

Florida Department of Health in Miami-Dade County COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL PROGRESS REPORT

2019

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Introduction

The health of Miami-Dade County residents and visitors is one of the top priorities for the Florida Department of Health in Miami-Dade County and all of the partners that contribute to achieving that goal. We know that many factors influence the health of our residents such as the ability of one to enjoy a balanced diet, physical activity, access to preventative care, clean water, and air. In addition to these factors other influences impact the health of the County including many socioeconomic considerations-schools, economy, and income. In an effort to help the community become healthier and to achieve the mission of becoming the "healthiest state in the nation", collaborative approaches are taken to reach that goal. The Florida community is working together to address the complex needs of this diverse community from all avenues including social, economic and environmental. The many partners contributed to the vision, and as a result a strong and comprehensive Community Health Improvement Plan has been developed to better address the needs of the community.

This is the annual review report for the 2013-2018 Miami-Dade County CHIP. The Florida Department of Health in Miami-Dade County opted to extend the 2013-2018 CHIP as the agency was in the process of working with the community to undertake a new Mobilizing for Planning and Partnership (MAPP) cycle. This annual report will serve as a closeout of the 2013-2018 CHIP as the agency works to bring to the community the 2019-2024 CHIP. The Florida Department of Health in Miami-Dade County has provided administrative support, data collection and tracking as well as worked to prepare the annual report. This annual report will review the 2013-2018 strategic priority areas as well as share the status of the CHIP indicators. This report will also introduce the new strategic priority areas and goals for the 2019-2024 Community Health Improvement Plan. It should be noted that while this will serve as the final report for the 2013-2018 CHIP, some of the indicators that are tracked will continue to be addressed in the new 2019-2024 CHIP.

Overview of CHIP and Annual Review Meeting

The Community Health Improvement Plan (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 is based on the results of the health assessment activities and part of the community health improvement process. The CHIP shows alignment with all level of assessments including Healthy People 2020 and the State Health Improvement Plan. In the 2013-2018 CHIP, there were five strategic priority areas: Health Protection, Access to Care, Chronic Disease Prevention, Community Redevelopment and Partnerships, and Health Finance and Infrastructure. All CHIP goals, objectives, strategies, and performance indicators can be accessed at www.HealthyMiamiDade.org/resources/community-health-improvement-plan/. As a result of the most current community meeting held on July 18, 2019, new strategic priority areas were identified and used to create the 2019-2024 Community Health Improvement Plan which can be accessed here. Strategic Priority areas for the 2019-2024 CHIP include: 1. Health Equity, 2. Access to Care, 3. Chronic Disease, 4. Maternal Child Health, 5. Injury, Safety, and Violence, and 6. Communicable Diseases and Emergent Threats.

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting's purpose was to deliver high-level information on the MAPP process and the results from the community assessments conducted. Attendees from different organizations and backgrounds were able to discuss the strategic health priorities that affect Miami-Dade residents and their health. A diverse group of partners were represented at the Community Health Assessment and Improvement Plan Community Meeting. On Thursday, July 18th, 2019, there was a total of seventy-seven (77) signatures representing thirty-one (31) organizations. Approximately 12% of those who registered did not attend the event.

During this event, participants played an essential role in improving the health and quality of life for Miami-Dade. The full day event had two main focuses. The morning sessions were used to share the results from community assessments with the attendees and they were asked to prioritize the health indicators that emerged from all four community assessments. Results from the Forces of Change, Community Health Assessment and the Local Public Health System Assessments were shared. Ten themes emerged from the assessments that were conducted. 1) Health Equity 2) Maternal/Child Health 3) Chronic Disease 4) Healthy Weight/Physical Activity/Nutrition 5) Community Concerns 6) STD/Communicable Diseases/Emerging Threats 7) Behavioral Health 8) Injury/Safety/Violence 9) Immunizations 10) Access to Care. Attendees were asked to rank these themes, or strategic health priorities from one to ten, one being the highest priority and 10 being the lowest.

In the afternoon, those who attended the event participated in dynamic, high-level breakout sessions where they were able to discuss these health indicators in detail, offering insight as to how to address issues specifically in Miami-Dade and. The ranking of these priority areas and discussing how to address them in Miami-Dade County will aid the Department of Health in Miami-Dade County with creating their 2019-2024 Community Health Improvement Plan (CHIP). A Strategic Priority Area Reporting Tool was utilized by breakout group facilitators and scribes who were assigned to each of the ten breakout sessions for each strategic priority area. The tool was used to organize and track the participants' responses. During the breakout sessions, community members addressed the strategic priority areas by answering guided questions and providing feedback with objectives, potential strategies/barriers, target population, responsible parties, key partners to work with, and what indicators should be created to evaluate the goals of the strategic priority area.

2019-2024 CHIP Strategic Priorities and Goals

Strategic Priorities	Goals
	Improve service linkage to encourage equity.
Health Equity	Provide access to quality educational services.
. ,	Improve community involvement.
	Improve access to affordable and quality housing.
	Use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination,
	patient safety and health care outcomes.
Access to Care	Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals.
	Promote an efficient public health system for Miami-Dade County.
	Immigrant access to health care and community-based services.
	Improve access to community services that promote improvement in social and mental health, opioid treatment and
	early linkage to address cognitive disorders.
	Increase awareness of Alzheimer's and related Dementias.
	Reduce chronic disease morbidity and mortality.
	Increase access to resources that promote healthy behaviors including access to transportation, healthy food options
Chronic Disease	and smoke and nicotine-free environments.
	Increase the percentage of children and adults who are at a healthy weight.
	Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to
	chronic diseases and improve the health status of residents and visitors.
	Reduce the rates of low birth weight babies born in Miami-Dade.
Maternal Child Health	Reduce maternal and infant morbidity and mortality.
	Increase trauma informed policies, systems, and environmental changes and support for programming.
	Generational and family support in maternal child health.
	Prevent and reduce illness, injury, and death related to environmental factors.
Injury, Safety, and Violence	Build and revitalize communities so that people have access to safer and healthier neighborhoods.
	Minimize loss of life, illness, and injury from natural or man-made disasters.
	Anti-Violence Initiatives/ Prevent and reduce unintentional and intentional injuries.
Communicable	Prevent and control infectious diseases.
Diseases/Emergent Threats	Provide equal access to culturally competent care.

Trend and Status Descriptions

The list of the following terms describes the chart details that are included in the 2019 Progress section. These terms describe the objectives and their progress from the 2013-2018 Miami-Dade Community Health Improvement Plan (CHIP).

Objective Number: The is the objective number that is listed in the CHIP.

Objective: This is the objective that is listed in the CHIP.

Baseline: This is the starting data point to be used for comparisons and progress to be made.

Performance: This is the description of the current performance for the objective.

Current level: This is the current value and level of the objective.

Target Value: This is the CHIP objective target value.

Target Date: This is the target end date to achieve this goal.

Trend: See trend descriptions table below.

	Data trend is upward and in the desired direction for progress.
	Data trend is upward and in the desired direction for progress.
	Data trend is upward and in the undesired direction for progress.
•	Data trend is downward and in the undesired direction for
	progress.

Status: See status descriptions table below.

On Track	Objective progress is performing as expected at this point in time or is exceeding expectations.
Not on Track	Objective progress is below target value at this point in time.
Completed	Objective has been completed or has been met.
Not Completed	Objective has not been completed or has not been met.

2019 Progress

Strategic Issue Area #1: Health Protection

The strategic priority area of Health Protection was meant to ensure that all residents and visitors are protected from infections and environmental threats, injuries, and natural and manmade disasters. Under this strategic priority area, there are four goals that directly support Health Protection The goals are: Prevent and Control infectious disease, Prevent and reduce illness, injury and death related to environmental factors, minimize loss of life, illness and injury from man-made or natural disasters, and prevent and reduce unintentional and intentional injuries.

Goal 1: Prevent and control infectious disease.

Strategy: Strategy Number: NA Strategy Language: Noted Below

For Goal 1, multiple strategies were identified to assist in reaching this goal. None of the strategies were assigned strategy numbers based on the last CHIP, however the verbiage for each strategy is as noted below:

- Develop a process to assure that all vaccinations received by children in the county are properly monitored using the Florida State Health On-line tracking system (Florida SHOTS).
- Develop and support a community awareness campaign that encourages adults to obtain their influenza Coordinate flu events for elderly populations. Collaborate with pharmacies to encourage vaccination. Support FIDEC in their efforts to increase adult vaccine promotion.
- Assure that all vaccinations of children attending daycares and schools in Miami-Dade meet the immunizations requirements.
- Develop process to educate the community on measles prevention.
- Develop an educational awareness campaign for the community explaining the importance of having children properly immunized against vaccine preventable disease.
- Develop Memorandums of Agreement to expand bacterial STD testing to include community base organizations and educational programs for students, teachers and staff.
- Provide educational outreach, testing, early identification, and community collaboration for TB cases completing therapy.
- Conduct compliance preventive inspections related to enteric disease cases.
- Promote awareness and education in the community by implementing HIV/AIDS prevention behavioral models to target adults in high incidence areas of Miami Dade.
- Partner with local governments and federal partners to promote HIV testing in the community and expand targeted efforts to prevent HIV infection by using a combination of effective, evidence-based approaches.
- Monitor Surveillance staff case investigation status and text messaging process to enhance treatment in a timely manner.
- Prepare, edit and disseminate the EPI monthly report with a summary of the reported communicable disease cases.

Key Partners: Department of Children and Families, Private providers/physicians, Florida Shots field staff, Head Start, Miami-Dade County Public Schools, Department of Health, Local Pharmacies, Private Medical Providers, FIDEC, Media, Department of Children and Families, Early Learning Coalition, DOH Miami-Dade, STD Program Consultant and Take Control Testing Staff, Disease Intervention Specialist (DIS), STD Clinic Providers,

Miami Dade County Public Schools, Community Based Organizations (CBO's), University of Miami Pediatric Mobil Unit, 5,000 Role Models. Hospitals, Jails, Private Providers, Adult Living Facilities, Nursing Homes and Federally Qualified Health Care Centers (FQHCs)

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.1.1	By Dec. 31, 2018, increase the percentage of two-year old's who are fully immunized from 84.8% (2011) to 90% in Miami- Dade.	84.8%	This objective has been declining and is not moving towards the target level. Factors contributing to this decline could be that an additional vaccine was added to measure completeness of vaccines series. There was also a shortage of one combination vaccine which resulted in less options of vaccine combinations.	80.4%	90%	December 31, 2018	V	Not on Track
HP 1.1.2	By Dec. 31, 2018, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 50.8% to 75% in Miami-Dade.	50.8%	This objective has improved some, however not met target of 75%.	52%	75%	December 31, 2018		On Track
HP 1.1.3	By Dec. 31, 2018, increase the percentage of two-year old's that are fully immunized by DOH-Miami-Dade from 95% to 96%.	95%	This objective is being monitored monthly and is on target with a focus on child care centers.	100%	96%	December 31, 2018		Completed
HP 1.1.4	By Dec. 31, 2018, the number of confirmed cases of measles in children under 19 in Miami- Dade will be zero.	0	In 2018 there were 3 cases. A process is being developed to educate the community on measles prevention.	3	0	December 31, 2018		Not on Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.1.5	By Dec. 31, 2018, the number of confirmed cases of <i>Haemophilus</i> <i>influenzae</i> type B in children under 19 in Miami-Dade will be zero.	0	This objective has been met.	0	0	December 31, 2018	▼	Completed
HP 1.2.1	By Dec. 31, 2018, reduce the bacterial STD case rate among females 15-34 years of age from 2098.8 per 100,000 to 2091.5 per 100,000 in Miami-Dade.	2,098.8	This objective is trending in the wrong direction as rates continue to increase.	2,331.1	2,091.5	December 31, 2018		Not on Track
HP 1.2.3	By December 31, 2018, reduce the TB case rate from 4.9 per 100,000 to 3.5 per 100,000 in Miami-Dade.	4.9	In 2017 the TB case rate was 3.6 per 100,000 in Miami-Dade. In 2018 the TB case rate increased to 4.4 per 100,000 in Miami-Dade.	4.4	3.5	December 31, 2018		Not on Track
HP 1.2.6	By Dec. 31, 2018, increase the percentage of TB patients completing therapy within 12 months of initiation of treatment from 92.1% to 95% in Miami-Dade.	92.1%	Objective maintained positive trend and has surpassed the set target.	97.1%	95%	December 31, 2018		Completed
HP 1.2.7	By Dec. 31, 2018, reduce the enteric disease case rate per 100,000 from 54.3 to 51.7.	54.3	In 2016 the enteric disease case rate was 62.8 per 100,000. This objective is not on target though it did decrease from previous years.	62.8	51.7	December 31, 2018	▼	Not Completed
HP 1.3.1	By Dec 31, 2018, reduce the reported AIDS Rate in Miami Dade per 100,00 from 26 (2010) to 20.5.	26	The following actions have helped to meet objective: 1.) Test and treat 2.) PrEP (Antiretroviral pre-exposure prophylaxis) and nPEP (non-occupational post-exposure prophylaxis) 3.) Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings 4.) Community outreach and messaging (2018).	14.3	20.5	December 31, 2018	▼	Completed

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.3.2	By Dec. 31, 2018, increase the percentage of adults <65 who have ever been tested for HIV in Miami-Dade from 54.2% to 60%.	54.2%	The percentage of adults <65 who have ever been tested for HIV in Miami-Dade is 65.8% (2016).	65.8%	60%	December 31, 2018		Completed
HP 1.3.3	By Dec 31, 2018, increase the percentage of newly identified HIV infected persons linked to care within 90 days of diagnosis (Changed to 30 days 01/1/1/8) and are receiving appropriate preventive, care and treatment services in Miami Dade from 66% to 85%.	66%	This objective is progressing towards target with a rate of 78% (2018). The program re- activated the HIV LTC- Quality Improvement Workgroup to find possible solutions. The expansion of TEST and TREAT programs to additional providers in Miami-Dade goal will begin on July 1 st , 2018.	78%	85%	December 31, 2018		On Target
HP 1.3.4	By Dec 31, 2018, reduce reported new HIV infections per 100,000 in Miami Dade from 53.9 in 2014 to 45.0 with particular focus on the elimination of racial and ethnic disparities in new HIV infections.	53.9	The number of new HIV infections are decreasing but has not yet met target with the current rate for 2018 of 43.6.	43.6	45.0	December 31, 2018	▼	On Track
HP 1.3.5	By Dec. 31, 2018, increase the percentage of currently enrolled AIDS Drug Assistant Program (ADAP) clients in Miami-Dade with suppressed viral load from 92.8% to 93%.	92.8%	This objective is on target with 97.30% (2018).	97.30%	93%	December 31, 2018		Completed

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 1.4.1	By Dec. 31, 2018, the percentage of infectious syphilis cases treated within 14 days of lab reported date will increase from 85% to 88%.	85%	The DOH Miami-Dade STD program has successfully improved meeting the target of treating all Miami-Dade patients diagnosed with infectious syphilis within 14 days of lab reported with a rate of 90% (2018). This is due in part to having additional field staff workers. For private providers, the surveillance staff actively retrieved treatment information and assigned field record within a 3-day timeframe which gave ample time to bring patients in for treatment and partner services.	90%	90%	December 31, 2018		Completed
HP 1.4.1	By Dec. 31, 2018, Miami-Dade CHD Chlamydia cases treated within 14 days of lab reported date will increase from 85% to 88%.	85%	This objective is below target with a rate of 68% (2018). Barriers encountered are patients coming to the clinic after 14 days of lab reports. New steps include ensuring CHD patients receive priority on cases by calling them within 24-36 hours and if no response, to conduct a field visit immediately after.	68%	88%	December 31, 2018		Not on Track
HP 1.4.2	By Dec. 31, 2018, and annually, prepare and disseminate a timely dissemination of the EPI monthly report at 100% in Miami-Dade.	100%	This objective has met target.	100%	100%	December 31, 2018		Completed

Goal 2: Prevent and reduce illness, injury, and death related to environmental factors.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Finalize an action plan to address gaps and opportunities based on the assessment findings.
- Prepare a plan to seek and secure funding and select applicable community to implement PACE-EH protocol.
- Implement a plan to respond within 48 hours of an initial outbreak.
- Develop a plan to capture electronically submitted food complaints in Miami-Dade.
- Enhance community-based health fairs and education to increase knowledge of lead poisoning.
- Ensure that all Miami-Dade public water systems are in compliance with public health standards.
- Ensure adequate budget and staffing to fully implement the environmental public health regulatory programs.
- Continue to be part of the local and state health and the built environment workgroup and develop a plan to coordinate with the state health office staff on issues related to health impact assessments.
- Develop guidelines for assuring that the various municipalities within Miami-Dade conduct the appropriate community health assessments prior to undertaking new projects.

Key Partners: Florida Department of Agriculture and Consumer Services (DACS), Florida Department of Business and Professional Regulation (DBPR), Florida Department of Health in Miami-Dade County, Epidemiology, Environmental Health, Facilities Program (DOH), Florida Department of Children and Families (DCF), Florida Agency for Health Care Administration (AHCA), Florida Department of Environmental Protection (DEP), Centers for Disease Control and Prevention (CDC), United States Department of Agriculture (USDA), Food and Drug Administration (FDA), Head Start, Childcare Centers, Faith-based and community-based organizations, physicians/doctors, Refugee Health Assessment Center, Church World Services and other partners Environmental Engineering Staff, Public water systems, Florida Department of Environmental Protection (FDEP), and US Environmental Protection Agency (USEPA)

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 2.1.1	By Dec. 31, 2018, Miami- Dade will complete the Environmental Public Health Performance assessment and develop an action plan.	Develop plan	The self-assessment results, final report and action plan were submitted to the State Health Office (SHO) in March of 2013.	Plan Created	Plan Created	December 31, 2018		Completed
HP 2.2.1	By Sept. 30, 2018, and annually ensure that 90% of illness outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of initial outbreak report in Miami Dade.	90%	This objective was implemented and has been continuously monitored. The plan was implemented to respond within 48 hours of initial outbreak (2014).	100%	90%	September 30, 2018		Completed
HP 2.2.3	By Dec. 31, 2018, reduce the number of reported new cases in Miami-Dade of lead poisoning among children under 72 months of age from 43 to 40.	43	This objective has not been met and is in need of improvement. In 2018 there were 130 reported new cases in Miami-Dade of lead poisoning among children under 72 months of age.	130	40	December 31, 2018		Not on Track
HP 2.3.1	By Dec. 31, 2018, ensure that 93.5% of public water systems have no significant health drinking water quality problems.	93.5%	This target has been met (2018). It has been implemented and is continuously being monitored to ensure that all Miami Dade public water systems are in compliance with public health standards.	99%	93.5%	December 31, 2018		On Track
HP 2.3.2	By Sept. 30, 2018, complete 90% of inspections of all other entities with direct impact on public health according to established standards.	90%	The results for this objective have met target (2018). It shows there has been consistency in handling complaints timely.	100%	90%	September 30, 2018		On Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 2.4.1	By Jan. 31, 2018, DOH- Miami-Dade will support Health Impact Assessments that will inform the decision- making process about health consequences of plans, projects and policies in Miami Dade.	0	Training was provided to the Health and Built Environment Committee on the Health Impact Assessment (2014). Three case studies were utilized.	1	1	January 31, 2018		Completed

Goal 3: Minimize loss of life, illness and injury from natural or man-made disasters.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Prepare the public health and health care system for all hazards, natural or man-made.
- Ensure that systems and personnel are available to effectively manage all hazards.
- Develop a method to ensure surge capacity to meet the needs of all hazards.
- Create an informed, empowered, resilient public and preparedness system.
- Develop trainings to ensure organizations will be actively engaged in preparedness activities and in compliance with emergency operations and response plans.

Key Partners: Florida Department of Health in Miami-Dade County, Public Health Preparedness Program, Miami-Dade County Citizen Corps, Barry University, University of Miami, Florida International University, Exercise contractors, Office of Emergency Management

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 3.1.1	By Dec. 31, 2018, complete After Action Report (AAR) and Improvement Plan (IP) following an exercise or real incident.	AAR completed	This objective has been completed (2017) but will be continued dependent on when the activity or exercise occurs.	Yes	Yes	December 31, 2018		Completed
HP 3.2.1	Annually, ensure pre- identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less.	77%	This alert was sent in December 2019 to 750 employees; 638 confirmed. This is representative that 85% of staff responded to the notification. 122 employees did not confirm.	85%	95%			On Track
HP 3.3.1	Dec. 31, 2018, achieve and maintain DOH-Miami-Dade Public Health Preparedness Strategic Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan.	100%	This objective has been achieved. The Public Health Preparedness Planner meets with the Programmatic Lead Person for plan update and approval on a monthly basis.	100%	100%	December 31, 2018		On Track
HP 3.6.1	By June 30, 2018, disseminate a first risk communication message for the public during an exercise or a real incident in Miami- Dade.	80%	This objective has met and exceeded target. In 2018, the rate was 86%.	86%	80%	June 30, 2018		Complete
HP 3.6.2	By June 30, 2018, increase the number of community sectors, in which DOH-Miami- Dade partners participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities, from 0 to 11.	0	This objective has not been met and is in need of improvement. The number of volunteers are being tracked and not the number of community sectors, therefore this count could not be obtained and will be revised in the next CHIP.	0	11	June 30, 2018		Not Completed

Goal 4: Prevent and reduce unintentional and intentional injuries.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Provide injury prevention education and programs to the community specifically education related to reducing falls for adults 60 years and older.
- Educate the community about drowning prevention in Miami Dade.
- Maintain partnerships with local community and non-profit organizations that provide injury interventions for the community.
- Conduct surveillance, identify and disseminate evidence-based strategy, and promote the implementation of effective policies to reduce the incidence of severe injuries in Miami-Dade.

