Miami-Dade County

Community Health Improvement Plan April 2019 - December 2024



Prepared by the Florida Department of Health Office of Community Health and Planning <u>Miamidade.floridahealth.gov</u>



Table of Contents

| Executive Summary | <u>3</u> |
|---|-----------|
| CHIP 2019-2024 | <u>4</u> |
| Associated Committees & Committee Meeting Dates | <u>6</u> |
| The Role of Public Health | <u>10</u> |
| Community Health Improvement Plan | <u>10</u> |
| Strategic Priority 1: Health Equity | <u>14</u> |
| Strategic Priority 2: Access to Care | <u>20</u> |
| Strategic Priority 3: Chronic Disease | <u>31</u> |
| Strategic Priority 4: Maternal Child Health | <u>39</u> |
| Strategic Priority 5: Injury, Safety, and Violence | <u>45</u> |
| Strategic Priority 6: Communicable Diseases/Emergent Threat | <u>52</u> |
| Summary | <u>57</u> |
| Appendix I: CHIP Alignment with the Healthy People 2020 and State Health Improvement Plan | <u>58</u> |
| Appendix II: CHIP Alignment with the Healthy People 2030 and State Health Improvement Plan | <u>70</u> |
| Appendix III: 2021 Virtual Community Health Improvement Plan Meeting Report | <u>85</u> |

Executive Summary

The Department of Health in Miami-Dade embarked on a new cycle of community health planning in preparation for its new Community Health Improvement Plan. To develop our plan, the full Mobilizing for Action Through Planning and Partnership (MAPP) process was utilized. This is the third cycle using the MAPP model. MAPP is a community-driven process used for improving community health. Through this process, communities can seek to achieve optimal health by identifying and using their resources wisely. The process consists of four community health assessments: Local Public Health System Assessment (LPHSA), Forces of Change Assessment (FCA), Community Themes and Strengths Assessment (CTSA), and the Community Health Status Assessment (CHA).

The four assessments examine issues such as risk factors for disease, illness, mortality, socioeconomic factors, environmental conditions, inequities in health, and overall quality of life. Using these assessments can help the community identify and prioritize health problems, facilitate planning, and determine actions to address issues identified.

The LPHSA examines how well the 10 Essential Services of Public Health are implemented within the county. The 10 Essential Services of Public Health are explained in detail further in the document. The local public health system was evaluated and ranked by the community based on perceived performance. Universal themes of discussion across all functions and standards that were identified. An optimal level of performance is the level to which all local public health systems should aspire. Miami-Dade County's public health system ranked as Significant Activity in overall performance.

The second assessment conducted was the Forces of Change Assessment. The purpose of this assessment was to identify the trends, factors, and events that are likely to influence community health and quality of life, as well as the work of the local public health system in Miami-Dade County.

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

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

The four assessments give a complete view of health and quality of life in Miami-Dade County and guide the development of the Community Health Improvement Plan. The specific strategic priority areas for the CHIP include-health equity, access to care, chronic disease, maternal-child health, injury, safety and violence, and Communicable Diseases/Emergent Threats. Each of these priority areas will be detailed in the CHIP with supporting goals, strategies and objectives, collaborative agencies, and the identified social determent of health priority area.

The next upcoming MAPP Cycle will evolve from six phases to three phases. This cycle will build on the MAPP foundation principles especially related to community power and health equity. This process will be using a health equity lens and going beyond the social determinants of health while looking at the root causes and health inequities that exists in our community. The new MAPP revisions will help to maintain the need for data and information from various perspectives including both qualitative and quantitative data. This updated process will also add a greater emphasis on understanding health inequities. The assessment phase will also be more ongoing to ensure a more accurate picture of the community and more timely and responsive action. In the next MAPP process in 2023, this new framework will be implemented.

