** **Yes** **Yes** **Yes**
Cancer	Reduce the overall cancer death rate to 161.4 deaths per 100,000 population.	128.2 per 100,000 population	**Yes**
Breast Cancer	Reduce the breast cancer death rate to 20.7 deaths per 100,000 females.	16.7 deaths per 100,000 females	**Yes**
Lung Cancer	Reduce the lung cancer death rate to 45.5 deaths per 100,000 populations.	25.8 deaths per 100,000 population	**Yes**
Prostate Cancer	Reduce the prostate cancer death rate to 21.8 deaths per 100,000 population.	22.0 deaths per 100,000 population	**No**
Colorectal Cancer	Reduce colorectal cancer death rate to 14.5 deaths per 100,000 population.	13.9 deaths per 100,000 population	**Yes**
Melanoma Skin Cancer	Reduce melanoma cancer death rate to 2.4 deaths per 100,000 population.	1.1 deaths per 100,000 population	**Yes**
Chronic Liver Disease and Cirrhosis	Reduce cirrhosis deaths to 8.2 deaths per 100,000 population.	7.3 deaths per 100,000 population	**Yes**

Indicator	Healthy People 2020 Goal	Miami	HP 2020 Goal Progress: Was the goal reached?
Heart Disease	Reduce the coronary heart disease death rates to 103.4 deaths per 100,000 population.	152.5 deaths per 100,000 population	**No**
Stroke	Reduce stroke death rates to 34.8 deaths per 100,000 population.	41.5 deaths per 100,000 population	**No**
Early Entry into Prenatal Care	Increase the percentage of pregnant women who receive prenatal care in the first trimester to 77.9%.	85.9% of pregnant women receive first trimester care	**Yes**
Fluorinated Water Supply	Increase the percent of the U.S. population served by community water systems with optimally fluoridated water to 79.6%.	98.1% have access to fluoridated water	**Yes**

Conclusion

Miami-Dade County is fortunate to have many resources to meet the various needs that are identified in the 2019 Community Health Assessment (CHA). It is evident from the data analysis that there have been improvements in various areas. The CHA did identify opportunities for improvement and we are confident that with the help of our community leaders, partners, and residents' that these priorities will be identified, goals formulated, objectives developed and evidenced based strategies implemented. The following are themes that have been identified through the various assessments.

Access to Care
Health insurance coverage continues to be a problem within Miami-Dade, where 20.7% of the population has no insurance. According to the U.S. Department of Health and Human Services, areas within Miami-Dade, specifically the Northwest, Northeast and Southwest areas of the county, have shortages in primary care professionals, dental health professionals and mental health professionals. This coincides with the sections of the county where most of the residents with low income live.

Chronic Disease
Cancer rates overall have decreased within the county. However, there remains a disparity with cancer rates among African Americans being higher when compared to other ethnicities. Alzheimer's disease death rates are steadily increasing, as is diabetes. We are seeing a decrease in heart disease death rate however the rates of mortality from stroke is on the rise.

Infectious Diseases
The rates of sexually transmitted diseases, specifically gonorrhea, chlamydia and syphilis, have been on the rise. Although HIV/AIDS death have been decreasing in Miami-Dade County, our rates are higher than the State and our peer counties.

Maternal Child Health
The rate of infants born in Miami-Dade County has been decreasing. The past few years has shown a rise in the infant mortality rate.

Mental Health
From the various focus groups that were held mental health, behavioral health, and the opioid epidemic has been named as areas in need of attention by our community.

Although Miami-Dade County has resources within the community, there is a lack of coordination between healthcare providers. Additionally, although many entities collect data, the lack of a fully integrated system for data sharing is lacking within the community. The purpose of the CHA is to provide the Miami-Dade County community with quantitative and qualitative data that will allow for informed community decision making. There are many evidenced based strategies and programs being implemented throughout Miami-Dade County that address the areas above. We are confident that by taking a coordinated and integrated approach the Miami-Dade community will be able to develop a comprehensive Community Health Improvement Plan (CHIP).

Next Steps

The CHA will serve as the basis for the development of the 2019-2024 CHIP. The CHIP is a long term systematic plan that addresses public health concerns that arise from the community health assessment. The idea behind this plan is to set priorities and coordinate and target resources to address health outcomes. This plan is developed in a collaborative manner and will be used to address areas within the CHA that need improvement.

There will be a series of meetings where community residents, partners and stakeholders will be invited to identify strategic issues, formulate goals and strategies and develop an action plan.

For health equity to be achieved we will need to work in a multisectoral, multidisciplinary manner to ensure that all residents within Miami-Dade County have access to resources that will provide them with the tools needed to obtain more positive health outcomes.