Key Partners: Department of Health in Miami-Dade, Miami-Dade County Public Schools, Healthy Start Coalition, Early Learning Coalition, The Children's Trust, Alliance for Aging, Elder Issues Committee Consortium for a Healthier Miami-Dade, Baptist Health, Miami-Dade County Parks and Recreation (MDCPROS)

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 4.1.1	By Dec. 31, 2018, decrease the rate of deaths from unintentional falls for individuals ages 65 and older in Miami-Dade from 31.8 to 25.	31.8	This objective is above target with a rate of 28.6 (2018). There have been presentations on fall prevention for older adults in the Miami-Dade community. Increased community partnerships and education are needed to achieve this goal.	28.6	25	December 31, 2018		Not on Track
HP 4.1.2	By Dec. 31, 2018, decrease the number of hospitalizations for near drownings, ages 1-5 (Three Year Rolling) in Miami-Dade.	14	This objective is trending properly as the number of hospitalizations of near drownings for ages 1 to 5 years was 8 in 2018.	8	10	December 31, 2018	▼	Complete
HP 4.1.2	By Dec. 31, 2018, decrease the number of deaths from drownings, ages 1-4 (Three Year Rolling) in Miami-Dade.	6	This objective has been met, though it has decreased from baseline.	4	2	December 31, 2018		On Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HP 4.1.3	By Dec. 31, 2018, reduce the rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children ages 0–14 from 5.6 per 100,000 to 5.0 per 100,000.	5.6	In 2018 the rate was 5.1 and is near target. It continues to trend in the proper direction.	5.1	5.0	December 31, 2018	▼	On Track
HP 4.2.1	By Dec. 31, 2018, and annually update data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report.	0	The reports have been disseminated through DOH avenues.	1	1	December 31, 2018		On Track
HP 4.3.1	By Dec. 31, 2018, reduce the rate of Fatal Traumatic Brain Injuries under age 1, 3 Year Rolling in Miami-Dade from 5.0 to 4.5.	5.0	There are 0 cases of Fatal Traumatic Brain Injuries under age 1 for 2018.	0	4.5	December 31, 2018	▼	On Track
HP 4.3.1	By Dec. 31, 2018 reduce the number of Fatal Traumatic Brain Injuries 1-5, 3 Year Rolling in Miami-Dade from 10 to 8.	10	This objective has met target. The number of Fatal Traumatic Brain Injuries from 1 to 5 years old in 2018 was 1.	1	8	December 31, 2018	▼	On Track

Strategic Issue Area #2: Access to Care

The strategic priority area of Access to Care covers the areas of limited access to health care services, including oral health care and the impacts of limited access on health outcomes and health care cost. There are four goals in this strategic priority area including regularly assesses health care assets and service needs, improve access to primary care services for Floridians, enhance access to preventive, restorative and emergency oral health care, and reduce maternal and infant morbidity and mortality.

Goal 1: Regularly assess health care assets and service needs.

Strategy: Strategy Number: NA Strategy Language: Noted Below

• Develop a plan for updating community resources with agencies within the community that obtain the appropriate data.

• Utilize the Community Health Needs Assessment conducted to serve as a guiding tool to reach three goals: to improve residents' health status, reduce health disparities, and increase accessibility for preventive services.

Key Partners: The Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade, Miami-Dade Health Action Network, United Way, Alliance for Aging, AARP, Health Council of South Florida

Progress: Progress is detailed in the performance section for each objective as noted below.

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 1.1.1	By July 31, 2018 a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	No plan	Objective met and a plan devised to update community resources in collaboration with community partners. The Consortium for a Healthier Miami-Dade website provides community resources, partners, and events.	Yes	Plan devised	July 31, 2018		Completed
AC 1.1.3	By December 31, 2018 a local Community Health Needs Assessment will be conducted to assess related health behaviors and health status at the zip code level. This will coincide with the five-year assessment cycle using the Mobilizing for Action Through Prioritization and Partnerships.	Complete Assessment	The local Community Health Needs Assessment was conducted to assess related health behaviors and health status at the zip code level through two methods. There were focus groups conducted and the Wellbeing Survey completed.	Yes	Local Community Health Needs Assessment conducted and assessed.	December 31, 2018		Completed

Goal 2: Improve access to primary care service for Floridians

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Local health officials will work with the various schools of medicine within the county to promote primary care and residency programs.
- Local health officials will support the state if there any changes in legislative needs and will implement locally as needed to ensure that all changes are operational.
- A strategy will be developed locally to address access to care and a map will be developed.
- Strategies will be developed through networks in the county to ensure that the needs of the disparate population are being met.

Key Partners: Department of Health in Miami-Dade County, Miami-Dade County Health Action Network

Progress: Progress is detailed in the performance section for each objective as noted below.

How targets are monitored: DOH uses Clear Impact, a dashboard that allows for regular tracking of indictors to monitor progress of each objective and measure. Updates are entered either monthly, quarterly, or annually.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 2.1.7	By December 31, 2018 the Florida Department of Health in Miami-Dade Administration will participate in and support programs within the county that promote primary care and residency programs.	0	This objective is not on target and will be modified for the next CHIP.	2	4	December 31, 2018		Not Completed

Goal 3: Enhance access to preventive, restorative and emergency oral health care

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Provide preventive and restorative dental care to children and adults of the community.
- Develop an awareness campaign for families on the importance of dental sealants on molar teeth in Miami-Dade.
- Ensure the availability of seals on wheels program.

Key Partners: Florida Department of Health in Miami-Dade County, Jackson Memorial Hospital, The Public Health Trust, Miami-Dade County Community Action and Human Services Department, Head Start and Early Head Start Centers, Early Learning Coalition, United Way of Miami-Dade Early Head Start-Child Care Partnership, Miami-Dade County Public Schools, School Board of Miami-Dade County, The Children's Trust, DOH-Miami-Dade WIC (Women, Infants and Children) Program

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 4.2.1	By Dec. 31, 2018, increases the number of adults visiting dental services in Miami- Dade County.	119	The current number of adults visiting the clinic in December 2018 is 68. The target per month is 127. There were some staff shortages that limited the number of staff available to provide services.	68	127	December 31, 2018	▼	Not Completed
AC 4.2.2	Increase the number of children receiving preventative services.	596	In December 2018 the number of kids receiving care per month was 785.	785	472	December 31, 2018		On Track
AC 4.2.4	By Dec. 31, 2018, increase the number of targeted low- income population receiving dental services in Miami- Dade.		The total number of dental services for FLDOH Penalver Clinic was 1,302 in December 2018.	1,302	556	December 31, 2018		On Track
AC 4.3.2	By Dec. 31, 2018, increase the number of children receiving dental sealants.	206	The total number of kids that received sealants for December 2019 was 187. This number changes monthly.	187	25	December 31, 2018		On Track

Goal 4: Reduce maternal and infant morbidity and mortality.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a process to promote essential health services for pregnant women in Miami-Dade.
- Create an educational campaign about healthy pregnancy that targets Black/Other Non-white races in Miami-Dade.
- Leverage resources to enhance family planning education in order to sustain short pregnancy intervals at a low level.
- Develop an educational campaign that will provide health education and counseling (including abstinence education) to teens in Miami-Dade.
- Develop an educational campaign that provides information on the Safe Sleep Campaign especially focusing on the Non-Hispanic Black population in Miami-Dade County.
- Develop educational campaigns that provide parents and caregivers with information on safe sleeping, Sudden Infant Death syndrome, and other infant risks.

Key Partners: Florida Department of Health in Miami-Dade, Children Issues Committee of a Consortium for a Healthier Miami-Dade, Healthy Baby Taskforce, Healthy Start Coalition of Miami-Dade, Federally Qualified Health Centers (FQHCs), Health care providers, Health Educators in the schools, Foster Care, Healthy Start Coalition of Miami-Dade, DOH-Miami-Dade WIC (Women, Infants and Children) Program and DOH-Miami-Dade Family Planning Clinic

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 5.1.1	By Dec. 31, 2018, increase the percentage of Miami-Dade County women having a live birth, who prior to that pregnancy received preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider in Miami-Dade.	10%	This number has fluctuated over time as the data source has changed from HMS, FL Charts, and Healthy Start Data. This objective will be modified for the next CHIP.	NA	NA	December 31, 2018	NA	NA
AC 5.2.1	By Dec. 31, 2018, decrease the percent of births with inter- pregnancy intervals of less than 18 months from 15.63 to 14.0.	15.63%	This objective is trending down when compared to previous years, however the current 2018 rate continues to be above target value.	28.5%	14%	December 31, 2018	▼	Not Completed
AC 5.3.1	By Dec. 31, 2018, decrease the percent of Miami-Dade teen births, ages 15–19, that are subsequent (repeat) births from 15.9 (2012) to 15.4.	15.9%	The objective is on target with a rate of 13.8 in 2018. and has continued to decrease over time due to education services.	13.8%	15.4%	December 31, 2018		On Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
AC 5.3.2	By Dec. 31, 2018, reduce live births to mothers aged 15– 19 from to 21.0 to 20.0 per 1000 Miami-Dade females.	21	The objective level is lower than the target level with a rate of 6 per 1000 in 2018.	6	20	December 31, 2018	▼	On Track
AC 5.4.3	By Dec. 31, 2018, reduce the infant mortality rate in Miami-Dade from 4.9 to 4.5 per 1000 live births.	4.9	This objective is on target with a target of 4.6 (2018). The Healthy Baby Taskforce and partners are actively working to decrease the current infant mortality rate in Miami-Dade County.	4.6	4.5	December 31, 2018	▼	On Track
AC 5.4.4	By Dec. 31, 2018, work to reduce the black infant mortality rate in Miami- Dade from 10.1 to 9.5 per 1000 live births.	10.1	This objective's status is above the target goal with 10.8 in 2018. The Healthy Baby Taskforce and partners are actively working to decrease the current black infant mortality rate.	10.8	9.5	December 31, 2018		Not on Track
AC 5.4.5	By Dec. 31, 2018, increase the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.3% (2007) to 12%.	9.3%	For the last quarter 2019 indicates that 10% was the percentage for this objective.	10.0%	12%	December 31, 2018		On Track

Strategic Issue Area 3: Chronic Disease Prevention

The third strategic priority area is Chronic Disease Prevention. Tobacco, obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis. For the area of chronic disease, four main goals were identified to address this strategic priority. Goals include increase the percentage of adults and children who are at a healthy weight, increase access to resources that promote healthy behaviors, reduce chronic disease morbidity and mortality, and reduce illness, disability and death related to tobacco use and secondhand smoke.

Goal 1: Increase the percentage of adults and children who are at a healthy weight.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Increase the percent of children who are at a healthy weight by expanding healthy food purchase options.
- Monitor and access health care providers on BMI screenings and educate on weight modification.

- Enhance food and exercise related curricula throughout Miami-Dade.
- Partner with community organizations and community-based providers with information from the DOH-Miami-Dade WIC program.
- Establish collaborations with community partners on topics such as how to read nutrition labels, purchasing food on a budget, and incorporating WIC foods into recipes.

Key Partners: West Kendall Baptist Hospital, Homestead Hospital, Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade County, DOH-Miami-Dade WIC (Women, Infants and Children) Program, Federally Qualified Health Centers, Hospitals, Community-Based Providers, Healthy Start Coalition of Miami-Dade, Common Threads, FLIPPANY, Summer Food Program

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Level	Target Date	Trend	Status
CD 1.2.1	By Dec. 31, 2018, increase by 10% the number of targeted health care providers who calculate and document body mass index of their patients.	1%	This indicator is challenging to track and will be removed from the upcoming CHIP due to not having a stable data source for this information. Last data was 2016.	2%	4%	December 31, 2018		Not on Track
CD 1.3.1	By June 30, 2018, identify model policies practices that increase availability and consumption of healthy foods.	0	Many PSE's were implemented under the Healthy Happens Here project and grants were received by the department (2016).	6	1	June 30, 2018		Completed
CD 1.3.5	By June 30, 2018, DOH MD will collaborate with the U.S. Dept. of Agriculture's Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight by 3%.	27%	Through local community partnerships, this has provided WIC with additional support in meeting our healthy weight goals with a target met of 29.5% (2019).	29.5%	25%	June 30, 2018		Not on Track

Goal 2: Increase access to resources that promote healthy behaviors.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Collaborate with partners and organizations to promote healthy behaviors among Miami-Dade adults who are overweight.
- Record childhood markers of wellbeing.
- Provide technical assistance on employee wellness programs at local agencies in Miami-Dade.
- Disseminate evidenced based practices on adolescents' healthy weight.

Key Partners: American Healthy Weight Alliance, Baptist Health System, University of Florida Expanded Food and Nutrition Program, FLIPANY, Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 2.1.2	By Dec. 31, 2018, decrease the percentage of Miami-Dade adults who are overweight from 38.1% to lower than 35.9% (-2.2%).	38.1%	This objective has not met target. 2018 indicates a rate of 38.7%. Community outreach continues to be provided to the residents to increase awareness.	38.7%	35.9%	December 31, 2018		Not on Track
CD 2.1.3	By Sept. 30, 2017, the Departments of Health and Education will identify strategies for monitoring childhood markers of well-being including measuring height and weight (to obtain body mass index) and individual-level physical activity in Miami-Dade.	0 strategies	This indicator has made minimal progress with the exception of increasing community outreach through fairs and education (2018).	1	2	September 30, 2017		On Track
CD 2.2.2	By June 30, 2018, the Consortium for a Healthier Miami-Dade's Worksite Wellness committee will develop a plan to provide technical assistance to increase by 5% the availability of employee wellness programs in Miami- Dade.	Develop plan to provide technical assistance.	The objective has met its target and toolkit has been developed (2019).	Yes	Develop plan to provide technical assistance.	June 30, 2018		On Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 2.3.4	By Dec. 31, 2018, decrease the percentage of adolescents who are overweight from 15% to 12.9%.	15%	This indicator continues to increase. This objective will be modified and continued in the new CHIP.	29.4%	12.9%	December 31, 2018		Not on Track

Goal 3: Reduce chronic disease morbidity and mortality.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Encourage women in Miami-Dade to seek cervical cancer screenings regularly through education.
- Encourage Miami-Dade residents to get screening for chronic diseases through an educational campaign.
- Encouraging Miami-Dade residents through educational campaigns, health fairs, and healthy hubs to get screened for chronic diseases is an important step in targeting the percentage of adults who get screened for cholesterol.
- Increase the use of evidence-based practice guidelines on electronic health records.
- Encourage Miami-Dade residents with diabetes to get two A1C tests yearly through educational campaigns, health fairs, and community events. DOH's

Key Partners: Federally Qualified Health Centers, hospitals, Community Based Providers, Florida Department of Health in Miami-Dade County, Baptist Health of South Florida, Consortium for a Healthier Miami-Dade, West Kendall Baptist, Private healthcare providers and Non-profit organizations

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 3.2.1	By Dec. 30, 2018, increase the percentage of women 40 and older in Miami-Dade who received mammogram in the past year from 64.2% to 74.2%.	64.2%	This objective has not been met with a rate of 63.6% in 2016.	63.6%	74.2%	December 30, 2018	▼	Not on Track
CD 3.2.2	By Dec. 30, 2018, increase by 10% the number of women 18 years of age and older who receive a Pap test in the past year 56.9% to 66.9%.	56.9%	This target has not been met with a rate of 52.7 (2016). Will be continued in new CHIP.	52.7%	66.9%	December 30, 2018	▼	Not on Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 3.2.4	By Dec. 30, 2018, increase the percentage of Miami-Dade adults who had a cholesterol screening in the past two years from 67.5% to 70.5%.	67.5%	This objective is improving but has not been met with data from (2013) indicating 69%.	69%	70.5%	December 30, 2018		Not Completed
CD 3.3.3	By Dec. 31, 2017, implement a minimum of three effective strategies for promoting clinical practice guidelines through partner networks.	0	The objective has met its target of three strategies implemented (2014).	3	3	December 30, 2017		Completed
CD 3.3.4	By Dec. 31, 2016, increase the percentage of Miami-Dade adults with diabetes who had two A1C tests in the past year from 78.9% to 80%.	78.9%	This objective has not been met and continues to need improvement as of 2013, only 64.4% target had been reached.	64.4%	80%	December 30, 2016		Not on Track

Goal 4: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Promote increased use of cessation services throughout Miami-Dade County.
- Providing education through educational campaigns on tobacco use, cessation services and resources through health fairs, presentations, sponsor/host community wide events, tobacco free taskforce meetings, celebration and promotion of tobacco control observances (

Key Partners: Miami-Dade County Public Schools, City of Hialeah, Tobacco-Free Workgroup, Miami-Dade County Students Working Against Tobacco (S.W.A.T.), Area Health Education Centers (AHEC), and Florida Department of Health in Miami-Dade County.

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CD 4.1.1	By Dec. 31, 2018, increase the number of committed never smokers among Miami-Dade's youth, ages 11-17 from 64% to 68.9%.	64%	The Tobacco Prevention and Control Program staff and its partners have advanced this objective. (2018)	86.8%	68.9%	December 31, 2018		On Track
CD 4.2.1	By Dec. 31, 2018, reduce current smoking rates among Miami-Dade adults from 10.6% to 8%.	10.6%	The objective is improving but has not met target. (2016)	12.3%	8%	December 31, 2018		Not Completed
CD 4.2.2	By Dec. 31, 2018, reduce the use of other tobacco products—smokeless tobacco, snus (pouched smokeless tobacco) and cigars - among Miami- Dade-County adults.	0.3%	The objective is not meeting target (2014) as there have been some problems with tracking. Objective will be reviewed for new CHIP.	2%	0.3%	December 31, 2018		Not on Track
CD 4.2.3	By Dec. 31, 2018, reduce current cigarette use among Miami-Dade's youth, ages 11–17 from 4.7% to 3.5%.	4.7%	This objective on target (2018).	2.3%	3.5%	December 31, 2018	▼	On Track
CD 4.2.4	By Dec. 31, 2018, decrease the percentage of Miami-Dade teens (11- 17) who have used smokeless tobacco in the last 30 days from 2.2% to 1.7%.	2.2%	This objective is on target (2018).	2.1%	1.7%	December 31, 2018	▼	On Track
CD 4.2.4	By Dec. 31, 2018, decrease the percentage of Miami-Dade teens (11- 17) who have smoked a cigar in the last 30 days from 5.1% to 3.8%.	5.1%	This objective is on target (2018).	2.0%	3.8%	December 31, 2018	▼	On Track
CD 4.3.1	By Dec. 31, 2018, decrease the percentage of Miami-Dade non-smokers who report that someone smokes at home from 9.7% to 7.2%.	9.7%	The objective is progressing (2016) with 6.8% of non- smokers reporting that someone smokes in the home.	6.8%	7.2%	December 31, 2018	▼	On Track
CD 4.3.1	By Dec. 31, 2018, decrease the percentage of Miami-Dade children that report that someone smokes at home from 11.4% to 8.5%.	11.4%	This objective continues to trend in the correct direction, but does need improvement. (2016)	6.8%	8.5%	December 31, 2018	V	Not on Track
CD 4.3.2	By Dec. 31, 2018, reduce the percentage of Miami-Dade teens (11-17) who have	39.7%	The objective is progressing towards the target. (2018)	31.7%	29.8%	December 31, 2018		On Track

been exposed to second-hand smoke in				
the last 30 days from 39.7% to 29.8%.				

Strategic Issue Area 4: Community Redevelopment and Partnerships

The fourth strategic priority area is Community Redevelopment and Partnerships. Health care and health-related information must be provided in a manner that is culturally sensitive. Community partnerships are critical to synergize community planning activities so that they positively change the natural and built environment and ultimately improve population health. There are several goals in this area including; Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals, build and revitalize communities so people can live healthy lives, provide equal access to culturally and linguistically competent care, and use health information technology to improve the efficiency, effectiveness, and quality of patient care coordination, patient safety and health care outcomes for all Floridians.

Goal 1: Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Increase collaboration with partners in order to assure that the built environment incorporates opportunity for healthy behaviors to be incorporated into planning documents.
- Develop resource and training materials on the topic on the health and the built environment.
- A plan will be developed to allow for the adoption of Complete Streets Policy in Miami-Dade County.
- Develop guidelines for assuring that the various municipalities within Miami-Dade conduct the appropriate community health assessments prior to undertaking new projects.

Key Partners: Consortium for a Healthier Miami-Dade, University of Miami, Miami-Dade County Parks, Recreation and Open Spaces, Miami Center for Architecture and Design, The American Institute of Architects, Neat Streets Miami, Active Design Miami, Safer Streets Safer People Local Action Team, Miami-Dade metropolitan planning organization, Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 1.1.2	By December 30, 2014, a plan will be devised with action steps by the Consortium's Health and the Built Environment that will increase awareness & opportunity for the built environment to impact behavior.	Workplan	This indicator has been completed and reached target. The Consortium's Health and the Built Environment has a work plan that included activities to increase awareness & opportunity for the built environment to impact behavior and was completed in 2015.	Yes	Yes	December 30, 2014		Completed
CR 1.2.2	By July 31, 2017, the Health and the Built Environment Committee of the Consortium will promote health– related conversations about health benefits within the various communities of Miami-Dade.	0	The objective has met target. Presentations have been given on the Urban Impact Lab, Active Design, Fit City, Walking School Bus, and Walk Safe Bike Safe Program (2018)	18	4	July 31, 2017		Completed
CR 1.2.4	By July 31, 2018, a baseline assessment will be conducted to determine the number of municipalities in Miami-Dade that have complete street policies.	3	The objective is progressing towards the target as 10 municipalities have adopted active design guidelines and the county adopted the Complete Street policies in 2017.	11	10	July 31, 2018		Completed
CR 1.3.1	By December 31, 2018, two municipalities would have conducted health impact assessments within Miami-Dade.	0	As of 2019, this indicator has not progressed as no municipalities have completed health impact assessments for which DOH was involved.	0	2	December 31, 2018	▼	Not Completed
CR 1.3.4	By December 31, 2018 a local policy will be created for incorporating assessments into the operations of the FDOH MD programs.	0	This indicator has met target as the completion of the 4 assessments in MAPP guides DOH program implementation. (2019)	4	1	December 31, 2018		On Track

Goal 2: Build and revitalize communities so people can live healthy lives.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Support partners in creating opportunities for older adults to be more active in Miami-Dade. Meet with representatives of the above groups at least monthly at the Elder Issues Committee meeting and support measures that enable elders to age in place and be healthy, active and productive.
- Local partners will share information regarding the importance of engaging in physical activity and available community programs.
- Partner with various agencies to promote walking programs and develop strategies to implement these programs within the various communities in the county. Active Design Miami and Miami-Dade County is actively engaged in changing the built environment through the adoption and implementation of Active Design Strategies and Complete Streets Policy.

Key Partners: Alliance for Aging, Age-Friendly Initiative, Elder Issues Committee - Consortium for a Healthier Miami-Dade, Health Council of South Florida, Miami-Dade County Parks, Recreation and Open Spaces, United Way of Miami-Dade, American Association of Retired Persons (AARP), Miami-Dade County Office of the Mayor, University of Miami, The Children's Trust, WalkSafe BikeSafe Programs

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 2.1.6	By December 31, 2014 a strategy will be written in partnership with the Alliance for Aging that will support older adults being able to age in place with the best quality of life.	1	This objective has met its target. A strategy was developed by the Consortium's Elder Issues Committee partnering with the Alliance for Aging. Community based partnerships has driven progress in this area. (2019)	1	1	December 31, 2014		Completed
CR 2.2.1	By December 31, 2018 collaborate with the University of Miami WalkSafe program to obtain data from yearly assessment that was developed determining how many students walk or bike to school.	20%	This objective is still in progress and trending in the correct direction with a value of 20.8% in 2017.	20.8%	26.4%	December 31, 2018		On Track

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 2.2.3	By December 31, 2018 the percentage of commuters who walk to work will increase from 2.1% to 3.2%.	2.1%	This objective, while not on target has improved over the last year. Work will continue with University of Miami and local schools to implement new strategies to increase the 2017 rate of 1.8	1.8%	3.2%	December 31, 2018		Not completed

Goal 3: Provide equal access to culturally and linguistically competent care.

Strategy: Strategy Number: NA Strategy Language: Noted Below

• To train Florida Department of Health in Miami-Dade County employees in performing Health Impact Assessments (HIA).

Key Partners: Florida Department of Health in Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
CR 3.1.1	By January 31, 2014 conduct one Health Impact Assessment training for FDOH MD employees.	0	Health Impact Assessment training was conducted. Training was completed in 2014. This objective will be removed from the new CHIP as it has been completed.	1	1	January 31, 2014		Completed

Strategic Issue Area 5: Health Finance and Infrastructure

Performance measurement, continuous improvement, accountability and sustainability of the public health system can help ensure that our population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats and for crafting policies and programs to address them. There are four goals in this strategic priority area including: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians, Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors, Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida, and Promote an efficient and effective public health system through performance management and collaboration among system partners

Goal 1: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Florida Department of Health in Miami-Dade Information Technology office will ensure electronic health record systems and data transmission are available.
- A process will be developed between Miami-Dade organizations to ensure collaboration in electronic data sharing.
- Develop a plan to have all clinical providers throughout Miami-Dade using electronic health records.
- Develop a plan to implement public health information electronic exchange.

Key Partners: Florida Department of Health in Miami-Dade

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 1.1.1	By Jan. 1, 2018, no less than 1,500 Miami-Dade health care providers will be registered to exchange data by using direct secured messaging.	1,500	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	1,500	January 1, 2018		Not completed

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 1.1.2	Dec. 31, 2018, at least 40% of the participants active in DOH-Miami Dade Information Technology direct secured messaging will have sent a transaction at least one time in the last month.	40%	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	40%	December 31, 2018	▼	Not completed
HI 1.1.3	By Jan. 1, 2018, no less than 8 Miami- Dade organizations will be data sharing through the Florida Health Information Exchange.	8	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	0	January 1, 2018	V	Not completed
HI 1.2.6	By Dec. 31, 2018, DOH MD clinical providers will be using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination.	0	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	0	1	December 31, 2018		Not completed

Goal 2: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- To monitor and maintain the Miami-Dade County's Health Department Medicaid denial rate on a monthly basis.
- Ensure communication among the Program Managers and conduct trainings on a regular basis.
- Review the unbilled listing report before submitted to Medicaid for processing on a daily basis.

Key Partners: Working closely with the Department of Health Program Managers, billing office, Front Line Staff, Agency for Health Care Administration (AHCA), Medicaid, Third Party Insurance, and other County Health Departments.

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 2.2.1	By Sept. 30, 2017, DOH MD programs for high priority service areas will complete sample budget requests in the standard legislative budget format.	0	This objective has been met as of 2014 and will be removed from the new CHIP.	0	1	Sept. 30, 2017		Completed
HI 2.3.1	By Sept. 30, 2017, will follow the Central Office rule revision recommendations from the fee system to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay.	Implement Central Office rule	The objective in 2014 has met its target as DOH now follows central office lead. As of December 2019, the billing department staff continues to monitor claims closely; denials have been worked in a timely manner. The billing staff is successful at keeping Medicaid denial rate below industry standards which is at a 3% rate.	Implemented the Central Office rule revision.	Implem ent the Central Office rule revision.	Sept. 30, 2017		Completed
HI 2.3.2	By Sept. 30, 2017, DOH MD will have documented a fee analysis or fee adjustment process to better align fees with actual cost.	Establish a fee analysis	The objective has met its target in 2014 by creating a documented process to better align fees with actual cost.	Yes	Yes	Sept. 30, 2017		Completed
HI 2.3.3	By Sept. 30, 2017, DOH MD non- clinical program offices will have documented a fee analysis or fee adjustment process to better align fees with actual cost.	No	The objective met its target in 2015.	Yes	Yes	Sept. 30, 2017		Completed

Goal 3: Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a plan to implement the state plan locally and follow all state directives.
- Follow the plan produced by Department of Health and implement it locally.

Key Partners: Florida Department of Health, Florida Department of Health in Miami-Dade County

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 3.1.2	By Dec. 1, 2018, DOH MD and Florida Public Health Training Centers will produce a plan to collaboratively address identified training gaps, using data from the needs assessment.	No plan.	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	No	No	December 1, 2018	▼	Not Completed
HI 3.2.2	By Dec. 30, 2018, DOH MD will develop a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies.	No plan.	There was no progress with this indicator reported, so this will be reexamined for addition to the new CHIP (2016).	No	No	December 30, 2018	▼	Not Completed
HI 3.4.4	By July 1, 2017, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase.	0%	This objective met its target in 2014. The employee development plan usage has increased, however the process for tracking completion has changed over the last two years and is now set as a survey monkey for each staff to complete with their supervisors (2019).	63.4%	73.4%	July 1, 2017		Completed

Goal 4: Promote an efficient and effective public health system through performance management and collaboration among system partners.

Strategy: Strategy Number: NA Strategy Language: Noted Below

- Develop a CHIP for 2014-2018 which will align with the SHIP.
- Develop a process to collect performance data.
- Develop a plan that follows the Public Health Accreditation Board centralized state model for accreditation.
- Collaborate with partner organizations, community residents, local government officials, and key stakeholders in Miami-Dade County to participate in the local public health system assessment.
- Develop and publish a Strategic Plan Alignment document to the State Health Office.

Key Partners: Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Miami-Dade County, partners present at the Local Public Health System Assessment

Progress: Progress is detailed in the performance section for each objective as noted below.

Objective Number	Objective	Baseline	Performance	Current Level	Target Value	Target Date	Trend	Status
HI 4.3.2	By Dec. 31, 2018 DOH MD public health system assessment will show results indicating moderate to significant activity.	Yes	This objective met its target. The Local Public Health System Assessment showed results indicating moderate to significant activity in 2017.	Yes	Yes	December 31, 2018		Completed
HI 4.3.4	By Jan. 31, 2018, DOH MD will be accredited by the Public Health Accreditation Board.	No	This objective met its target in 2016. The Department of Health in Miami-Dade County was accredited by the Public Health Accreditation Board.	Yes	Yes	January 31, 2018		Completed
HI 4.3.8	By Dec. 31, 2018, 100% of DOH MD's strategic plans will align with community health improvement plans.	100%	The Strategic Plan aligns priorities to the state's public health system priorities, established in the State Health Improvement Plan (SHIP). The CHIP is directly linked to the State Health Improvement Plan (SHIP) effective 2014.	100%	100%	December 31, 2018		Completed
HI 4.3.9	By Dec. 31, 2018, the DOH MD's performance management data system will be operational.	No	This objective met its target. A local performance management data system was developed and implemented (2014).	Yes	Yes	December 31, 2018		Completed

NEW OBJECTIVES CHIP 2019-2024

Rationale for New CHIP:

The new CHIP was developed as a result of completing the MAPP process in 2019. Based on the results of the new assessments, a community meeting was held in July of 2019, and the community determined the strategic priority areas that included health equity, access to care, chronic disease, maternal-child health, injury safety and violence, and communicable diseases and emergent threats. Based on these strategic priority areas, the community identified areas and activities that should be implemented to address each of these priorities. As a result of this meeting the new Community Health Improvement Plan was developed. Please see Appendix A for the community meeting agenda, sign-

in sheet, ranking sheets and full outline of materials used for the day including presentations.

Strategic Priority: Health Equity

Goal 1: Improve service linkage to encourage equity

Strategy 1: Develop a process to increase understanding among stakeholders about the social determinants of health and health equity that may have an impact on service delivery.

Objectives	Baseline	Target	Target Date
HE 1.1.1: By September 30, 2022 develop a health equity pre-training knowledge test that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings.	0	1	September 30, 2022
HE 1.1.2: By September 30, 2024 develop a health equity training and post-test that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings.	0	1	September 30, 2024
Charters 2: DOU Minut Dada staff as such as will are side as ideases to the Consection for a Use Using Minut Dada		uith a a da i Cr	h
Strategy 2 : DOH Miami-Dade staff members will provide guidance to the Consortium for a Healthier Miami-Dade committees to implement within their committee work plan a health equity component, specifically including so			
HE 1.2.1: By September 30, 2020, create committee work plans that incorporate SDOH, health equity, and cultural competency components to assist with implementation of policy, systems and environmental changes in the community.	0	6	September 30, 2020
Goal 2: Provide access to quality of educational services			
Strategy 1: DOH staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work w	ith each of	the seven cor	nmittees to identify
community partners that can assist with identifying best practices to address health equity (HE) and SDOH.			
HE 2.1.1: By September 30, 2024, five new organizations will participate in the Consortium for a Healthier	0	5	September 30,
ami Dade that can provide successful examples of programs working to address SDOH within the community.			2024

t rategy 2 : Provide educational outreach, media support, and community collaboration for promotion of mate ne prevalence of SDOH.	rials and serv	ices that imp	prove HE and redu
E 2.2.1: By September 30, 2021, participate in a minimum of five community-based events that are attended here at least 10 pieces of educational materials for HE are distributed.	0	5	September 30, 2021
E 2.2.2: By September 30, 2021 increase the number of engagements with media outlets that will support at east one current HE effort by collaborating on distributing or broad-casting educational materials from 0 to 2.	0	2	September 30, 2021
oal 3: Improve Community Involvement		I	
trategy 1: Promote awareness and education in the community by working with community-based organizati conomic stability.	ons to highlig	ht opportuni	ities to improve
Objectives	Baseline	Target	Target Date
E 3.1.1: By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to acrease from 0 to 2 the number of community events supported to raise awareness of the communities with the highest need to improve economic stability.	0	2	September 30, 2024
trategy 2: Work with Miami-Dade County Public Schools to review strategies in place to improve graduation r	ates for Mian	ni-Dade's vul	nerable populatio
E 3.2.1: By September 30, 2024, increase the number from 0 to 3 identified strategies and best practices ithin Miami-Dade County that are in place that encourage increased graduation rates for vulnerable students and students with disabilities.	0	3	September 30, 2024
		•	
trategy 3: Support partners in creating opportunities to increase access to adequate food and access to physic		1	I
E 3.3.1: By September 30, 2024, policy, system, or environmental changes will increase from 0 to 2 to suppor ffordable housing, access to healthier food, and increased physical activity opportunities	t 0	2	September 30, 2024
trategy 4: Develop a process to integrate mental health awareness activities into the community.	1	1	1 .
E 3.4.1: By September 30, 2024 increase the number of mental health providers from 0 (2019) to 10 that articipate with the Consortium for a Healthier Miami-Dade.	0	10	September 30, 2024
	6	50	September 30,

HE 3.5.1: By September 30, 2024 increase medical referrals from 49% (2018-2019) to 59% (if indicated) to both community-based providers and Journey to Wellness Green Prescriptions provided to the community.	49%	59%	September 30, 2024
Goal 4: Improve access to affordable and quality housing.			
Strategy 1: Support partners in creating opportunities to reduce the number of households with higher housing	cost burden	S.	
HE 4.1.1: By September 30, 2024, policy, system, or environmental changes will increase from 0 to 2 to support shared use paths for all populations with considerations given for modes of transportation, mobility level, and age.	0	2	September 30, 2024
Strategic Priority: Access to Care			
Goal 1: Use health information technology to improve the efficiency, effectiveness, and quality of patient care care outcomes.	e coordinatio	on, patient s	afety, and health
Strategy 1: Develop a strategy for updating community resources with agencies within the community that obta	in the appro	opriate data.	
Objectives	Baseline	Target	Target Date
AC 1.1.1: By September 30, 2024, a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	0	1	September 30, 2024
Strategy 2: Florida Health Charts will be used to obtain county, peer county, and state data for specific indicator	tracking.	•	1
AC 1.2.1: By September 30, 2020, DOH Miami-Dade will utilize the Florida Health Charts as a mechanism to obtain standardized data for chronic disease and this data will be used to support the Community Health Assessment and the development of the CHIP Indicators.	0	1	September 30, 2020
Strategy 3: Develop a standardized community profile using the Robert Wood Johnson Foundation and County H	lealth Ranki	ngs.	
AC 1.3.1: By September 30, 2024, use core health indicators identified by the Executive Board of the Consortium for Healthier Miami-Dade to track and evaluate community progress annually.	0	1	September 30, 2024
Goal 2: Integrate planning and assessment process to maximize partnerships and expertise of a community in	accomplish	ing its goals	
Strategy 1 : The BRFSS data and the Community Themes and Strengths Assessment (CTSA) will be incorporated in Health Improvement Plan to track neighborhood level health indicators and share results with the community.	nto the deve	elopment of t	he Community

AC 2.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of messages from 205 (2019) to	205	265	September 30,
265 disseminated to the community related to assessment results, health promotion, programming and best			2024
practices for the community that could improve the health of the community and its residents.			
AC 2.1.2: By September 30, 2024, DOH Miami-Dade will strengthen the Community Health Assessment (CHA)	7	10	September 30,
to assure it addresses older adults needs aged 65 and above from 7 (2019) to 10.			2024
Goal 3: Promote an efficient public health system for Miami-Dade County.			
Strategy 1: Follow the Workforce Development Plan produced by DOH and implement it locally and encourage	additional tra	aining and eq	ducation.
Objectives	Baseline	Target	Target Date
AC 3.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of local educational institutions	0	2	September 30,
from 0 to 2 that collaboratively address identified training gaps using data from the community needs			2024
assessment.			
Stratery 2. Develop a process to collect performance data relative to significant estivity in mobilizing pertoas			
Strategy 2: Develop a process to collect performance data relative to significant activity in mobilizing partnersh	-	10	Contombor 20
AC 3.2.1: By September 30, 2024, DOH Miami-Dade will increase the number of opportunities for graduate students to develop practical application skills through structured internships and other strategies from 14	14	16	September 30, 2024
(2020) to 16.			2024
AC 3.2.2: By September 30, 2024, the percentage of employees who have had an Employee Development Plan	63.4%	73.4%	September 30,
completed during their performance appraisal will increase from 63.4% to 73.4%.	00.170	/ 3.1/0	2024
Goal 4: Immigrant access to health care and community-based services.			
Goal 4. Initigrant access to health care and community-based scivices.		ight rogardle	oss of immigration
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status.	a healthy we	ignit regarate	
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain	a healthy we	191,132	September 30,
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status.			
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-			September 30,
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods.	173,757	191,132	September 30, 2024
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods. AC 4.1.2: By September 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children	173,757	191,132	September 30, 2024 September 30,
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods. AC 4.1.2: By September 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2	173,757	191,132	September 30, 2024 September 30,
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods. AC 4.1.2: By September 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight from 29.4% (2019) to 28.0%.	173,757 29.4%	191,132 28.0%	September 30, 2024 September 30, 2024
Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain status. AC 4.1.1: By September 30, 2024, increase the number from 173,757 (SFY 2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods. AC 4.1.2: By Septmeber 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight from 29.4% (2019) to 28.0%. AC 4.1.3: By Septmeber 30, 2024, increase the monthly number of targeted low-income population under the	173,757 29.4%	191,132 28.0%	September 30, 2024 September 30, 2024 September 30,

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid cognitive disorders.	treatment,	and early lin	age to address
Strategy 1: Improve community resources and services available to serve residents working through mental heat	lth or behav	ioral health c	oncerns.
AC 5.1.1: By September 30, 2024, increase the number of licensed mental health counselors in Miami-Dade County for both adults and children from 1,363 (2018-2019) to 1,463.	1,363	1,463	September 30, 2024
AC 5.1.2: By September 30, 2024, DOH Miami-Dade will host two mental health first aid trainings open to the public.	0	2	September 30, 2024
AC 5.1.3: By September 30, 2024, increase the number of people that are educated about cognitive disorders including Alzheimer's and other forms of age-related dementias by increasing community involvement and outreach materials from 3 (2019) to 12.	3	12	September 30, 2024
Objectives	Baseline	Target	Target Date
Strategy 2 : Increase the number of pregnant women in treatment for opioid disorders.	Dascinic	Target	Target Date
AC 5.2.1: By September 30, 2024 determine a baseline for the number of newborns experiencing neonatal abstinence syndrome.	No baseline.	Determine baseline.	September 30, 2024
AC 5.2.2: By September 30, 2024 reduce the number of newborns experiencing neonatal abstinence syndrome from 11% (2018) to 9.9%.	11%	9.9%	September 30, 2024
Strategy 3: Ensure a properly trained DOH and Community workforce as it relates to how to recognize signs of su administer naloxone.	ubstance ab	use, overdose	e and how to
AC 5.3.1: By September 30, 2024, DOH Miami-Dade will ensure that 75% of all DOH (licensed and field) staff are trained in how to administer naloxone.	0	75%	September 30, 2024
AC 5.3.2: By September 30, 2024, champion at least two campaigns aimed at raising awareness of substance abuse and local resources available.	0	2	September 30, 2024
AC 5.3.3: By September 30, 2024, host one CEU conference that provides education to the community on the prevention of substance abuse disorders, community impact and service availability for treatment.	0	1	September 30, 2024
Strategy 4: Increase the number of resources and support groups that are available to residents.			
AC 5.4.1: By September 30, 2020, increase from 0 to 1 a local resources tab on the DOH Miami-Dade Consortium for a Healthier Miami-Dade webpage that highlights local resources available for suicide prevention and education.	0	1	September 30, 2020

AC 5.4.2: By September 30, 2024, identify high risk populations in Miami-Dade County that have higher rates of	0	5	September 30,
suicide and increase from 0 to 5 the number of Consortium partners that provide services.			2024
Goal 6: Increase awareness of Alzheimer's and related Dementias.			
Strategy 1: Strengthen local networks that support Alzheimer's initiatives.			
AC 6.1.1: By September 30, 2024, increase from 0 to 1 the collaboration with healthcare systems to advance the Age Friendly Initiative within their organization.	0	1	September 30, 2024
AC 6.1.2: By September 30, 2024, increase the number of partners influenced to develop policies, systems, and environmental changes that will have a positive impact on the needs of older adults from 1 to 2.	1	2	September 30, 2024
AC 6.1.3: By September 30, 2024, increase the rate of compliance for facilities with older adults regulated by DOH/Environmental Health (EH) from 90% to 92.4%.	90%	92.4%	September 30, 2024
AC 6.1.4: By September 30, 2024, maintain the inspection rates for EH complaints associated with facilities with older adults regulated by DOH/EH at 100%.	100%	100%	September 30, 2024
Objectives	Baseline	Target	Target Date
Strategy 2: Increase local resources for caregivers and increase the use of best practices in the field of Alzheime	r's and Demo	entias.	
ACC 2.1. Du Contembra 20. 2024. DOU Mismi Dade will implement at least one new education and mean on	0	1	September 30,
AC 6.2.1: By September 30, 2024, DOH Miami-Dade will implement at least one new education program or health service, or messaging campaign targeted for older adults.	0		2024
	0	1	
health service, or messaging campaign targeted for older adults. AC 6.2.2: By September 30, 2024, increase the number of evidenced-based programs or existing toolkits that can be used in the community to improve understanding for Alzheimer's Disease and Related Dementias	-		2024 September 30,
health service, or messaging campaign targeted for older adults. AC 6.2.2: By September 30, 2024, increase the number of evidenced-based programs or existing toolkits that can be used in the community to improve understanding for Alzheimer's Disease and Related Dementias (ADRDs) from 0 to 1. AC 6.2.3: By September 30, 2024, the Elder Issues Committee will ensure that the work plan contains a minimum of two activities related to Alzheimer's Disease and Related Dementias (ADRD's).	0	1	2024 September 30, 2024 September 30,
health service, or messaging campaign targeted for older adults. AC 6.2.2: By September 30, 2024, increase the number of evidenced-based programs or existing toolkits that can be used in the community to improve understanding for Alzheimer's Disease and Related Dementias (ADRDs) from 0 to 1. AC 6.2.3: By September 30, 2024, the Elder Issues Committee will ensure that the work plan contains a minimum of two activities related to Alzheimer's Disease and Related Dementias (ADRD's). Strategy 3: Work to ensure that those diagnosed with ADRD's are protected.	0	2	2024 September 30, 2024 September 30, 2024
health service, or messaging campaign targeted for older adults. AC 6.2.2: By September 30, 2024, increase the number of evidenced-based programs or existing toolkits that can be used in the community to improve understanding for Alzheimer's Disease and Related Dementias (ADRDs) from 0 to 1. AC 6.2.3: By September 30, 2024, the Elder Issues Committee will ensure that the work plan contains a minimum of two activities related to Alzheimer's Disease and Related Dementias (ADRD's).	0	1	2024 September 30, 2024 September 30,

Strategic Priority: Chronic Disease			
Goal 1: Reduce chronic disease morbidity and mortality.			
Strategy 1: Assess the ability to implement evidence-based clinical guidelines in the management of chronic dise	eases.		
CD 1.1.1: By September 30, 2024, increase from 12 to 15 the number of strategies for promoting clinical practice guidelines through partner networks.	12	15	September 30, 2024
Strategy 2. Encourage Miemi Dade County Decidents to seek careenings for ehrenis dispases through educations	loomnoigne		
Strategy 2: Encourage Miami-Dade County Residents to seek screenings for chronic diseases through educational CD 1.2.1: By September 30, 2024, increase the percentage of women 50-64 older in Miami-Dade who received mammogram in the past year from 97% (2019) to 99%.	97%	99%	September 30, 2024
CD 1.2.2: By September 30, 2024 increase the number of women 18 years of age and older who received a Pap test in the past year from (2019) 33.7% to 37.0%.	33.7%	37.0%	September 30, 2024
reduce behaviors that contribute to chronic diseases through an educational campaign. CD 1.3.1: By September 30, 2024, increase the percentage of Miami-Dade adults who had a cholesterol screening in the past two years 69% (2019) to 72%.	69%	72%	September 30, 2024
	Deseller	.	
Objectives CD 1.3.2: By September 30, 2024, reduce current smoking rates among Miami-Dade adults from 12.3% (2016) to 10.5%.	Baseline12.3%	Target 10.5%	Target DateSeptember 30,2024
CD 1.3.3: By September 30, 2024, reduce current cigarette use among Miami-Dade's youth, ages 11–17 from 2.3% (2018) to 1.9%.	2.3%	1.9%	September 30, 2024
CD 1.3.4: By September 30, 2024, increase the number of committed never smokers among Miami-Dade's youth ages 11-17 from 86.8% (2018) to 88%.	86.8%	88%	September 30, 2024
CD 1.3.5: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who have used smokeless tobacco from .8% (2018) to 0.5%.	.8%	.5%	September 30, 2024
CD 1.3.6: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who have smoked a cigar in the last 30 days from 2.0% (2018) to 1.5%.	2.0%	1.5%	September 30, 2024
CD 1.3.7: By September 30, 2024, decrease the percentage of students that report they live with someone who smokes cigarettes from 20.7% (2018) to 19%.	20.7%	19%	September 30, 2024

CD 1.3.8: By September 30, 2024, reduce the percentage of Miami-Dade students (11-17) who have been exposed to secondhand smoke in the last 30 days from cigarette or electronic vapor product from 49.5% (2018) to 48%.	49.5%	48%	September 30, 2024
CD 1.3.9: By September 30, 2024, reduce the percentage of youth aged 11-17 who have used an electronic cigarette or vaping product from 15.2% to 15.0% (2018).	15.2%	15.0%	September 30, 2024
CD 1.3.10: By September 30, 2024, reduce the percentage of adults over age 18 who have used an electronic cigarette or vaping product from 2.3% to 2.1% (2016).	2.3%	2.1%	September 30, 2024
CD 1.3.11: DOH Miami-Dade will undertake at least one educational campaign on the harms of vaping among youth and adults.	0	1	
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healt environments.	ny food opt	ions and smo	oke and nicotine-free
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healt			
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healt environments.			
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healt environments. Strategy 1: Increase access to healthier food options through program expansion, educational campaings, and in CD 2.1.1: By September 30, 2024, DOH Miami-Dade will expand oppurtunities to purchase healthy food for	dentification	n of best prac	ctices.
Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healt environments. Strategy 1: Increase access to healthier food options through program expansion, educational campaings, and in CD 2.1.1: By September 30, 2024, DOH Miami-Dade will expand oppurtunities to purchase healthy food for users of WIC and SNAP from 106,002 (FFY 2019) to 114,482. CD 2.1.2: By September 30, 2024, decrease the percentage of Miami-Dade adults who are overweight from	dentification	of best prac	ctices. September 30, 2024 September 30,

Objectives	Baseline	Target	Target Date
Strategy 2: Develop a community awareness campaign on the importance of breastfeeding, lactation policy and e old.	mployee rig	ht to pump	until child is 1-year
CD 2.2.1: By September 30, 2024, increase the percentage of WIC women who initiate breastfeeding from 86.5% (2019) to 96.0%.	86.5%	96.0%	September 30, 2024
CD 2.2.2: By September 30, 2024, increase the percentage of WIC women who are breastfeeding (any amount/partially or exclusively) their infant at 6 months of age from 45.5% (2019) to 55.5%.	45.5%	55.5%	September 30, 2024
Goal 3: Increase the percentage of children and adults who are at a healthy weight.			
Strategy 1: A plan will be developed to allow for the adoption of Complete Streets Policy and Active Design Miami	Guidelines	in Miami-D	ade.
CD 3.1.1: By September 30, 2024, increase the number of municipalities that have adopted Complete Streets policies from 1 (2017) to 3.	1	3	September 30, 2024
CD 3.1.2: By September 30, 2024, increase the number of municipalities that have adopted Active Design Miami Guidelines from 11 to 13.	11	13	September 30, 2024
CD 3.1.3: By September 30, 2024 work with local stakeholders to identify three best practices that encourage connectivity to parks, public transportation systems, and walking paths from 0 to 3.	0	3	September 30, 2024
Goal 4: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and r improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizations to ensure collaboration in electronic o	_		c diseases and
CD 4.1.1: By September 30, 2024, increase from 2 to 8 the number of Miami-Dade organizations that will be data sharing.	2	8	September 30, 2024
CD 4.1.2: By September 30, 2024, increase from 2 to 6 the number of Miami-Dade organizations that will actively be sharing data daily through the Florida Health Information Exchange.	2	6	September 30, 2024
CD 4.1.3: By September 30, 2024, increase the number from 0 (2019) to 1,500 of Miami-Dade health care providers that will be registered to exchange data by using direct secured messaging.	0	1,500	September 30, 2024
	0%	40%	September 30,

Strategic Priority: Maternal Child Health

Goal 1: Reduce the rates of low birth weight babies born in Miami-Dade

Strategy 1: Provide information on the Safe Sleep Campaign targeting areas of highest need in Miami-Dade and develop an educational campaign on the risk factors associated with infant mortality.

Objectives	Baseline	Target	Target Date
MCH 1.1.1: By September 30, 2024, work to reduce the black infant mortality rate in Miami-Dade from 10.8 (2018) to 10.0 per 1000 live births.	10.8	10.0	September 30, 2024
MCH 1.1.2: By September 30, 2024, reduce the infant mortality rate in Miami-Dade from 4.6 (2018) to 4.0 per 1000 live births.	4.6	4.0	September 30, 2024
MCH 1.1.3: By September 30, 2024 undertake at least one educational campaign that provides education and information on safe sleep practices and risk factors that increase the risk of infant mortality to the community.	0	1	September 30, 2024
Strategy 2: Leverage resources to enhance family planning and related education to sustain short inter-pregnancy	intervals at	a low leve	 .
MCH 1.2.1: By September 30, 2024, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 29.4% (2019) to 28%.	29.4%	28%	September 30, 2024
MCH 1.2.2: By September 30, 2024, decrease the percentage of Miami-Dade teen births, ages 15–19, that are subsequent (repeat) births from 14.1% 92019) to 13.1%.	14.1%	13.1%	September 30, 2024
MCH 1.2.3: By September 30, 2024, reduce percent of live births to mothers aged 15–19 from 13.9% (2019) to 12.9% per 1,000 Miami-Dade females.	13.9%	12.9%	September 30, 2024
Goal 2: Reduce maternal and infant morbidity and mortality. Strategy 1: Create an educational campaign about healthy pregnancy that targets Black/Other Non-white races in	Miami-Dad	e.	
MCH 2.1.1: By September 30, 2024, reduce the rate of maternal deaths per 100,000 live births in Miami-Dade from 12.9 (2018) to 12.0.	12.9	12.0	September 30, 2024
Goal 3: Increase trauma informed policies, systems, and environmental changes and support for programming.			
Strategy 1: Develop a strategy for updating community resources with agencies within the community that obtain	trauma rela	ated data.	
MCH 3.1.1: By September 30, 2024 a plan will be devised as to the most effective way to update community resources in collaboration with community partners.	0	1	September 30, 2024

MCH 3.1.2: By September 30, 2024 increase the number of presentations on Adverse Childhood Experiences (ACEs) and plan of care from 0 to 3.	0	3	September 30, 2024
Objectives	Baseline	Target	Target Date
Strategy 2: A strategy will be developed locally to address access to care and a map will be developed identifying a medical care, dental or mental health providers.	areas where	_	shortages of primary
MCH 3.2.1: By September 30, 2024, the Florida Department of Health in Miami-Dade will develop a map of areas within the county where there are shortages of primary medical care, dental and mental health providers.	No	Yes	September 30, 2024
MCH 3.2.2: By September 30, 2024, the Florida Department of Health in Miami-Dade County will increase the number of community events from 0 to 50 where resources that address mental health, opioid addiction, or childhood trauma are shared.	0	50	September 30, 2024
Goal 4: Generational and family support in Maternal Child Health.			
Strategy 1: Continue to provide information on the Safe Sleep Campaign targeting minorities in Miami-Dade Coun	ty.		
MCH 4.1.1: By September 30, 2024, increase the number of culturally competent educational materials and or services from 0 to 10 to families including grandparents related to the benefits of breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality.	0	10	September 30, 2024
Strategic Priority: Injury, Safety, and Violence			
Goal 1: Prevent and reduce illness, injury, and death related to environmental factors.			
Strategy 1: Review opportunities to provide information on encouraging safe driving practices for teens			
ISV 1.1.1: By September 30, 2024 DOH Miami-Dade will conduct at least two social media campaigns that promote best practices for teen drivers.	0	2	September 30, 2024
Strategy 2: Decrease child injury from motor vehicle crashes.	Г		
ISV 1.2.1: By September 30, 2024, DOH will increase from 0 to 5 the number of strategies that are identified and	0	5	September 30,
implemented to educate the community about best practices to reduce child passengers involved in fatal			2024
crashes with a focus on areas of highest need.			
ISV 1.2.2: By September 30, 2024, reduce the number of Fatal Traumatic Brain Injuries under age 1, age adjusted	5%	4.5%	September 30,
3 Year Rolling in Miami-Dade from 5% (2010) to 4.5%.			2024

ISV 1.2.3: By September 30, 2024, reduce the number Fatal Traumatic Brain Injuries 1-5, Age Adjusted 3 Year Rolling in Miami-Dade from 10% (2010) to 8%.	10%	8%	September 30, 2024
	·		
Strategy 3: Reduce and track the number of falls and injuries.		-	-
ISV 1.3.1: By September 30, 2024, DOH Miami-Dade will work with the Elder Issues Committee and the Mayors Initiative on Aging to increase meeting with providers in the community that provide education to the elder population on fall prevention from 1 (2019) to 3.	1	3	September 30, 2024
ISV 1.3.2: By September 30, 2024, annually update data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report.	No	Yes	September 30, 2024
Objectives	Baseline	Target	Target Date
Strategy 4: Reduce the drowning injuries and associated hospitalizations for Miami-Dade County.			
ISV 1.4.1: By September 30, 2024, DOH Miami-Dade will work with both local media and social media to educate the community about water safety and to share information on local swim classes.	No	Yes	September 30, 2024
ISV 1.4.2: By September 30, 2024, reduce the number of hospitalizations for near drowning, ages 1-5 in Miami- Dade from 8 (2018) to 6.	8	6	September 30, 2024
ISV 1.4.3: By September 30, 2024, decrease the number of deaths from drowning, ages 0-5 (Three Year Rolling) in Miami-Dade from 2.59 (2018) to 2.0.	2.59	2.0	September 30, 2024
Strategy 5: Ensure that all Miami-Dade public water systems are in compliance with public health standards.			
ISV 1.5.1: By September 30, 2024, increase from 98.7% to 100% the number of public water systems that have no significant health drinking water quality problems.	98.7%	100%	September 30, 2024
Strategy 6: Ensure adequate budget and staffing to fully implement the environmental public health regulatory preserves of the state of the stateo	rograms		
ISV 1.6.1: By September 30, 2024, increase the environmental health inspections of all other entities with direct impact on public health according to established standards from 77.25% to 90%.	77.25%	90%	September 30, 2024
ISV 1.6.2: By September 30, 2024, annually ensure that 100% of illness and outbreaks associated with a regulated facility have an environmental assessment or inspection done within 48 hours of the initial outbreak	100%	100%	September 30, 2024

Goal 2: Build and revitalize communities so that people have access to safer and healthier neighborhoods.					
Strategy 1: Develop resources and training materials on the topic of Health and the Built Environment in addition to identifying speakers who can provide					
education and community awareness.					
ISV 2.1.1: By September 30, 2024, the Consortium for a Healthier Miami-Dade will assist in identifying at least	0	3	September 30,		
three best practices that can be utilized at the local level to educate the community on the importance of the			2024		
built environment and its linkage to health status.					
Strategy 2: Use evidence-based interventions as a means to reduce community violence.					
ISV 2.2.1: By September 30, 2024, DOH Miami-Dade will partner with at least two local municipal law	0	2	September 30,		
enforcement agencies to better understand local interventions that are used to curb violence in the community			2024		
and determine how the DOH can assist in violence reduction strategies.					
Objectives	Baseline	Target	Target Date		
Goal 3: Minimize loss of life, illness, and injury from natural or man-made disasters.					
Strategy 1: Develop a method to ensure surge capacity to meet the needs of all hazards.					
ISV 3.1.1: By September 30, 2024 achieve and maintain DOH Miami-Dade Public Health Preparedness Strategic	No	Yes	September 30,		
Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan.			2024		
ISV 3.1.2: By September 30, 2024, maintain completion of the After-Action report (AAR) and Improvement Plan	No	Yes	September 30,		
(IP) following an exercise or real incident within 30 days of the exercise or event.			2024		
Strategy 2: Prepare the public health and health care system for all hazards, natural or man-made					
ISV 3.2.1: By September 30, 2024, increase the number of community sectors, in which DOH Miami-Dade	20	30	September 30,		
partners participate in significant public health, medical, and mental or behavioral health-related emergency			2024		
preparedness efforts or activities from 20 to 30.					
Goal 4: Anti-Violence Initiatives/prevent and reduce unintentional and intentional injuries.					
Strategy 1: Maintain partnerships with local community and non-profit organizations that provide injury intervent	tions for the	community	/.		
ISV 4.1.1: By September 30, 2024, reduce the rate of deaths from all external causes, ages 0-14 among Miami-	5.08	4.5	September 30,		
Dade resident children from 5.08 (2018) per 100,000 to 4.5 per 100,000.			2024		

ISV 4.1.2: By September 30, 2024, DOH Miami-Dade will work with local organizations to promote education on gun safety and awareness events from 2 events to 4 events.	2	4	September 30, 2024
ISV 4.1.3: By September 30, 2024, DOH Miami-Dade will work with its internal legislative lead to identify policies that impact gun violence.	0	1	September 30, 2024
Strategic Priority: Communicable Diseases and Emerger	t Threat	·c	
Goal 1: Prevent and control infectious diseases.	t micut	.5	
Strategy 1: Develop a process to assure that all vaccinations received by children in the county are properly moni tracking system (Florida SHOTS).	ored using t	the Florida S	State Health online
CDET 1.1.1: By September 30, 2024, increase the percentage of two-year old's who are fully immunized from 93.1% (2018) to 95% in Miami-Dade.	93.1%	95%	September 30, 2024
CDET 1.1.2: By September 30, 2024 increase the percentage of two-year-old CHD clients that are fully immunized in DOH Miami-Dade from 97.9% (2019) to 99%.	97.9%	99%	September 30, 2024
		1	
Objectives	Baseline	Target	Target Date
	Baseline	Target	Target Date
Objectives Strategy 2: Increase awareness of vaccine preventable diseases. CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami- Dade will decrease from 3 (2018) to 0.	Baseline 3	0	Target DateSeptember 30,2024
Strategy 2: Increase awareness of vaccine preventable diseases. CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami-	1		September 30,
Strategy 2: Increase awareness of vaccine preventable diseases. CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami- Dade will decrease from 3 (2018) to 0. CDET 1.2.2: By September 30, 2024 the number of confirmed cases of <i>Haemophilus influenzae</i> type B in children	3	0	September 30, 2024 September 30,
Strategy 2: Increase awareness of vaccine preventable diseases. CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami- Dade will decrease from 3 (2018) to 0. CDET 1.2.2: By September 30, 2024 the number of confirmed cases of <i>Haemophilus influenzae</i> type B in children under 19 in Miami-Dade will decrease from 4 (2018) to 0.	3	0	September 30, 2024 September 30, 2024 September 30,
Strategy 2: Increase awareness of vaccine preventable diseases.CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami- Dade will decrease from 3 (2018) to 0.CDET 1.2.2: By September 30, 2024 the number of confirmed cases of Haemophilus influenzae type B in children under 19 in Miami-Dade will decrease from 4 (2018) to 0.CDET 1.2.3: September 30, 2020 determine baseline data for HPV vaccination rates.CDET 1.2.4: By September 30, 2024 increase the HPV vaccination completion rate for children 9-17 years of age	3 4 No	0 0 Yes	September 30, 2024 September 30, 2024 September 30, 2024 September 30,

CDET 1.3.1: By September 30, 2024, the percentage of infectious syphilis treated within 14 days of reporting in	88%	90%	September 30,
Miami-Dade County will increase from 88% (2018) to 90%.			2024
CDET 1.3.2: By September 30, 2024, increase from 0 to 1 educational campaigns that target high risk populations	0	1	September 30,
on the importance of knowing their status, getting tested for STI's, HIV and seeking treatment.			2024
Strategy 4: Monitor case investigation status and enhance communication with health care providers.	-		
CDET 1.4.1: By September 30, 2024, decrease the rates of congenital syphilis from 24 (2018) to 14.	24	14	September 30, 2024
Strategy 5 : Focus HIV prevention efforts in communities and areas with higher rates of HIV transmission.			
CDET 1.5.1: By September 30, 2024, reduce the number of new HIV infections per 100,000 in Miami-Dade from	43.68	40	September 30,
43.68 (2018) to 40 to be at or below the national state average per year with focus on the elimination of racial			2024
and ethnic disparities in new HIV infections.			
CDET 1.5.2: By September 30, 2024, reduce the AIDS case rate in Miami-Dade per 100,000 from 14.3 (2018) to	14.3	10	September 30,
10.			2024
Strategy 6: Increase access to care and improve health outcomes for people living with HIV (PLWH).			
CDET 1.6.1: By September 30, 2024, increase the percentage from 69.03% (2019) to 85% of newly identified HIV	69.03%	85%	September 30,
infected persons linked to care within 30 days of diagnosis and are receiving appropriate prevention, care and treatment services in Miami-Dade.			2024
Goal 2: Provide equal access to culturally competent care.			
Strategy 1: Ensure that systems and personnel are available to effectively manage all hazards.			
CDET 2.1.1: By September 30, 2024, increase the percentage of pre-identified staff covering Public Health and	90%	100%	September 30,
Medical incident management command roles that can report to duty within 60 minutes or less from 90 (2019) to 100%.			2024
CDET 2.1.2: Increase and sustain the percentage of DOH-Miami-Dade employees responding to monthly	87%	95%	September 30,
notification drills within an hour from 87% to 95% by February 28, 2020.			2024

Accomplishments

Goal	Objective	Accomplishment	
Build and revitalize communities so that people can live healthy lives.	a strategy will be written in partnership with the alliance for aging that will support older adults being able to age in place with the best quality of life.	Completion of the Elder Issues work plan in alignment with meeting the needs of older adults. Educating the community on the importance of an Aging in Place Initiative; mobilizing community organizations to work together to take action; and improving livability for all ages.	
Why This Accomplishment is Important for Our Community			

According to the U.S. Census Bureau's estimates that were released in 2014, the nation as a whole is getting older as the youngest of the Baby Boomers generation (born between 1946-1964) entered their 50s and the oldest baby boomers became seniors. It is important that this group has improved quality of life and access to be healthy and active.

The Elder Issues Committee works with the Alliance for Aging, Miami-Dade County Age Friendly Initiative, AARP and other partners to support older adults and healthy aging. Representatives from various organizations regularly attend committee meetings and provide partner updates and/or presentations on their current services, programs and plans. In turn, members of the committee attend community events, workshops and meetings organized by these community partners.

The Consortium for a Healthier Miami-Dade Elder Issues committee serves as a conduit to allow for collaborative efforts, strategies, and ideas to be shared among all partners who wish to advance healthy aging in Miami-Dade County. The committee meets with representatives of the above groups at monthly Elder Issues Committee meeting and support measures that enable elders to age in place and be healthy, active and productive. The committee supports partners in creating opportunities for older adults to be more active in Miami-Dade County. meets with community representatives at least monthly and supports measures that enable elders to age in place and be healthy, active and productive.

Goal	Objective	Accomplishment
and infant morbidity and mortality.	By December 31, 2018, increase the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.3% (2007) to 12%.	FLDOH is on track to meet this objective in the future. This indicator progressively shows an increase in the percentage of women who are exclusively breastfeeding their infant at 6 months of age. For the last quarter in 2019 data indicates that 10% was the percentage for this objective.
	Nev This Assemblishment is Immed	

Why This Accomplishment is Important for Our Community

The DOH-Miami-Dade WIC (Women, Infant, and Children) Program has actively been working to increase the percentage of women who are exclusively breastfeeding their infants at 6 months of age while also examing the breastfeeding rates for non-Hispanic Black women in Miami-Dade County. The gap in breastfeeding rates among non-Hispanic Black infants and other racial/ethnic groups is substantial. In July 2017, non-Hispanic Black women had the lowest initiation rates in the county (75.3 % vs 85.7% for Hispanics and 82.2% Whites). The burning question for was *why* do these disparities persist? An interdisciplinary team of WIC professionals, the Miami-Dade County Health Department, and community partners convened to address these disparities.

A series of surveys were conducted in the community-at-large and with WIC mothers to address breastfeeding attitudes and beliefs in 2019. The survey confirmed significant differences in breastfeeding attitudes and beliefs depending on where residents lived. Non-Hispanic Black mothers had significantly lower attitude scores than White or Hispanic mothers in the same neighborhood. Pregnant women who saw a WIC Peer Counselor (PC) were 20% more likely to intend to breastfeeding attitudes and practices. Encouragement and support from women with breastfeeding experience as well as family support were cited as the most important contributing factors to make breastfeeding successful in this community.

In addition, DOH-Miami-Dade WIC (Women, Infant, and Children) Program is a very active partner of the Healthy Baby Takskforce and works with many other sectors in DOH and partners in the community to increase breastfeeding education and support in Miami-Dade County. Next steps will be to use the data from these assessments to develop community-specific action plans with important collaborators and community stakeholders who can impact breastfeeding rates in non-Hispanic Black communities in Miami-Dade.

Goal	Objective	Accomplishment
Prevent and Control infectious disease	By December 31, 2018, reduce reported new HIV infections per 100,000 in Miami-Dade from 53.9 (2014) to 45 with particular focus on the elimination of racial and ethnic disparities and new HIV infections.	FLDOH is on track to meet this objective in the future. Through the work of the HIV team and the getting to zero task force, outreach and education has increased. It is worth noting that 0 babies were infected with HIV in Miami-Dade County in 2019.
	Nev This Assemblishment is Immed	

Why This Accomplishment is Important for Our Community

The DOH-Miami-Dade HIV/AIDS section developed a Four Key Component Plan to eliminate HIV transmission and reduce HIV related deaths. Locally, the Miami-Dade County "Getting to Zero" HIV/AIDS initiative established a set of recommendations focusing on prevention, treatment, and systems change. The process enhanced services, built partnerships, and established collaborations. DOH Miami-Dade also piloted the Test and Treat VIP program in 2016 with the goal of helping newlydiagnosed and out of care clients gain rapid access to treatment.

In 2019 the DOH-Miami-Dade STD/HIV program was working on local efforts around a new initiative called Ending the HIV Epidemic: A Plan for America. Miami-Dade County was one of seven jurisdictions that received funding to conduct a rapid community engagement response in order to create a jurisdictional Ending the HIV Epidemic: A Plan for Miami-Dade County. The program in 2019 was working on collecting community feedback through a survey to create this plan. Currently, the Florida Department of Health in Miami-Dade county is finalizing the Ending the HIV Epidemic Plan. The input from the community is key and needed to create a successful plan that is inclusive of the needs of everyone living in Miami-Dade County.

The various initiatives have been working together to increase collaborations with community partners. These collaborations are a way for partners to educate the community on the resources available to them. This effective system change in place is to better leverage the use of community resources that are needed by those who live in Miami-Dade.

Conclusion

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

By working together, we can have a significant impact on the community's health by improving where we live, work and play. These efforts will allow us to realize the vision of a healthier Miami-Dade County.

Community Health Assessment and Improvement Plan Community Meeting

Thursday, July 18, 2019 Sign-In Sheet

Appendix I



LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Adebisi	Islamiyat Nancy	Florida Department of Health in Miami-Dade	elener nc
Alonso	Betty	ConnectFamilias	
Ashkenazi	Arielle	United Way of Miami Dade	
Bassi	Jacqueline	Florida Department of Health in Miami-Dade	
Bauer	Cliff	Miami Jewish Health	
Biderman	Rachel	University of Florida	
Blanco	Mercedes	Florida Department of Health in Miami-Dade	
Brito	Cristina	United Way of Miami-Dade	
Bross	Emily	Intern Florida Department of Health	high Ram
Brown	Scott	University of Miami	Stoth Brown
Calle	Stephanie	Florida Department of Health in Miami-Dade	Stephani: Call.
Carpenter	Melba	Florida Department of Health in Miami-Dade	OLICarportor
Castañeda	Lourdes	University of Miami- AHEC	20 martin
Chang Martínez	Catherina	Nova Southeastern university	Catte Amarin,
Charles	Martine	Alliance for Aging	Kilin Lin S 8
Concepcion	Chaveli	Florida Department of Health in Miami-Dade	attended
De Cardenas	Clarisell	Town of Miami Lakes	
De La Mota	Orlando	YMCA	
Escobar	Su-Nui	Larkin Community Hospital	
Fabre	Kirssys	ASA College	
Faustin	Witson	Florida Department of Health in Miami-Dade	In stan stan
Fermin	Manuel	Healthy Start Coalition of Miami-Dade	water a
Fernandez	Danielle	Florida Department of Health in Miami-Dade	
Figueroa	Ximena Figueroa	Florida Department of Health in Miami-Dade	1 dian



	LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
	Fils-Aime	Frantz	Florida Department of Health in Miami-Dade	
	Fleurimont	Emmanuella	MJD Wellness and Community Center	
	Gabaroni	Mariela	Florida International University	MA
	Garcia	Mayra	Florida Department of Health in Miami-Dade	attended
	Gilmore	Theresa	Theresa Gilmore, LAc	Thus Sul
	Gonzalez	Adriana	Florida Department of Health in Miami-Dade	
	Grover	Eriko	Florida Department of Health in Miami-Dade	Enden
•	Guillen	Jennifer	Florida Department of Health in Miami-Dade	Jun lenth
	Hardy	Cheryl	Florida Department of Health in Miami-Dade	Class Stander
	Henry	Elizabeth	University of Miami	
	Hernandez	Carmen	Florida Department of Health in Miami-Dade	attended
	Hernandez	Rodolfo	United Homecare	
	Hester	Robin	Mount Sinai Medical Center	Ph
	Hidalgo	Maria	VITAS Healthcare	
	Holden	Queen	Florida Department of Health in Miami-Dade	Quee & Walden
	Hughes-Fillette	Jessica	Miami-Dade County	100
	Humphrey	Tanya	Department of Children and Families	
	Iglesias	Karen	Florida Department of Health in Miami-Dade	din
•	Jaramillo	Ricardo	Health Council of South Florida	Need-fel.
	Javier	Laura	Florida International University	Acal
	Jean	Reynald	Florida Department of Health in Miami-Dade	tegh to
	Jit	Mohnisha	Florida Department of Health in Miami-Dade	XMM/
	Joseph	Keren	Florida Department of Health in Miami-Dade	Nent
	Kazmi	Zehra	Miami-Dade County Public Schools	



LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Larionova	Tatiana	Early Learning Coalition of Miami Dade Monroe	Im
Lopez	Jose	Florida Department of Health in Miami-Dade	72-
Lorie	Cheryl	Florida Department of Health in Miami-Dade	MAL
Lowe	Camille	Florida Department of Health in Miami-Dade	Camille 1 mil
Luna	Miguel	United Healthcare	
Lundstedt	Lila	Doctoral Student FIU	Life
Marriott	Nicole	Health Council of South Florida	Vernie bulk
Maytin	Melissa	Florida Department of Health in Miami-Dade	EBF
McCant	Esther	Metro Mommy Agency	2 mcCanto
Medina	Imelda	Familias Unidas International, Inc.	<u> </u>
Melus	Vickie	Florida Department of Health in Miami-Dade	This
Metayer	Cassandra	Miami Children's Health plan	
Monzon Canales	Zhyrma	Florida Department of Health in Miami-Dade	- As
Muse	Nicole	Florida Department of Health in Miami-Dade	numb
Murray	Natouchka	Florida Department of Health in Miami-Dade	Narriona Mun
Nitti	Yolanda	MDC Medical Campus	
Ortiz	Hilda	Florida Department of Health in Miami-Dade	Hel O.G.
Ortiz	Luz Janette	Florida Department of Health in Miami-Dade	and n
Perez	Leyanee	Nicklaus Children's Hospital	Veranne lever
Perrino	Tatiana	University of Miami Department of Public Health Sciences	annana
Pieiga	Maria	University of Miami Health System	
Pomares	Bryan	The Children's Trust	PLA
Ponder	Myesha	Well Way - Employee Wellness Program at Miami-Dade County Public Schools	Myet



LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Rios	Carolina	Barry University School of Social Work	
Rodriguez	Brendaly	University of Miami	
Rodriguez	Elisa	Miami Dade College School of Nursing	
Rodriguez	Ana	City of Miami	
Rolle	Nadine	Our Kids	
Ross	Rosie	Florida Department of Health in Miami-Dade	Re Pr
Rovira	Isabel	Urban Health Solutions	Janto
Ruiz	Sonia	Florida Department of Health in Miami-Dade	Apric Ruin
Sabugo	Carla	Florida Department of Health in Miami-Dade	Can
Sandoval	Lydia	Florida Department of Health in Miami-Dade	attended
San Juan	Juliet	ConnectFamilias	fulyt Saulaa.
Schenker	Maite	University of Miami	Nau Rec
Schottenloher	Candice	Florida Department of Health in Miami-Dade	Cardel hatt
Shiffman	Maura	Health Foundation of South Florida	INX
Sierra	Eddie	South Florida Seniors in Action	
Skoko	Monica	Florida Department of Health in Miami-Dade	en
Smith	Takyah	Florida Department of Health in Miami-Dade	File to the Arman Ar
Soler	Lujan	FIDEC	Fin
Soto	Alina	FL Department of Children & Families	
Souto	Islara	Avmed for Miami-Dade County	
Spann	Chastity	Florida Department of Health in Miami-Dade	Chastit la
Spivey	Evelyn	Florida Department of Health in Miami-Dade	
Suarez	Juan	Florida Department of Health in Miami-Dade	



LAST NAME	FIRST NAME	ORGANIZATION	SIGNATURE
Thompson	Dawn	Kristi House	_
Thurer	Richard	Tobacco Free Workgroup University of Miami	MAterna
Tramel	Alecia	Positive People Network	
Trevil	Dinah	UM Sylvester Cancer Center	
Turner	Valerie	Florida Department of Health in Miami-Dade	attended
Villalba	Karina	Florida International University	
Villamil	Vanessa	Florida Department of Health in Miami-Dade	1 free
Wade	Stephanie	Florida Department of Health in Miami-Dade	On Oake
Wagner	David	Genuine Health Group	
Wagner	Antonio	City of Miami	
Warwar	Rafic	University of Miami Health	
Weller	Ann-Karen	Florida Department of Health in Miami-Dade	ang. Haus le eller
Wilhelm	Katy	West Kendall Baptist Hospital	Can. Haven Weller
Wilson	Christine	Baptist Health South Florida	
Zayas	Maribel	Florida Department of Health in Miami-Dade	Would 3
Zhang	Guoyan	Florida Department of Health in Miami-Dade	acot
WRIGHT	LIDA	Mount Sinci Medical Centur	Juan



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Rodrigue	DORI	MDFR	\sum		Love:
Vijavalalanni -Damanatha	Avani				
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CurbElo	OSWALDO	DOHTB			DC me
Tamato .	Daniela	City of Miami Beach			
Catte	Stephanie	Dot-Miami-Dade	(1	Stiphanie Calle
Thomas	Kim	TOWN OF CUTIER BOY	\square		fin thomas
Philippe,	Paulette	DOH STD))	aulte milions
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Aloni	Maspic		1		n. Hou
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Smith	Jasmine	DOH Miami-Dade WIC			Contractor
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Community Health Assessment and Improvement Plan Community Meeting

2019





Community Health Assessment and Improvement Plan Community Meeting Narrative



Florida Department of Health in Miami-Dade County Office of Community Health and Planning West Perrine Health Center 18255 Homestead Avenue, Miami, FL 33157 Phone: (305) 234-5400 Fax: (305) 278-0441

> www.healthymiamidade.org www.miamidade.floridahealth.gov



2019 Community Health Assessment and Improvement Plan Community Meeting Miami-Dade County

Overview

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting's purpose was to deliver high-level information on the MAPP process and the results from the community assessments conducted. Attendee from different organizations and backgrounds were able to discuss the strategic health priorities that affect Miami-Dade residents and their health.

During this event, participants played an essential role in improving the health and quality of life for the Miami-Dade. Results from community assessments were shared with the attendees and they were asked to prioritize the health indicators that emerged from all four community assessments. Those who attended the event participated in dynamic, high-level breakout sessions where they were able to discuss these health indicators in detail, offering insight as to how to address issues specifically in Miami-Dade.

SAVE THE DATE Community Health Assessment and Improvement Plan Community Meeting





Community Health Assessment and Improvement Plan

A collaborative plan to improve the health and quality of life in Miami-Dade County.

The health of Miami-Dade County has changed over the last few years. Some health outcomes have improved, while others have not. The Community Health Assessment and Improvement Plan Community Meeting is designed to bring community members and organizations together to take a collaborative approach to prioritizing and addressing the needs of the community.

When: July 18th, 2019 Where: Fire Fighters Memorial Building 8000 NW 21st Street, Suite 222 Miami, FL 33122

Time: 8:00am - 4:00pm

Visit <u>healthymiamidade.org</u> for more information.



2019 Community Health Assessment and Improvement Plan Community Meeting Miami-Dade County

Acknowledgements

A diverse group of partners were represented at the Community Health Assessment and Improvement Plan Community Meeting. The information that was provided was well received among those who attended. During the registration process, one hundred and twelve (112) individuals from fifty (50) community organizations registered to attend the event. On Thursday, July 18th, 2019, there was a total of seventy-seven (77) signatures representing thirty-one (31) organizations. Approximately 12% of those who registered did not attend the event.

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is organized into several different program areas that focus on the surveillance, prevention, detection and treatment of health and environmental public health issues in the county. The major services provided by DOH-Miami-Dade align with the 10 Essential Public Health Services as determined by the national Centers for Disease Control and Prevention.

The following organizations participated in the event:

Alliance for Aging, Inc.	Miami-Dade County
Baptist Health of South Florida	Miami-Dade County Public Schools
City of Doral	Miami-Dade Fire Rescue
City of Miami Beach	Mount Sinai Medical Center
Connect Familias	Nicklaus Children's Hospital
Department of Children and Families	Nova Southeastern University
Early Learning Coalition of Miami-Dade & Monroe	O'Dell Communications
Fighting Infectious Diseases in Emerging Countries	The Children's Trust
Florida Department of Health in Miami-Dade County	Theresa Gilmore, Lac
Florida International University	United Way of Miami-Dade
Health Council of South Florida	University of Florida Institute of Food and Agricultural Sciences
Health Foundation of South Florida	University of Miami
Health Start Coalition of Miami-Dade	University of Miami Health System
Metro Mommy Agency	Urban Health Solutions
Miami Jewish Health	West Kendall Baptist Hospital
Miami-Dade College	



2019 Community Health Assessment and Improvement Plan Community Meeting Miami-Dade County

Executive Summary

On Thursday, July 18th, 2019, the Florida Department of Health in Miami-Dade County hosted the Community Health Assessment and Improvement Plan Community Meeting. The meeting was designed to deliver high-level information on the Mobilizing Action through Planning and Partnerships (MAPP) process, sharing results from community assessments and prioritizing health indicators.

During the event, representatives of organizations that play an important role in improving the health of the residents in Miami-Dade County reviewed the results from the assessments that have been conducted. The four assessments are the Local Public Health Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment, and the Community Health Status Assessment. These assessments offered quantitative and qualitative information about the health of the residents in Miami-Dade County.

Ten themes emerged from the four assessments that were conducted. 1) Health Equity 2) Maternal/Child Health 3) Chronic Disease 4) Healthy Weight/Physical Activity/Nutrition 5) Community Concerns 6) STD/Communicable Diseases/Emerging Threats 7) Behavioral Health 8) Injury/Safety/Violence 9) Immunizations 10) Access to Care. Attendees were asked to rank these themes, or strategic health priorities from one to ten, one being the highest priority and 10 being the lowest. Those who attended the event were also able to participate in dynamic, high-level breakout sessions where they were able to discuss these strategic priority health indicators in detail and offer insight Son how to address these issues specifically in Miami-Dade County. The ranking of these priority areas and discussing how to address them in Miami-Dade County will aid the Department of Health in Miami-Dade County with creating their Community Health Improvement Plan (CHIP).





Florida Department of Health in Miami-Dade County Community Health Improvement Plan Community Meeting Thursday, July 18, 2019 8:00am-4:00pm

AGENDA

Registration & Networking	8:00am-8:30am
Welcome/Introduction Ann-Karen Weller	8:30am-8:45am
MAPP Process Ann-Karen Weller	8:45am-9:00am
Local Public Health Assessment Candice Schottenloher	9:00am-9:15am
Forces of Change Assessment Nicole Marriott	9:15am-9:45am
Break	9:45am-10:00am
Community Themes and Strengths Assessment Ricardo Jaramillo	10:00am-10:45am
Community Health Assessment Vanessa Villamil (EPI) Camille Lowe (HIV/STD) Jennifer Guillen (Chronic Disease) Scott Brown (Physical Environment)	10:45am-11:45pm
Prioritization of Health Indicators	11:45am-12:15pm
Lunch	12:15pm-1:00pm
Concurrent Breakout Sessions	1:00pm-3:15pm
Session 1 A. Health Equity B. Chronic Disease C. Immunizations D. Behavioral Health E. Healthy Weight/ Physical Activity/ Nutrition	1:00pm-2:00pm
Break	2:00 pm-2:15pm
Session 2 A. Maternal/Child Health B. Access to Care C. Injury/Safety/Violence D. STD/Communicable Diseases/Emerging Threats E. Community Concerns	2:15pm-3:15pm
Closing Remarks Ann-Karen Weller	3:15-3:30pm
Evaluations	3:30pm-4:00pm
Adjournment	4:00pm



The following PowerPoint Slides are the presentations that were used during the community meeting to share the data from the four assessments that comprise the MAPP process. The assessment results that were shared with attendees were:

- Local Public Health Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- Community Health Status Assessment

The presentations are posted on the Consortium for a Healthier Miami-Dade website. To view full presentations please visit <u>https://www.healthymiamidade.org/resources/community-health-</u> <u>improvement-plan/community-health-assessment-improvement-plan-</u> <u>community-meeting/</u>.

What is the MAPP Process?

A community-wide strategic

planning tool for improving

public health

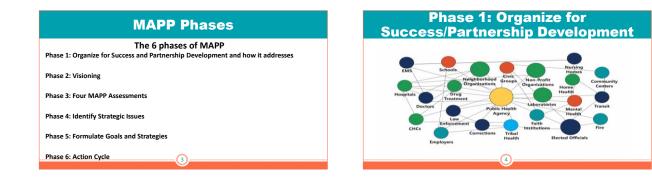
Method to help communities prioritize public health issues, identify resources for addressing them, and take action





Mobilizing for Action through
Planning and Partnerships (MAPP)

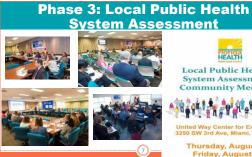
Florida Department of Health in Miami-Dade County Assistant Community Health Nursing Director











Local Public Health System Assessment Community Meeting

i FL 33129 Thursday, August 24 Friday, August 25

Phase 3: Forces of Change Assessment

- 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?



Phase 3: Community Themes and Strengths Assessment (CTSA)

What is important to our community?

How is quality of life perceived in our community?

What assets do we have that can be used to improve community health?

Phase 3: Community Health Status Assessment Assessment results answer the questions: How healthy is the community? What does the health status of the community look like?

Analyzes data about

- ✓ Health status
- ✓ Quality of life ✓ Risk factors



Phase 4: Identify Strategic Issues

Identify potential strategic issues by reviewing the findings from the Visioning process and the four MAPP Assessments

Develop an ordered list of the most important issues facing the community

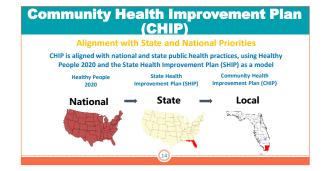




Phase 6: Action Cycle

 Develop realistic and measurable objectives related to each strategic goal and establish accountability by identifying responsible parties



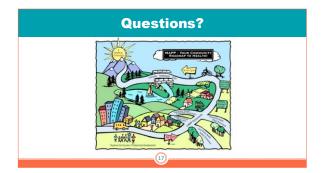


CHIP Planning & Implementation





Culture of Health Action Framework









Local Public Health System Assessment

Candice Schottenloher, BS, MPH Florida Department of Health Health Educator





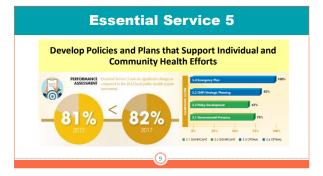






Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health













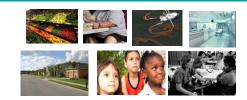


Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems



Forces of Change Assessment



Factors that directly or indirectly affect health and the health of the community



Objectives:

 Identify trends, factors, and events that are or will be influencing the health and quality of life of the community and the local public health system.

Forces of Change Assessment

- Identify challenges or opportunities generated by key forces.
- Bring partners together on common ground to collaboratively address changes.



Methods for the Forces of Change

- MAPP stakeholders participated
- · Small group discussions guided by skilled facilitators
- Identify key factors impacting community health

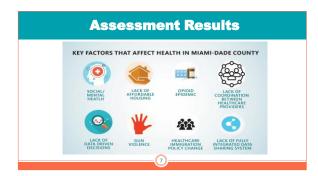


HEALTH

Results

- A total of 19 forces were identified through the process
- 8 themes were selected by participants as priority areas





Force	Challenges Posed	Opportunities Created
Addiction (Opioid and Prescription Rx)	Lack of education	 Centralized electronic tracking system Collaboration between healthcare providers

Socia	ial and Economic Forces	
Force	Challenges Posed	Opportunities Created
Social/Mental Health	 Lack of understanding Trauma Stigma Awareness 	 Integrated policies and systems Best practices for all systems
Lack of Affordable Housing for all	 Professionals are leaving Improving low-income communities 	 Affordable housing Salaries vs cost of living

Socia	al and Economic	Forces
Force	Challenges Posed	Opportunities Created
Healthcare Coverage	 Costs are high Employers not offering coverage Decrease in government funding 	Create virtual care Access to healthcare provider Mobile clinics Coordinate services Increase advocacy
Changing Immigration Laws	 Fear among people receiving services 	 Outreach services Engage community and gain trust Coordination across systems

Political	and Technologic	ogical Forces	
Force	Challenges Posed	Opportunities Created	
Lack of Coordination between Healthcare Providers/ Lack of Integrated Data Sharing System	 Different electronic health record Silo health system Misconception of how data will be used Gaps in services Duplication of services 	 Advances in technology Update HIPAA/Legislation Understanding of laws pertaining to sharing information 	
Lack of Data Driven Decisions	 Collecting and compiling data Funding and interest Data bias/Transparency Lack of data sharing 	 Data sharing partnerships Control agency to manage data 	

Environi	mental and Scientific Forces		
Force	Challenges Posed	Opportunities Created	
Gun Violence	 Gun safety regulations Resources and referrals for mental health screening before ability to get a gun Research funding 	 Advocacy for integrated healthcare Mental health funding Collaboration with 	

ability to get a gun	funding
 Research funding 	 Collaboration with
 Supporting mental health 	other organizations,
professionals	programs
 Mental health support within 	 ACE testing
schools	

Changes Over Time

2012 Assessment Results	2018 Assessment Results
1. Affordable Care Act	1. Social/Mental Health
2. Shifting Demographics	2. Lack of Affordable Housing
3. Social Inequities	3. Opioid Epidemic
4. Technological Advances	4. Gun Violence
	5. Data Driven Decisions
	6. Lack of Coordination between Healthcare
	Providers
	7. Lack of Fully Integrated Data Sharing System
	8. Healthcare Immigration Policy Change



Questions

Community Themes and Strengths Assessment



Health Council of South Florida Community Health Planner

Community Themes and Strengths Assessment

Community Themes and Strengths Assessment was conducted in two parts:

1.) Focus Group Discussions

2.) Miami-Dade County Wellbeing Survey

Part 1: Focus Groups



Facilitated sessions in the 13 clusters

Community members participated in focus groups

Identify actual needs of the community

Focus Group Methods

- Community Based Participatory Research (CBPR)
- Participant Recruitment
 Voluntarily
- Target sample size



Topics for Discussion

The focus group questions were designed to capture areas of concern for the residents in Miami-Dade County that that they face in their communities and included:

- Length of time living in Miami-Dade County
- Size of residents' homes to accommodate their families
 Racial diversity in residents' communities
- Kacial diversity in residents' communities
 Neighborhood features that residents value
- Availability and accessibility of healthy food options
- Safety
 Health care utilize
 - Health care utilization
- Residents' perspectives on how to improve their communities

Residential Stability

- ✓ 1 in 3 participants have lived in the communities for 21 years or more, and 1 in 4 have lived in their communities between 2 and 10 years
- ✓ Approximately 69.0% of participants from Cluster 11 (North Miami Beach) who provided a response have lived in their communities for more than 21 years

Racial Diversity

✓ The majority of participants from Cluster 1 (South Dade/Homestead), Cluster 7 (Doral/Miami Springs/Sunset), and Cluster 10 (Opa-Locka/Miami Gardens/Westview) do not believe their neighborhoods to be racially diverse





Transportation and Built Environment

Theme 1: Expand Metrorails and Metromovers. Build more highways "above ground".

Theme 2: Residents experiencing flooding in their neighborhoods due to heavy rain.



Theme 3: Larger and affordable homes should be available to accommodate larger families

Theme 4: Improve residential safety by clearly marking pedestrian crossing lanes and paving the roadways.





Neighborhood Safety

✓ A number of participants did not feel safe at night and voiced the following concerns:

- $\checkmark~$ Limited police presence
- \checkmark Poor built environment (e.g., no sidewalks or adequate lighting)
- ✓ Drug and alcohol abuse
- Cluster 2 (Kendall), Cluster 4 (Coral Gables, Kendall), Cluster 10 (Opa-Locka, Miami Gardens, Westview)
- ✓ Poor sanitary conditions in participants' neighborhoods regarded by participants as a health issue leading to chronic conditions

Health Service Utilization

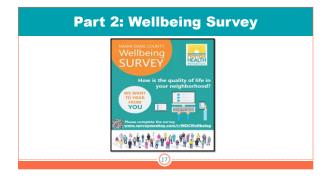
- ✓ Participants voiced their concern with their local free health clinics:
 - ✓ Long wait to see a nurse or physician
 - \checkmark Not given a guarantee to be treated on the day of the visit
 - ✓ Limited access to free services
 - ✓ Impersonal communication and treatment by the staff
- ✓ Participants shared their concern about not qualifying for federal assistance even though it is needed

Community Involvement

- For residents to be more involved in community meetings
- For residents to get acquainted with their neighbors who may face the same issues in their daily lives







Clusters by Name and ZIP Code

Cluster	Name	ZIP Codes Included
		33030, 33031, 33032, 33033, 33034, 33035, 33039, 33170,
Cluster 1	South Dade/Homestead	33189, 33190
	Kendal	33157, 33176, 33177, 33183, 33186, 33187, 33193, 33196
		33144, 33155, 33165, 33173, 33174, 33175, 33184, 33185,
	Westchester/West Dade	33194
	Corol Gables/Kendall	33134, 33143, 33146, 33156, 33158
Cluster 5	Brownsville/Coral Gables/Coconut Grove	33125, 33130, 33135, 33142, 33145
Cluster 6	Corol Gables/Coconut Grove/Key Biscayne	33129, 33131, 33133, 33149
Cluster 7	Dorol/Miami Springs/Sunset	33122, 33126, 33166, 33172, 33178, 33182
Cluster 8	Miami Shores/Morningside	33132, 33137, 33138
Cluster 9	Hialeah/Miami Lakes	33010, 33012, 33013, 33014, 33015, 33016, 33018
Cluster 10	Opa-Locka/Miami Gardens/Westview	33054, 33055, 33056, 33167, 33168, 33169
Cluster 11	North Miami/North Miami Beach	33161, 33162, 33179, 33181
Cluster 12	Aventura/Miami Beach	33139, 33140, 33141, 33154, 33160, 33180
Cluster 13	Downtown/East Little Havana /Liberty City /Little Haiti/Overtown	33127, 33128, 33136, 33147, 33150

	Geograp	nic u	ISTI	buti	on
Cluster		Expected Count	Expected		Actual
Ciuzcei	Cluster Name	expected count	Percentage	Actual Count	Percentage
1	South Dade/Homestead	220	7.4%	403	11.3%
	Kendall	220	7.4%	673	18.8%
	Westchester/West Dade	220	7.4%	394	11.0%
	Coral Gables/Kendall	220	7.4%	250	7.0%
5	Brownsville/Coral Gables/Coconut Grove	220	7.4%	209	5.9%
6	Coral Gables/Coconut Grove/Key Biscavne	220	7.4%	127	3.6%
7	Doral/Miami Springs/Sunset	220	7.4%	191	5.4%
	Dorar/Miami Springs/Sunser	220	7.4%	191	3.4%
-	Miami Shores/Morningside			150	4.2%
9	Hialeah/MiamiLakes	220	7.4%	241	6.8%
10	Opa-Locka/Miami Gardens/Westview	220	7.4%	230	6.4%
11	North Miami/North Miami Beach	220	7.4%	213	6.0%
12	Aventura/Miami Beach	220	7.4%	213	6.0%
13	Downtown/East Little Havana/Liberty City/Little	120	1.4%	140	9.7%
	Haiti/Overtown	330	11.1%	252	7.1%

2018 Miami-Dade	W	ellbeing Survey
Demog		
	Count	Percentage
Survey Language		
English	3208	89.8%
Spanish	341	9.5%
Creole	24	0.7%
Age		1 1
18-24	348	9.7%
24-44	1470	41.1%
45-54	724	20.3%
55-64	642	18.0%
65+	389	10.9%
Sex		
Male	920	25.8%
Female	2653	74.3%
Race		
White	2319	64.9%
African-American	807	22.6%
American Indian or Alaska Native	23	0.6%
Asian	104	2.9%
Other	470	13.2%
Ethnicity		
Hispanic/Latino(a)	1913	53.5%
Not-Hispanic/Latino(a)	1660	46.5%
2)	

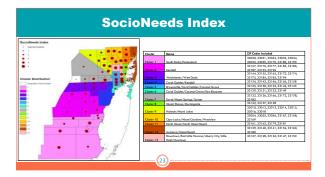
Post-Stratification Survey Weighting

Post-Stratification Survey Weighting:

- It improves representativeness of Miami-Dade County
- Sociodemographic and geographic distribution of Miami-Dade County
- · Post-stratification weights are added to the raw data
 - It involves a statistical raking process (iterative process) by adding weights to each respondent
- As a result, it is concluded with confidence that the results of the survey represent Miami-Dade County when weights are taken into account

Population Characteristics: Miami-Dade County Compared to Weighted Survey Respondents





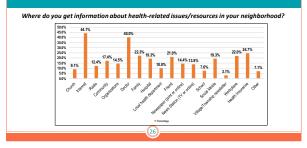
Wellbeing Survey Categories

The Miami-Dade Wellbeing Survey had 5 main sets of questions which included:

- ✓ Quality of Life
- ✓ Environment
- ✓ Modifiable Health Risks
- ✓ Access to Healthcare Services
- ✓ Mental Health Medication and Treatment

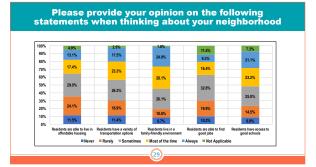


Health Information

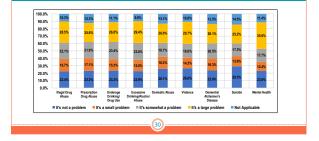


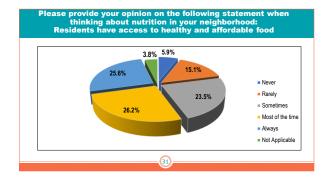
90%				12.6%
	18.4%	9.3%	15.5%	12.6%
80%				19.4%
70%	22.6%	16.4%	25.1%	
60%		24.8%		23.6%
50%	27.6%	24.8%	25.1%	
40%	21.010			
30%	17.4%		19.7%	24.8%
20%	17.4976	39.8%		
10%	14.1%		14.7%	19.6%
0%	neet socially with friends.		spend your leisure time out of	

For every question, please select which most closely matches your opinion. 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% 12.2% 12.1% 13.4% 13.4% 11.6% 20.89 20.6% 20.6% 19.4% 26.7% 30.8% 30.2% 28.2% 31.0% 28.39 26.9% 23.65 24.5% 29.1% 7.8% How would you rate your neighborhood as your neighborhood as a place to raise children? How would you rate the overall quality of life in your neighborhood? w would you rafe. How would you rafe. How would you rafe. How would you rafe. the nighborhood as your mighborhood as the overall quality of your nighborhood as a place to grow dd? the environment in childreen? Poor III ar III Good IIV Pry Good III Excellent



Please provide your opinion on the following health issues when thinking about your neighborhood

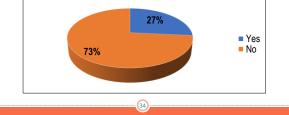




Please provide your opinion on the following statements when thinking about breastfeeding in your neighborhood 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% 53.19 50.4 56.29 55.8% 56.99 57.6 31.6% 30.09 29.7% 30.3% 32.01 30.89 3.2 7.6% 9.6% 4.9% 9.4% 5.2% 6.4% reastmilk is healthier fo babies than formula tmilk is the food Mothers have the right breastfeed in public I believe emplo Breastfeeding b health of moth babies near me in a public place, such as a shopping center, bus station, etc. room for breastfeeding mothers to pump their milk at work Strongly Disagree Disagree Agree Strongly Agree

100.0%			
90.0%		16.1%	23.1%
80.0%	36.6%	18.4%	
70.0%	_	10.476	23.8%
60.0%			23.8 %
50.0%	24.1%	34.4%	
40.0%			33.7%
30.0%	18.8%		00.170
20.0%	13.4%	22.0%	
10.0%		0.47	13.8%
0.0%	7.1%	9.1%	5.7%

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?









Epidemiology

Vanessa Villamil, MPH Florida Department of Health Biological Scientist IV HEALTH

Epi Overview

- This section includes:
- ✓ Leading Causes of Death
- ✓ Years of Potential Life Lost
- ✓ Injury
- ✓ Mental Health
- ✓ Maternal/Child Health



Leading Causes of Death

Top 10 Leading Causes of Death in Miami-Dade County in Comparison to Florida and the United States, 2017

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	29.6	40.0	40.6
Respiratory Disease			
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,	9.1	10.3	13.1
Syndrome, & Nephrosis			
Parkinson's Disease	7.6	8.1	N/A
Source: Florida Health Communi	ty Health Assessment Resource Too	Set (FLCHARTS) http://w	ww.fibealthcharts.com

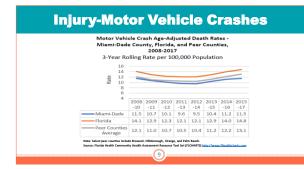
Top Leading Causes of Death, Mortality Rate per 100,000 Population by Age Group Miami Dade County 2017

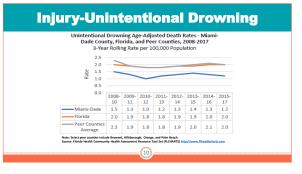
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	1				1	Otroke 11 (2.9)	H5V 20 (0.2)	Chronic Liver Disease BR (18.8)	Observe Observe 57 (24-2)	Influenza 6 Presumotes 202 (112 5)	Dasbetee 791 (28.7)
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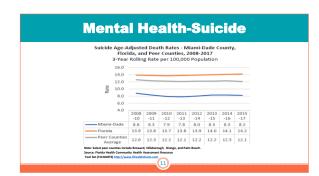














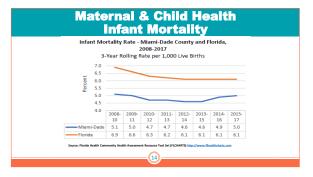
Maternal & Child Health Low Birth Weight by Race

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

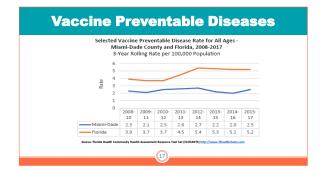
Source: Florida Health Community Health Assessment Resource Tool Set (FLCHARTS) http://www.flhealthcharts.com

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			ty nates by	Race 2009	-2017		
liami-Dade County, Florida	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
/hite	3.4	3.1	3.0	3.1	3.2	3.3	3.3
lack	9.5	9.2	9.4	9.2	8.8	10.1	11.1
ispanic	3.6	3.2	3.1	3.2	3.4	3.6	3.8
on-Hispanic	6.8	6.7	7.2	6.9	6.4	6.8	6.9
ispanic	3.6 6.8	3.2 6.7	3.1 7.2	3.2 6.9	3.4 6.4	3.6 6.8	-





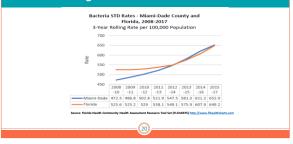


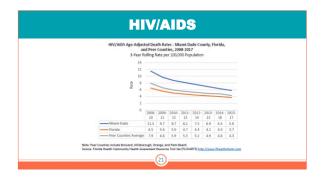
STD/HIV Overview

- This section includes:
- ✓ Sexually Transmitted Disease Rates
- ✓ HIV/AIDS Rates
- ✓ Sexual Activity



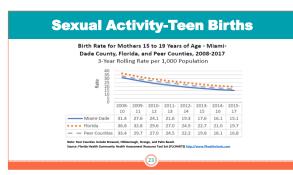






HIV/AIDS by Sex and Race

	2011	-13	201	2-14	201	8-15	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										
emale	238	5.7	222	5.1	199	4.5	192	4.2	191	4.1
Иale	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
Sou	arce: Florida Health Comm	anity Healt	h Assessment	Resource To	ol Set (FLCHA	RTS) http://	www.fibraith	charts.com		



Sexual Activity-Teen Births by Race

Race and	2009-	2010-	2011-	2012-	2013-	2014-	2015
Geography	2011	12	13	14	15	16	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

Chronic Disease Overview



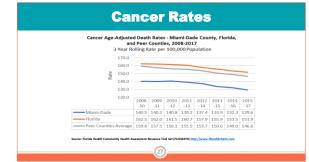
Chronic Disease

Jenniter Guillen, AS, BS Florida Department of Health Operations and Management Consultant II-SES



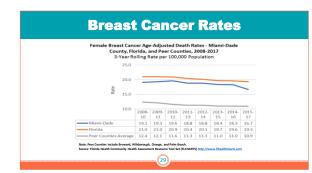
- ✓ Cancer
- ✓ Breast Cancer
- ✓ Lung Cancer✓ Prostate Cancer
- ✓ Alzheimer's Disease
- ✓ Diabetes
- ✓ Heart Disease
- ✓ Stroke

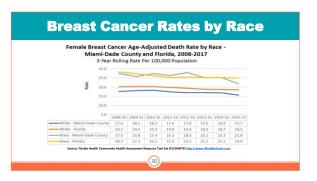




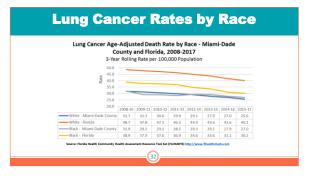
Cancer Rates by Race Cancer Age-Adjusted Death Rate by Race - Miami-Dade

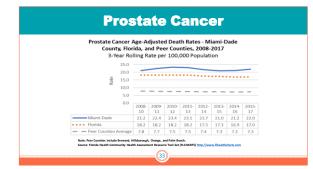






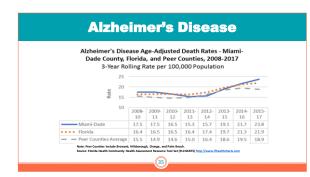
	rida, a	and Pe	Death er Cou te per	inties,	2008	2017		unty,	
E Rate	50.0 50.0 40.0 30.0	-							
4	20.0	2008 -10	2009 -11	2010 -12	2011 -13	2012 -14	2013 -15	2014 -16	2015
Miami-Dade		31.7	31.0	30.4	29.6	29.1	28.1	27.1	25.8
		47.2	46.4	45.8	44.9	43.4	42.1	40.1	38.6
Peer Counties Ave	erage	43.2	42.0	40.9	39.9	38.9	37.3	35.5	33.7

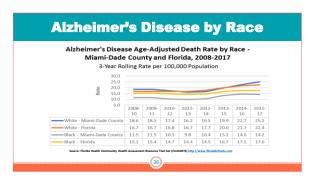


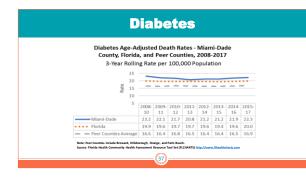






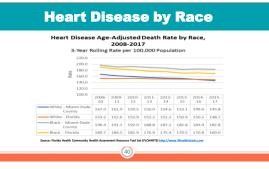














Physical Environment Overview

(44)

- This section includes:
 - ✓ The Built Environment
 - ✓ The Physical Environment
 - ✓ Housing
 - ✓ Transportation





The Physical Environment



45

Built Environment-Active Design

Active Design: A set of building and planning principles that promote physical activity.

Ten municipalities and unincorporated Miami-Dade adopted Active Design Guidelines that support over 600,000 residents



Miami-Dade Parks, Recreation and Open Spaces

Miami-Dade Parks, Recreation, and Open Spaces (MDPROS) has: 270 parks

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130 miles of bike/walking trails





Physical Environment-Housing

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%
	_		LIT.

(49)

苏林山苏东苏 **Complete Streets Design Guidelines** <u>ک 'ه' (م' خہ کا ا</u> -0

Transportation

 Complete Streets: A transportation policy and design approach that requires streets to be planned, designed, operated and maintained to enable safety.

 Complete Streets was also adopted by Miami-Dade County.

Transportation Continued

	Average	
Miami-Dade County, FL	31.3	
Florida	27	-
United States	26.4	
	Florida	Florida 27

Transportation-Motor Vehicle Crashes





Questions



The following document was used during the community meeting. The Strategic Priority Areas Ranking Sheet was used to rank the participants' importance of the ten strategic priority areas, with 1 being the highest and 10 being the lowest, according to their opinion. The ranking of these priority areas and the discussion of how to address them in Miami-Dade County will assist the Department of Health in Miami-Dade County with creating their Community Health Improvement Plan (CHIP).

Community Health Assessment and Improvement Plan Community Meeting 2019



Please rank the following strategic priority areas below from highest importance to lowest importance, with 1 being the highest and 10 being the lowest.

- **Health Equity**: Examine factors such as linking services, education, income, and housing and how they can be addressed to achieve health equity.
- **Chronic Disease**: Identify goals and strategies to address high chronic disease rates in Miami-Dade County.
- **Immunizations**: Maintaining vaccination rates and developing strategies to increase vaccinations rates in the older adult population.
- **Behavioral Health:** Address the social and mental health, cognitive disorders, and the opioid epidemic.
- **Health Weight/Physical Activity/Nutrition**: Promoting the benefits of increasing physical activity, consuming healthier foods, and maintaining a healthy weight.
 - Maternal/Child Health: Addressing low birth weight, infant mortality, grandparents raising children, childhood trauma, and how all these factors impact maternal and child health.
 - **Access to Care**: Evaluating services, using innovation, research, to improving access to health care services by influencing policy and coordinating with providers to improve the health outcomes of Miami-Dade County residents.
 - **Injury/Safety/Violence**: Focusing on unintentional injuries and safety concerns such as drowning, neighborhood safety, and gun violence in Miami-Dade County.
 - **STD/Communicable Diseases/Emerging Threats**: Lowering transmission rates of STI's and HIV and other emerging threats that affect health in Miami-Dade County.

Community Concerns: Identify goals and strategies to address community preparedness in the event of a disaster and addressing economic prosperity and the distribution of wealth and the role this plays in health.





The Strategic Priority Area Reporting Tool was utilized by the facilitators and scribers who were assigned to each of the ten breakout sessions for each strategic priority area. This tool was used to organize and track the participants' responses. During the breakout sessions, community members addressed the strategic priority areas by answering guided questions and providing feedback with objectives, potential strategies/barriers, target population, responsible parties, key partners to work with, and what indicators should be created to evaluate the goals of the strategic priority area.

In this section you will find the breakout session guide, blank templates used for reporting as well as the completed reporting tool by breakout session.



Breakout Session Guide

Community Health Assessment and Improvement Plan Community Meeting

July 18, 2019

Breakout	Facilitator	Scribes	Breakout	Facilitator	Scribes
Session 1	Name		Session 2	Name	
Health Equity	Dr. Valerie Turner	Candice Schottenloher/Takyah	Maternal Child Health	Eriko Robinson/Carla	Candice Schottenloher/Monica
Chronic Disease	Mayra Garcia	Smith Chastity Spann/Chaveli Concepcion	Access to Care	Sabugo Nicole Marriott/Ricardo Jaramillo	Skoko Takyah Smith/Natouchka Murray
Immunizations	Lydia Sandoval/Ann- Karen Weller	Melissa Maytin/Carmen Hernandez	Injury/Safety/Violence	Dr. Valerie Turner	Melissa Maytin/Nancy Adebisi
Behavioral Health	Tanya Humphrey	Hilda Ortiz/Rosie Ross	STD/Communicable Diseases/Emerging Threats	Camille Lowe	Chaveli Concepcion/Rosie Ross
Healthy Weight/Physical Activity/Nutrition	Nancy Adebisi	Monica Skoko/Natouchka Murray	Community Concerns	Ximena Figueroa/Mayra Garcia	Chastity Spann/Hilda Ortiz

Duration: 1-hour sessions

Goal: Develop an action plan with 2-3 goals and strategies for each breakout session

Sessions will be led by facilitators who will guide the conversation in useful directions. Two skilled scribers will be documenting the proceedings. Scribers are trained to use the same quality assurance tool to ensure a streamlined process for the development of the action plan. Ideas will be recorded on charts as well as on computers. The breakout sessions will include:

Introductions and background from facilitators (5 minutes) Brainstorming (20 minutes) Drilling down (20 minutes) Assigning owners (15 minutes)

The brainstorming session will be used to generate creative solutions to problems. Brainstorming is about communicating, and attendees are encouraged to generate as many ideas as possible. Questions to consider during the brainstorming session include:

- What caused the issue?
- What would we do if the problem were twice as big (or half as big)?
- Who are the contributing partners?
- What are the current partner contributions?
- What are the facilitating factors of success?
- What barriers/issues may be encountered?
- What are plans to overcome barriers/issues?

Ground rules:

One person speaks at a time; no side-bar discussions Avoid evaluation or judgment Be specific Keep discussion focused

Role of the Facilitators:

- Explain the agenda and ground rules Introduce yourself and the role you will play Clarify the purpose and the expected outcomes of the meeting Educate/inform participants about activities and steps Set a positive tone for discussion Remain neutral to the issues Keep the group focused Keep track of time Intercede and bring the session back to a group discussion Ask open-ended questions Encourage participation by everyone
- Protect ideas from challenge

<u>Role of Scribers:</u> Coordinate administrative details Record information or supervise its recording

Breakout Session Descriptions and Guiding Questions:

Session 1

• Health Equity: This session will examine factors such as linking services, education, income, and housing and how they can be addressed to achieve health equity.

Health Equity Guiding Questions:

- o What role does linking services play in addressing health equity in Miami-Dade County?
- What/how does education play a role in health equity in Miami-Dade County?
- What/how does community involvement play a role in health equity in Miami-Dade County?
- What/how does affordable housing play a role in health equity in Miami-Dade County?

- **Chronic Disease**: This session covers chronic disease rates in Miami-Dade County in the areas of cancer, heart disease and stroke. Participants will work to identify goals and strategies to address these higher chronic disease rates.
 - What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?
 - What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?
 - What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?
- **Immunization**: Immunizations are a key component when discussing public health. Emergent threats, maintaining vaccination rates, and learning how to increase vaccinations rates in the older adult population will be discussed in this session.
 - What/how can emergent threats be addressed to have an impact on immunizations in Miami-Dade County?
 - What/how can higher vaccination rates be maintained to have an impact on immunizations in Miami-Dade County?
 - What/how can higher vaccination rates be improved for the older adult population to impact immunizations in Miami-Dade County?
- **Behavioral Health:** In this session, participants will generate ideas and goals to address the social and mental health, cognitive disorders, and the opioid epidemic.
 - What/how can social health be addressed in Miami-Dade County?
 - What/how can mental health be addressed in Miami-Dade County?
 - What/how can the opioid epidemic be addressed in Miami-Dade County?
 - What/how do cognitive disorders be addressed in Miami-Dade County?
 - How can ACE's impact maternal/child health in Miami-Dade County?
- Healthy Weight/Physical Activity/Nutrition: This session will cover the importance of maintaining a healthy weight, improving physical activity, and consuming healthier foods by discussing how transportation, the built environment, and accessing healthier food can have an impact.
 - What/how can Transportation be addressed in Miami-Dade County?
 - What/how can the built environment be addressed in Miami-Dade County?
 - What/how can access to health food be addressed in Miami-Dade County?

Session 2

- Maternal and Child Health: This session will cover discussions related to low birth weight, infant mortality, grandparents raising children, childhood trauma, and how all these factors impact maternal and child health.
 - O What/how does low birth weight play a role in maternal child health in Miami-Dade County?
 - O What/how can infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?
 - O What/how can black infant mortality be addressed to have an impact on maternal child health in Miami-Dade County?
 - How can ACE's impact maternal/child health in Miami-Dade County?
 - O How do grandparents impact maternal/child health in Miami-Dade County?
- Access to Care: This session will examine the need to evaluate services, use research and innovation, and how to coordinate with multiple providers to improve access to health care services. The influence of policy changes and data collection will also be discussed.
 - What/how can evaluating services be addressed to have an impact on access to care in Miami-Dade County?
 - What/how can research/innovations be addressed to have an impact on access to care in Miami-Dade County?
 - What/how can lack of coordination with health care providers be addressed to have an impact on access to care in Miami-Dade County?
 - What/how can health care immigration and policy change be addressed to have an impact on access to care in Miami-Dade County?
- Injury/Safety/Violence: In this session participants will discuss drowning, neighborhood safety, and gun violence in Miami-Dade County each of which effect Miami-Dade County residents.
 - What/how can drowning be addressed in Miami-Dade County?
 - What/how can neighborhood safety be addressed in Miami-Dade County?
 - What/how can gun violence be addressed in Miami-Dade County?
- **STD/Communicable Diseases/Emerging Threats:** The transmission rates of STI's and HIV will be discussed along with other emergent threats that affect health.
 - What/how can STD's be addressed in Miami-Dade County?
 - What/how can HIV/AIDS be addressed in Miami-Dade County?
 - What/how can emergent threats be addressed in Miami-Dade County?

- **Community Concerns:** This session will seek to identify goals and strategies to address community preparedness in the event of a disaster and how to address economic prosperity and the distribution of wealth and the role this plays in health.
 - What/how can emergency preparedness be addressed in Miami-Dade County?
 - What/how can economic prosperity be addressed in Miami-Dade County?



Strategic Issue Area: Health Equity

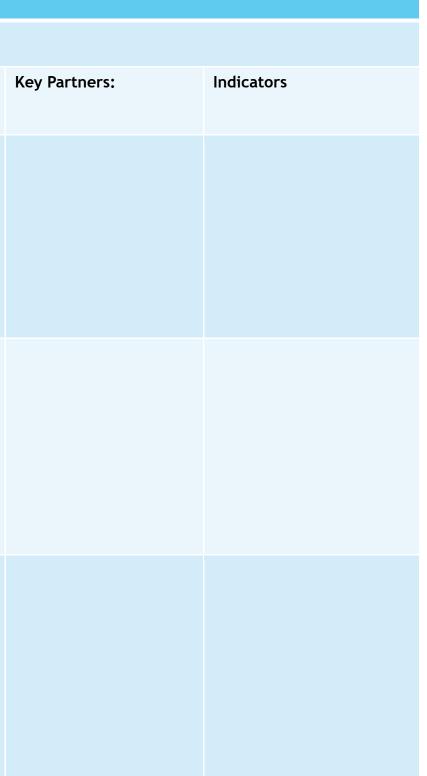
Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What role does linking services play in addressing health equity in Miami-Dade County?							
What/how does education play a role in health equity in Miami- Dade County?							
What/how does community involvement play a role in health equity in Miami- Dade County?							
What/how does affordable housing play a role in health equity in Miami- Dade County?							



Strategic Issue Area: Chronic Disease

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties
What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?					
What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?					
What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?					





Strategic Issue Area: Immunizations

Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergent threats be addressed to have an impact on immunizations in MDC?							
What/how can higher vaccination rates be maintained to have an impact on immunizations in MDC?							
What/how can higher vaccination rates be improved for the older adult population to impact immunizations in MDC?							

ng			



Strategic Issue Area: Behavioral Health

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties
What/how can social health be addressed in Miami-Dade County?					
What/how can mental health be addressed in Miami- Dade County?					
What/how can the opioid epidemic be addressed in Miami- Dade County?					
What/how can cognitive disorders be addressed in Miami-Dade County?					
How can ACE's impact maternal/child health in Miami-Dade County?					

Key Partners:	Indicators



Strategic Issue Area: Healthy Weight/Physical Activity/Nutrition

Casle

Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can Transportation be addressed in Miami- Dade County?							
What/how can the built environment be addressed in Miami- Dade County?							
What/how can access to health food be addressed in Miami-Dade County?							



Strategic Issue Area: Maternal Child Health

Goal:

Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how does low birth weight play a role in maternal child health in Miami-Dade County?							
What/how can infant mortality be addressed to have an impact on maternal child health in Miami- Dade County?							
What/how can black infant mortality be addressed to have an impact on maternal child health in Miami- Dade County?							
How can ACE's impact maternal/child health in Miami-Dade County?							
How do grandparents impact maternal/child health in Miami-Dade County?							



Strategic Issue Area: Access to Care

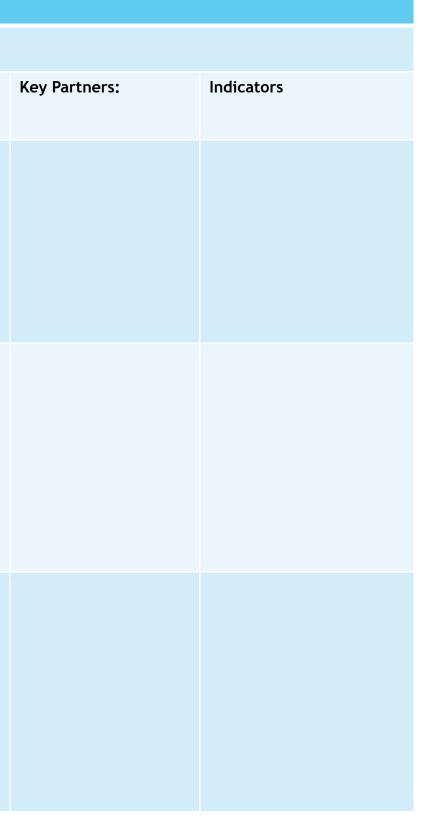
Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can evaluating services be addressed to have an impact on access to care in MDC?							
What/how can research/innovations be addressed to have an impact on access to care in MDC?							
What/how can lack of coordination with health care providers be addressed to have an impact on access to care in MDC?							
What/how can the lack immigration and policy change be addressed to have an impact on access to care in MDC?							



Strategic Issue Area: STD Communicable Diseases/Emerging Threats

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties
What/how can STD be addressed in Miami-Dade County?					
What/how can HIV/AIDS be addressed in Miami-Dade County?					
What/how can emergent threats be addressed in Miami-Dade County?					

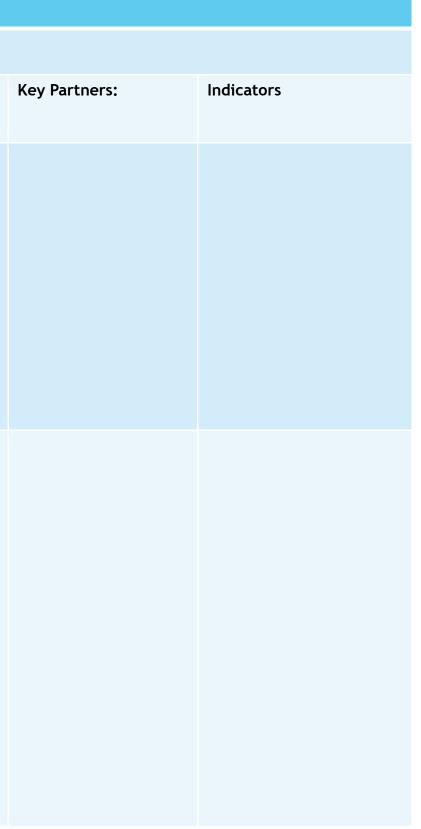




Strategic Issue Area: Community Concerns

Goal:

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties
What/how can emergency preparedness be addressed in Miami-Dade County?					
What/how can economic prosperity be addressed in Miami-Dade County?					





Strategic Issue Area: Injury/Safety/Violence

Goal:							
Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can drowning be addressed in Miami-Dade County?							
What/how can neighborhood safety be addressed in Miami-Dade County?							
What/how can gun violence be addressed in Miami-Dade County?							



Strategic Issue Area: Access to Care

Goal: For all Miami-Dade residents have access to affordable, quality health care.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can evaluating services be addressed to have an impact on access to care in MDC?	 Work and time may interfere with seeing doctors - office hours Flexibility Physicians/ office staff Residents Insurance providers Underserved community 	 GIS Mapping Having a health equity or health educator component during care Community health workers Health literacy – acuity, utilization, understanding an insurance product Communication is needed between employers transportation Awareness transportation and education Educating the clinic Educating the client. 	 Community Health Workers Wrap around SVC 	-underserved communities -target and train the providers (doctors, residents, staff) and consumers	 Providers Insurance companies 	- larger health organizations (Jackson, Baptist, etc.) -Funders (Medicaid, Medicare, Insurance Companies) Insurance companies Department of health Recipients and practice staff	 GIS Mapping Track visits to emergency room for non- emergency visits. Tracking on pcp visits and following up to specialist Insurance companies can identify what is going on. They can partner with department of health to provide data – through GIS mapping of clinics, hospitals, and urgent care.



What/how can research/innovations be addressed to have an impact on access to care in MDC?	 Expand access to care and nontraditional hours through telehealth expansion Multilingual options 	 Access to technology divide and trust Cost is a barrier Insurance coverage Billing Language may not be available Using PSA on Multilanguage platforms Removing barriers of CHW from being mobile 	 Mobile health clinics Community health fairs Utilizing Community health workers (with mobile devices) Hospitals are utilizing coupon codes on certain services Nurse home visiting 	 Rural Elderly Those with Chronic conditions 	 Insurance companies (Medicaid, Medicare) Employers Schools 	-payers – insurance companies - telecom companies - health systems (doctors) - health council of Florida University research centers	 Increase utilizations of telehealth Increase health outcomes Looking into non- emergency emergency calls
What/how can lack of coordination with health care providers be addressed to have an impact on access to care in MDC?	 Increase the participation of doctors in non-traditional health services Increase areas of where the providers are (locations)- Target areas of critical needs ACN 	 Incentivized doctors to work longer hours so maybe nurse practioners, PAs Expanding capacities through other licensures available that can work other hours. Integrating clinics with lawyers Non-traditional medical care Social services Volunteers, health literacy coaches a navigator 	 Urgent care Minute clinic Health fairs Free clinic associations Community partners All CBOs 	- Everyone	 Health care providers Health insurance companies Government funders 	payers – insurance companies - telecom companies - health systems (doctors) - health council of Florida University research centers	 - research surveys - Create a tdol



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Strategic Issue Area: Behavioral Health

Goal: To Improve and educate all md county residence have understanding and linkage on treatment and access to substance abuse mental health services and behavior health. - able to identify the right resources and stigma

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can social health be addressed in Miami-Dade County?	Integration of agency to provide education to the person they serve To bring awareness and the ability to educate To achieve increased opportunities activates, location for residents to connect and socialize Advertisements of all activities of mental health events in the community Increase awareness in communities	Stigma Immigration status Lack of resources Lack of cultural Transportation, timing, culture, diversity 311 is limited to time, hours and access Health care policy limitations Hours limitation Lack of awareness if opportunities for socializing No centralized source of information Not enough information	Agencies are reporting more than before 311 as a central source of help School, public places, libraries, religious institutions, grocery stores and places where food is obtained Movements to better transportation resources- (example: Urban Impact Club)	All residents in MDC Ageing population Youth population has limited Migrants shelters Low income Nonprofit organizations Community centers Elderly people who have recently relocated to the country	Community partners Schools Faith based Community organizations Community health workers Individual communities Politics control	Schools board Elected officials South Florida behavior network Parents Boy and Girls Club YMCA Park & Recreations	Ask how much are they social Social support skills Activities Surveys pre and post Number of perceived soicl connection level of perceived social support Awareness of local resources of socializing
What/how can mental health be addressed in Miami- Dade County?	Increase access to everyone that needs it Promote emotional wellbeing for everyone for all residence in the county A campaign to dis stigmatize what is behavior health Education campaign to self care apart from additional help Ensuring an appropriate network of resources are available for the community to connect Insurance companies offer mental health assessments Reduce stigma To achieve perception of mental health on an equal level as physical health	Partner with other agencies Rebranding for people to get help when they need it Identify the current mental health providers and discuss relevant factors or common factors Identify a plan to impact those points Focus on prevention wellness Re-brand it Communication resources Funds Insurance Educate families on services in the community Rebranding Mental Health- Emotional Wellness Funding	Mental health first aide Children trust fund partnership Community health workers trained South Florida behavior health network Miami Dade parks Governmental agencies taking over wellness – cross colonate to things that are happening. Make mental health care available at more facilities, schools and community agencies Social Media Messages of Mental Health	Homeless Children Elderly Adults People who identify as consuming alcohol, using drugs, homeless, stressful jobs, low income neighborhood. Veterans Everyone	Schools more support Funding entities Judges working with family court Community Health Workers S. Florida of Behavioral Health Miami-Dade Parks	DCF 311 BCSB Community Partner Law Enforcement Children Trust Fund SOFL BH Judges Government Partners State funding Hospitals Medical providers School	Behavior system Law enforcement system get indicators from there Number of youth accessing or receiving services Number of types of resources available Suicide Rates Youth Bx Admissions



What/how can the opioid epidemic be addressed in Miami- Dade County?		No facility that will care for drug addicted person with 2 mental health concerns					
What/how can cognitive disorders be addressed in Miami-Dade County?	To increase knowledge of cognitive disorder among families and communities Early identification Intervention Correct intervention to get correct diagnosis Early screenings Education needed	Streamline access to early steps & remove the physicians Make referrals straight with a doctor. Insurance running out No integrated system to know Fragmented system of care cultural perceptions Language Cultural competent services Literacy/understanding of BH services Early and accurate diagnosis of MH disorder	Language – not enough services for Spanish and creole – no social connection Diversity Behavior health literacy Not knowing where to go for help Silo system of care Medical providers don't want to talk about it – not picking up Hard to get referrals for early steps Liability and insurance Private insurance company are limiting what they are paying for Streamline referral process Educate providers	Community Partners DCF	Improper assessments – short time to provide di	SFLBH	Risk assessment Completion Rates Sustainability Number of incidents. Amount of re admission Assessment tools by are-How is it improving by area Admission from
How can ACE's impact maternal/child health in Miami-Dade County?	The use of ACE's questionnaire. Reduce fear for kids	No screening to PS students When identified, what can be done. No System of care to link children too. Fear of identity. Schools Screening of kids	Understanding the use of the ACE tool	Youth Adults	FDOH Schools Community partners Parents		Suicide rates Linkage to care Re admissions



Strategic Issue Area: Chronic Disease

Goal: Promote healthy health behaviors, provide resources and educational material to the community to improve health outcomes.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can prostate cancer be addressed to have an impact on chronic disease in Miami-Dade County?	To lower prostate cancer rates in Miami-Dade County by: Monitoring the rates of prostate cancer	 Strategies: Incentives from insurance companies Wellness programs Advertise the disease more and include symptoms HPV vaccine among males Include screening in annual check-up and make it mandatory Advertise heavily during prostate cancer awareness month (September) Get a nationally recognized spokesperson for the Prostate cancer campaign Barrier: More research screening is not mandatory 	 Proposing an age where men should be screened 	Males over the age of 35 and their families	 Centers for Disease Control and Prevention Health Department American Cancer Society Employers Medical Doctors Health insurance companies Alliance for Aging Federally Qualified Health Centers 	 Centers for Disease Control and Prevention Health Department American Cancer Society Employers Medical Doctors Health insurance companies Alliance for Aging Federally Qualified Health Centers 	Number of males who utilize the services available to them. Rate by County, Race, and zip code.
What/how can heart disease be addressed to have an impact on chronic disease in Miami-Dade County?	To lower heart disease rates in Miami-Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, decrease smoking and stress	 Strategies: Go to Physician once a year for annual checkup Improve the built environment to promote outdoor activities Restaurants must provide calorie information on menu Biometrics testing Increase health screenings Decrease the marketing of unhealthy food options and health behaviors Barrier: Nutrition education Access to affordable healthcare The cost of 	 AHEC smoking cessation classes Employee Biometric screenings Employee Wellness programs 	Everyone	 American Heart Association Tobacco Free Florida Government (Policy) Gyms Nutritionists American Academy for Nutrition and Dietetics Nurses Association 	 Centers for Disease Control and Prevention Health Department American Cancer Society Employers Medical Doctors Health insurance companies Alliance for Aging Federally Qualified Health Centers 	Obesity Rates Diabetes Rates



		healthy food and gym memberships					
What/how can stroke be addressed to have an impact on chronic disease in Miami-Dade County?	To lower stroke rates in Miami- Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, decrease smoking and stress	Strategies: - Go to Physician once a year for annual checkup - Improve the built environment to promote outdoor activities - Restaurants must provide calorie information on menu - Biometrics testing - Increase health screenings - Decrease the marketing of unhealthy food options and health behaviors Barrier: - Nutrition education - Access to affordable healthcare The cost of healthy food and gym memberships	 Signs of Stroke campaign (FAST) AHEC smoking cessation classes Employee Biometric screenings Employee Wellness programs 	Everyone	 American Heart Association National Stroke Association Tobacco Free Florida Government (Policy) Gyms Nutritionists American Academy for Nutrition and Dietetics Nurses Association 	 First Responders CDC DOH Cancer Society American Cancer Society Employers, Medical Doctors Federally Qualified Health Centers 	 Stroke Rates High Blood Pressure Rates
What/how can mental health/stress be addressed in Miami-Dade	To reduce the amount of stress and mental health concerns in Miami-Dade County by: Promoting healthy behavioral changes, improving sleeping habits, Promote the benefits of improving eating habits and physical activity, and decrease smoking	Strategies: - Promoting the benefits of sleep and the quality of sleep - Improve built environment and open spaces - Develop wellness programs in schools and places of employment Working from home Barrier: - - Work environment (breaks, windows, screen time) Socioeconomic difficulties - Stress	 Employee wellness programs Counseling in schools and work places 	Everyone	 Government (Policy) Schools (early education through High School) private sector public sector 	Employers and Schools	 How many people report having mental health issues How many people report being stressed due to their work environment or socioeconomic standing Are there affordable resources available to those who need it



Strategic Issue Area: Community Concerns

Goal: Develop a collaborative, well-coordinated response to keep the community informed during an emergency. To alleviate cost burdens by creating initiatives and programs that can improve socioeconomic status.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can emergency preparedness be addressed in Miami-Dade County?	To conduct a gap analysis to identify those who are not registered and potential EAP eligible individuals Educating the community on who to call and where to go in the case of an emergency.	Strategies: - Increase the amount of staff, volunteers, and able bodies to assist during an emergency in 5-year increments - Increase the amount of people who are registered for EAP (pre-register) - Collaborate with Vidas - Establish MOUs with Medical companies - Improving registration forms for those who are registering - Host SpNS trainings for community members - Promoting services to the community Barriers: - - lack of staffing in SpNS due to lack of licensing	 EAP Training offered by DOH DART System VOAD 	Those who are in the gap Those with special needs or a disability	- United Way - DOH	 Schools, United Way Office of Emergency Management Private partners Non-profit organizations Universities Hospitals 	Number of people registered in EAP Number of able-bodied volunteers # of spaces and partners who are willing to assist
What/how can economic prosperity be addressed in Miami-Dade County?	Improve the economic standing of those in the community by increasing jobs in Miami-Dade County	Strategies: - Offer more educational resources - Improve benefits for part-time workers - Affordable childcare and healthcare - Create new jobs - Rent/mortgage control - Increase minimum wage Affordable housing - Provide financial literacy coaching - Better city planning - Better promotion of social and health services	 Financial coaching Programs that assist people with finding affordable housing and assist with moving cost 	All residents in Miami-Dade County	 Miami-Dade County Miami-Dade County Municipalities Business Owners Housing Associations United Way ACCESS Florida System 	 Miami-Dade County Miami-Dade County Municipalities United Way Florida Kidcare & CHIP 	 Tracking Brain Drain (WHO) How many people report leaving a place of employment due to poor wages but meeting educational requirement Tracking median wages in Miami-Dade County



 Affordable health insurance Incentives for business owners Using 211 directory 			
 Barriers: Lack of education Working outside of your community Lack of efficient transportation in Miami-Dade County Multiple jobs Cost of living increasing Toll cost Ensuring that the businesses that are placed in the community will allow municipalities to break even when it comes to cost, Cost of education 			



Strategic Issue Area: Health Equity

Goal: To provide resources for all persons in Miami-Dade. To identify groups in each cluster by age, race, etc. to identify patterns in linkage to care.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What role does linking services play in addressing health equity in Miami-Dade County?	 To increase access to services by linkage Current – WIC/SNAP, UF IPAS Extension, Family nutrition program Barrier – transportation technology, language/education. 	 Increase social media presence Electronic ads online for healthy, In non-traditional settings outreach (library) GIS Mapping – utilizing that to know there is a park nearby or provider etc. More info available online Going into barbershops – nontraditional settings for people who are unable to learn from online but through the word of mouth Community health workers in many areas Increase CHW trainings and locations where available Legislations supporting community health workers to increase- trainings Having the community to be more involve – reaching out to residents 	 Consortium/gathering stakeholders/healthy Miami-Dade/ alliance for aging/ TCT / Children Trust / MDCPS Universities school resources 	 Look at zip codes – census data – maybe through surveys Undocumented immigrants – homestead areas – by geographic area More grandeur level analysis (census tract) 	 Faith base populations Groups that are trusted Local officials Local government staff School board administrations/districts – teachers Hospitals – not for profit 	 Local officials Community residents Community champions Blending funding School administration Local government staff Hospitals (limited funding) School district School board members Elected officials 	 Essential services 7 Linkage to care 2.11 alliance metrics Continuous monitoring Accountability? Tracking



		 Faith base populations – looking for ways to engage them Funders at the table – to aid local municipalities to help impact the community Data sharing (getting data from partners) Asking the right questions Review current survey tool Looking for new ways to engage faith based groups Get community involved in outreach Language barriers Understand the system Health literacy Language justice 					
What/how does education play a role in health equity in Miami-Dade County?	Education is critical in being aware – prevention - Timing of education – sooner than later - learning in school – teaching healthy behaviors at an early age - Use data for outreach strategic (to target areas in most need) - Health behaviors are taught at early age – prevention - Communicate recommendations for healthy behavior/ early intervention.	 Schools teach youths on healthy eating, behaviors etc. Addressing issues on a higher level then local level when it comes tot food in school teaching youth how to eat proper food Optimize resources Share curriculum (UF/ Universities) Housing authority Go to where people are Build trust Smaller groups Cultural competency Reach out to parents/ educate parents Need to optimize on resources and share rather than testing. 	 Peer programs in schools Reach out to the community HIP Program for high school (ex. Sexual health) Find people where they are at. 	 Reaching out to housing communities Housing authority School-aged children 	 University – UF Schools Habitat for humanity Missing construction workers Barber shops Community champions (liaisons) to deliver the work CHWS 	 faith base Community organizations Miami Dade employers barber shops – not only low income or other need to focus on all restaurants/ hospitality employees small businesses construction workers Employers Faith bases Government based employees State agencies Top 50 employers 	 Increase tracking # of people – need to go beyond Utilization rate Monitoring/ prevention services



						 Entrepreneurs Contractors Possible Miami- Dade employers Churches 	
What/how does community involvement play a role in health equity in Miami-Dade County?	 Empowering the community to make a change Targeted outreach in key areas by community 	 Identify community champions / key partners 	 Health fairs Farm shares sharing Screening Not many events Community health workers High school students (community hours) 	 High school students Looking at cluster areas Geographic areas population specific 	 YMCA UF/ IFAS extensions (SWAT club example) United Way Urban Health Partnerships 	 Corner stores Places where most gather High school students Beauty salons 	



What/how does affordable housing play a role in health equity in Miami-Dade County?	 Raising awareness on programs Connect residences to affordable home programs and services Making sure people have a secured place to live 	 Discussion with shelters Home sharing Flooding shelters Maintenance – raising awareness about utility services – ex, fund deposit Educating home owners on safety, money management, and disaster populations. flooding areas Rent control Insurance Healthy housing Work with mothers and children Landlords Remodel facility Policies 	-		 Developers Government/ Elected officials Non-profit Housing Authority 	 Government Hud housing 	 Looking at the definition of affordable housing Housing and transportation index Homelessness data Look at specific populations Housing insecurities/ security – month to month
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Strategic Issue Area: Healthy Weight/Physical Activity/Nutrition

Goal: Improve wellness through healthy nutrition and physical activity (measurement outcomes via survey of weight, health status indicators such as BP and cholesterol, nutrition and exercise journals)

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can Transportation be addressed in Miami- Dade County?	Improve transportation to allow for multimodal forms of transport and improved access	-Shade/cover for bus stops -shade trees -Subsidies, allowances, incentives, and lowered payroll taxes for using public transport -Address perceived safety concerns and make active transport (walking, biking, etc) a pleasant and safe experience (lower heat of active transport as well) -Transport options for businesses such as trolleys and shuttles so employees don't have to drive -Bike lanes with definitive barriers between them and the road -Re-construct roads to make them safer for pedestrians -increase tri-rail routes and bus stops. Have small vans and trolleys between larger routes -connect cities and arcas within the County -Advocate for buy-in from officials -Raise awareness for transportation and programs such as carpooling -Improve, support, and create apps that allow users to better connect to, understand, and view transport options in real time -Conduct county-wide transport assessment (what assets are near to transport and how does it impact it) -More bus lanes -Identify funding for these strategy	-Current incentives for carpool (tax deductions for commuters riding together) -10 municipalities have adopted Active Miami	County Residents	DOH DOT City of Miami Miami-Dade County Local Municipalities DOE	Same as Resp. Parties	Percentage of people who have access to public transport compared to the percentage of ridership
What/how can the built environment be addressed in Miami- Dade County?	Increase public access to areas that support nutrition and activity	-Increase transition of urban spaces to green spaces -Roof gardens -Increase the % of municipalities that adopt and implement Active	-Underline and building trails -City of Miami Beach Incentivizes government employees to be active and take part in exercise courses -Parks 305 web system – proximity	County Residents- addressed in different ways according to needs Underserved Populations	Parks and Rec Municipalities Community Partners City/County Government Elected Officials	County DOT Large Employers Insurance Companies FL Dept of Agriculture Miami Center for Arch. And	-Percent of tree coverage -Increase in tree canopy -Increase in shade trees -Increase the number of destinations for walking and



		Design Miami Complete Streets -Community Gardens -Converting brownfields to green fields -Expand blue light safety systems -extend incentives (what Miami Beach is doing) to residents -Inscrease number of and access to public parks (with exercise equipment) -Build housing near parks/parks near housing -Educating our youth -Encourage families to be active outside -More bike lanes walking paths green spaces -Inclusive planning for new spaces -Increase number of tennis and basketball courts -Improve access to shade, rest areas, etc. -Mixed use: markets, stores, offices, parks, trees, good sidewalks in walking paths and bike lanes with walking paths and green space -Increased safe walking paths and bike lanes with walking paths and green space -Increased safe walking paths and bike lanes with barriers Obstacles: Safe environment, food deserts, access, lack of designated bike lanes, cultural beliefs, ingrained nature of cultural beliefs, long work hours/work culture, small backyards and urban crowding- no space to play and be active, lack of education and lack of access to education and lack of access to education and lack of healthy foods, cers of gyms, trainers, nutrition advice, etc., physical education no longer mandatory in schools over activity, hidden processed additives in foods, transportation barriers such as traffic and poorly managed public transportation, removal of green space	to local parks and what activities are happening in the park -Free activities such as in parks -Million Trees Miami -Smoke Free Housing		Department of Planning Zoning County Commissioners Taskforce City/County/State Parks and Transport	Design Health in the Hood Emergency Response Police Common Threads	bicycling and mixed use of areas so poople can access things in their areas -Utilization of green spaces broken down by zip code -Miles of trails, walking paths, and bicycles -Increase within reasonable walking or riding distance to green space
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What/how can access to health food be addressed in Miami-Dade County?	Increase residents' access to healthy and affordable food options	-Tax incentives for businesses to build grocery stores in low-income communities -Porch gardeners- front use for gardens -Make licenses for street vendors more accessible -Promote nutrition education for healthier food choice -Programs that provide healthy food to food insecure households -Distribution from grocery store food to community -Expand food programs in summer and weekends for children -Partner with local chefs to teach community on cooking healthy meals -Food home delivery -Increasing the number of community gardens Incentives for supermarket chains to operate in underserved neighborhoods -Expand SNAP, EBT, and double points for healthy food -Expand SNAP, EBT, and double points for healthy food -Expand SNAP, EBT, and double points for healthy food -Expand SNAP, EBT, and outle points for healthy food -Expand SNAP, EBT, and double points for healthy food -Expand SNAP, EBT, and for the for community gardens -Increase number of framers markets (at least one at each municipality) -Increase the number of destination for walking and cycling	-Edible school gardens -Urban projects -City of Miami beach: grocery delivery program for eligible low income elderly residents whereby fresh foods are delivered to their home once a month through federal funds	General Miami Dade County	-FL Dept of Agriculture and Consumer Services -FL Cooperative -Department of Food Services - (local and state)Municipalities -Dept of Education	University of FL Common Threads Large Food Retailers: Publix, Winn Dixie, Sedanos, Aldi	-Assessment and surveys for residents of servings of veggies and fruits consumed -Pre- and post-assessment of number of supermarkets within five mile radius of community -Pre and -post assessment of public transit stops to healthy food stores
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Strategic Issue Area: Immunizations

Goal: Increase immunization rates in the county for all populations and age groups.

Guiding	Objectives:	Proposed Strategies	Current Strategies/	Target Population:	Responsible Parties	Key Partners:	Indicators
Questions:		(discuss potential barriers):	Resources:				
What/how can emergent threats be addressed to have an impact on immunizations in MDC?	 Getting information to healthcare providers in a timely manner. 	 Education; using communications; social media, resources; influencers. 	 Providers; universities; social media; schools private and public; 	 People are not being vaccinated and their families; people who are undecided; 	The Department of Health; Immunization Coalition; Commissioners; Providers;	 Universities; DCF; head start; faith- based; schools; 	 Number of advisories; Number of providers;
What/how can higher vaccination rates be maintained to have an impact on immunizations in MDC?	 Increase the number of audits, education, and awareness. Increase number of people who are vaccinated for the HPV vaccine. 	 Targeted campaigns in the community; make sure immunizations are started & completed in children (start early); education; media campaigns; identify funding opportunities; increase access; 	 Pharmaceutical reps-GSK; Universities; private providers; 	 Families and caretakers; 9-26- year-olds; providers; 	Immunization Coalition	• Universities & colleges;	 Number of educational activities related to HPV; Numbers of grants applied for; Amount of funding; Increase in individuals being immunized.
What/how can higher vaccination rates be improved for the older adult population to impact immunizations in MDC?	 Focus on low immunizations-such as shingles & flu Increase the number older adults receiving the flu/pneumonia vaccine. 	Education; work with nursing homes.	Alliance for Aging; community partners;	• 55 and older	Consortium Elder Issues Committee; Immunization Coalition;	The VA; Community Health Centers (Leon); DCF	 Number of older adults receiving flu/pneumonia vaccines.



Strategic Issue Area: Injury/Safety/Violence

Goal: Reduce the rates of injury/violence among residents in in MDC; increase awareness among residents of MDC; Increase number of policies;

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can drowning be addressed in Miami-Dade County?	 To reduce the number of drowning incidents and drowning fatalities in MDC; Increase access for educating children in pool safety; Increase access to swimming lessons; Increase affordable water safety lessons for all residents of MDC; Increase water safety awareness; 	 To conduct mapping/assessment of available resources/services for promoting water safety and reducing drowning in the county; To increase the number of affordable, available classes/education on water safety/swimming safety the municipal and classroom level. Swimming lessons; Enforcing use of pool barriers; school-age education; provide water safety training to licensed daycares/camps & require during county inspections; CPR education; Kindergarten swimming program; provide affordable programs; Provide knowledgeable/trained lifeguards on duty at all city municipality pools; Increase availability of hours for classes; make it mandatory for students; Increase surveillance; map drownings by areas, age, and other socioeconomic determinants; Require water safety classes for all staff at pools and other "blue areas"-beaches, lakes, etc.; revised 	 Current laws in place on having a fence or raised ladder at home swimming pools; Available education and classes for parents and children on water safety; Pool inspections of municipal facilities; 	• Parents; children;	County; Parks and Rec; Parents;	 United way; Children's Trust; Legislators- helping with public school regulation; 	 Decreased rates of drowning in MDC; Increased knowledge of water safety among residents; Increased number of services for drowning prevention; Increased number of CPR classes; Track # of classes & services offered;



		regulations; survey available resources around the county; • CPR courses in high school to graduate.					
What/how can neighborhood safety be addressed in Miami-Dade County?	 Make all neighborhoods and communities safe for all residents and visitors of MDC; Reduce crashes in MDC; Reducing injury and violence in neighborhoods- accidental injuries; Increase the sense of safety for residents; Increase lighting in communities; 	 Educate public about using safe street measures/infrastructure; Increase law enforcement in traffic and for pedestrian violations; Lower speed limit in residential areas; Announce crime rates/injuries through signage; Change amount of time to cross streets; Empower neighbors to help each other; Neighborhood organizations to watch for crimes; Increase the number of safety features-bicycle lanes, flashing pedestrian lights; Barriers: funding; "Not in My Backyard" for sidewalks, other pedestrian infrastructure; Increase neighborhood lighting; 	 Safe bike lanes with barriers; Increased lighting; Increased resources for domestic violence & child abuse; City of Miami and Coral Gables are rolling out lower posted speed limits in some neighborhoods; Walk Safe; Bike Safe; Safe Routes to School; Walking School bus (West Kendall); Look at specific safety issues in certain areas of the county, identify areas of need; 	 All MDC residents Identify all at-risk populations Near senior housing and schools; 	 BikeSafe; WalkSafe Programs; Walking School Bus; Safe Routes to School; 	 Urban Development, Zoning, TPO, Health Department, FDOT; Crime Watch; School Officials; Department of Planning & Zoning; Police Department; Agencies that provide security services; 	 Reduced number of accidents; Increase neighborhood safety; Number of dollars spent devoted to pedestrian/motor safety; Number of schools in which children receive WalkSafe; Policies reviewed; Number of cities that adopted Complete Streets guidelines; Counting the results per city and evaluate available resources and which initiatives worked;
What/how can gun violence be addressed in Miami-Dade County?	 Increase the number of policies addressing injury and violence in MDC; Reduce the incidence of injury/violence among residents of MDC (intentional & unintentional); Increase awareness & provide resources injury/violence/safety related issues; 	 Promote gun safety programs; Focus on gun safety; Teach children gun safety too; Partner with Together for Children; Regulate video games/age restrictions on video games; Additional penalties on gun owners in case of unintentional injury; 	 Neighborhood Enhancement Team (NET) Offices in City of Miami; Together for Children; 	All residents of MDC	 Police department; Legislature; DOH; Department of Agriculture & Consumer Services 	 Legislators; Elected officials; Community leaders; Gun show companies; Community Action Groups Local governments who license gun shows; 	 Number of hospital visits due to gun injury; Number of permits issued; Number of gun buy-backs; Number of gun shows; Arrests for gun related violence;



 Reduce the numb gun incidents-incl injuries and death Promote gun cont Increase neighbor surveillance; Increase the numl gun buy-backs; Increase gun educ and gun safety- including gun loc boxes and safety features; Assess mental hei and increase scree before gun owner Increase the age; waiting period be getting a gun; Reduce the numb unlicensed owner guns; Identify risk facto influencing injury Increase waiting p 	cluding state and federal rules; hs; Don't license gun shows in the county; whood Contact legislature; Reduced access to guns-screenings, waiting period; where it is kept; Gun fire detectors; ck Greater restrictions on concealed weapons permits; talth Penalize gun manufacturers; rship; Incentives gun owners to take gun safety efore classes; ber of rs of ors y rates;				 Police Department; Schools; Parents; Gun retailers; 		
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Strategic Issue Area: Maternal Child Health

Goal: Improve access to and quality of care related to maternal and child health in order to improve morbidity and mortality outcomes.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how does low birth weight play a role in maternal child health in Miami-Dade County?	-Improve the health of women of child bearing age (especially those at an unhealthy weight) -Reduce length of NICU stays for newborns -Reduce economic burden and disparities brought on by social determinants of health -Reduce minorities that don't carry full term	-health screenings at GYN or primary care visits for all women of child bearing age -Identify risk factors with screening tool -Screen mothers for risk -Improve mothers' health -offer counseling -increase breast feeding -incorporate stress relief for parents -reduction infant mortality	-Healthy Start screenings (not pre- conception) -WIC -check-ins with OBGYN at annual screenings -Health fairs through county -Vitamins and nutrition supplements in foods -Social media campaigns -No copays at well-woman visits	Women of Child Bearing Age	Providers State and Local Policy Makers ACOG Insurance Companies	WIC Healthy Start Case Managers Early Start Medicaid and Insurance	-Low birth weight rate -Re-admission rate -Hospital stay length for births -How early mother begins pre- natal care -Maternal morbidity and mortality -Prenatal entry into care -Increased number of women getting well-women visits
What/how can infant mortality be addressed to have an impact on maternal child health in Miami- Dade County?	Improve maternal self-efficacy -Ensure pregnancy is a right of parents and not a money making endeavor for healthcare institutions -Improve safe housing -Increase education on safe sleeping -Increase education access -Increase education access -Increase equitable spread of wealth -Mode of delivery assessment -Assess mothers for risk -Quality and access to care and education -Safe housing and safe sleep	-Educate on safe sleep practices -Peer educators -Social media groups of mothers -Making a plan and building a support system -Partner and provider training -Texts for parents of babies	-Support groups -Campaign: Kick Count -Outrach events -Meet with partners and providers -Training for those with children 0- 5	Pregnant women and partners	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-pre and post surveys -infant mortality weights -include questions in the community wellbeing survey



What/how can black infant mortality be addressed to have an impact on maternal child health in Miami- Dade County?	Improve maternal self-efficacy	-educate on safe sleep practices -peer educators -social media groups of mothers -making a plan and building a support system -partner and provider training -texts for babies	-support groups -campaign: Kick Count -outreach events -meet with partners and providers -training for those with children 0-5	Non-hispanic black pregnant women	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-WIC -Metro Mommy -Childbirth Educators -Doctors and Nurses -DOH Healthy Baby Taskforce	-pre and post surveys -infant mortality weights -include questions in the community wellbeing survey
How can ACE's impact maternal/child health in Miami-Dade County?	(group did not reach this question)						
How do grandparents impact maternal/child health in Miami-Dade County?	(group did not reach this question)						



Strategic Issue Area: STD Communicable Diseases/Emerging Threats

Goal: decrease the number of STD/HIV cases, reduce overall rate of MDC. Improve sexual health and wellness. Reduce the incidence of STD/HIV.

Guiding Questions:	Objectives:	Proposed Strategies (discuss potential barriers):	Current Strategies/ Resources:	Target Population:	Responsible Parties	Key Partners:	Indicators
What/how can STD be addressed in Miami-Dade County?	Creating awareness Reduce the number of cases (all) Educating and increasing knowledge of population prevention	Increase the number of dental dams. More ads, campaigns, and commercials social media Provider education (behavioral and medical to everyone interacting with patient)) Collaboration with partners Higher condom distribution Offering more screening (clinics and mobile) Address the stigma Address the myths Education among elder individuals and assisted living facilities (barrier because this is currently not allowed to speak in elder nursing homes)	Mobile testing and linkage to care Several community partners offer testing in several sites (schools and common centers) Promote safe sex education in schools (middle and high) IDEA exchange and on-site testing	Elders and assisted living facilities Pregnant women Middle school and high school Hispanic and African American men Everyone sexually active (this also has to be defined) Homeless individuals Prisoners LGBTQ community	PCP's (more treatment) FQHC's Community Coalitions Related task forces MDCPS	Federal, State and Local governments DOH – STD/HIV Colleges and universities Businesses who would like to partner Business Response to Aids (STDS)-STD Media Company (help with campaigns) IDEA Exchange LGBTQ organizations	Number of educators and sessions Number of dental dams Amount of initiatives and
What/how can HIV/AIDS be addressed in Miami-Dade County?	Lower the rates in MDC (not #1) but it's important to remember that many cases	Increased testing!!! This leads to all possible services Increase the number of PrEP sessions among women of color and LGBTQ community Increased education! Increased education! Increase the number of PrEP and PAP providersDOH currently the lead for this. Find more parteners/agencies who can elicit partners Barrier: immigration policy	Mobile testing and linkage to care Several community partners offer testing in several sites (schools and common centers) Promote safe sex education in schools (middle and high) IDEA exchange and on-site testing Condoms Rapid test and treat (within 24hrs) PFEP which helps prevention HIV testing (unless opt out)	Elderly Homeless Drug users MSM Pregnant women Non-documented	Contracted providers HIV taskforce	Partners for testing and condom distribution LGBTQ organizations	Create a difference in indicator for cases that are new acquired in MDC or new, but brought in. Number of persons tested (by race and ethnicity) Number of incidence reduced # Places where condoms are distributed
What/how can emergent threats be addressed in Miami-Dade County?	E Identifying a plan/process for potential threats (CDC often has) Developing a safety plan from indiv., community and County (comprehensive) perspectives	Identifying and reevaluating current plans (updating based on current status and time and by threat) Evaluate from previous times and see how it can be improved. Barriers: lack of sharing of information between	Trending/ collect data/ monitoring Respond to notifications Investigations for outbreaks Currently have some plans in place Media advisories/press releases for County	Visitors/tourism Residents/local indivs. Low-income zip-codes Beach area and downtown (hurricane)	Police/First responders (treat) Medical responders/hospitals (treat) Municipalities CDC (information and guide) DOH (information)	Chamber of Commerce (Tourism) DOH (all aspects) Public Information Officers Media Stations	Timeliness (as needed per threat) Amount of illness/casualties caused Amount of treated during the incident Amount not resolved among the ill



organizations (data-sylos), lack of county-wide plan (too much duplication)			
Review/Hot-wash of the event to see the necessities for next time			