CHIP 2019-2024

The Florida Department of Health in Miami-Dade County is proud to share the CHIP 2019-2024 (Revised). The CHIP has been modified as noted below to ensure all objectives have been written using the SMART framework. Additionally, each strategic priority area now includes a list of policies and programs that are being implemented within the community to help advance the strategies and better meet the needs of the community. The "CHIP Strategic Priorities Area" section of the CHIP has been revised to highlight the process used during the community meeting that allowed participants to share their feedback and help with identifying priority populations, potential barriers and disparities that may be present, and give attendees the ability to offer possible strategies.

Other revisions to the CHIP include the addition of all meetings that were held in support of reaching the development of the CHIP and Community Health Assessment.

CHIP 2019-2024 Revisions

The following revisions were included in the March 30th, 2022 submission.

Updated the table that includes the CHIP 2019-2024 SMART Objective Revisions. This table highlights revised objectives to ensure SMART Objective compliance (Pg. 5).

Updated the table that includes the Florida Department of Health in Miami-Dade County CHIP Monitoring & Evaluation Committee Meeting members (Pg. 6).

Updated the table with the Florida Department of Health in Miami-Dade County CHIP Monitoring & Evaluation Committee Meeting dates ($\underline{Pg. 7}$).

Updated the tables with the Florida Department of Health in Miami-Dade County MAPP Steering Committee Meeting members and dates (<u>Pg. 7</u>).

Updated the table with the Florida Department of Health in Miami-Dade County Performance Management Council Meeting dates (<u>Pg. 8</u>).

Updated the table with the Consortium for a Healthier Miami-Dade Executive Board Meeting members (Pg. 8).

Updated the table with the Consortium for a Healthier Miami-Dade Executive Board Meeting dates (Pg. 9).

Appendix II was created to share the Healthy People 2030 and State Health Improvement Plan alignment with the Miami-Dade County Health Improvement Plan 2019-2024. (Pg. <u>83</u>)

| CHIP 2019-2024 SMART Objective Revisions | | | | |
|---|-----------|-----------|-----------|----------------|
| The following objectives were modified to ensure compliance as a SMART Objective: | | | | ART Objective: |
| HE 3.5.1 | AC 1.2.1 | AC 2.1.2 | AC 4.1.4 | AC 5.2.2 |
| AC 5.4.2 | AC 6.1.2 | AC 6.3.1 | CD 1.2.1 | CD 1.2.2 |
| MCH 1.2.3 | ISV 1.2.1 | ISV 1.2.2 | ISV 1.2.3 | ISV 1.4.3 |
| CDET 1.5.1 | | | | |

The following committees contributed to the development of the 2019-2024 Community Health Improvement Plan (CHIP): the CHIP Monitoring and Evaluation Committee, the MAPP Steering Committee, the Florida Department of Health in Miami-Dade Performance Management Council, and the Consortium for a Healthier Miami-Dade Executive Board.

| CHIP Meeting & | Evaluation Committee Members |
|-----------------------|---------------------------------------|
| Name | Department |
| Lenise Banwarie | Preventative Services |
| Denisse Barrera | Preventative Services |
| Mercedes Batista | Finance |
| Patricia Bustamante | Finance |
| Frantz Fils-Aime | Tuberculosis |
| Mayra Garcia | Office of Community Health & Planning |
| Irima Gonzalez | Public Health Preparedness |
| Cheryl Hardy | STD/HIV |
| Karen Iglesias | Administration |
| Iris Jackson | Clinical Programs |
| Camille Lowe | STD/HIV |
| Rosa Martin | Dental |
| Tamia Medina | Office of Community Health & Planning |
| Christine Oliver | Environmental Health |
| Hilda Ortiz | Administration |
| Paulette Phillipe | STD/HIV |
| Sonia Ruiz | WIC |
| Lydia Sandoval | Immunizations |
| Candice Schottenloher | Office of Community Health & Planning |
| Duncan Sosa | CASS |
| Ingrid Suazo | School Health |
| Valerie Turner | Office of Community Health & Planning |
| Wanda Vargas | IT |
| Yesenia Villalta | Administration |
| Kira Villamizar | STD/HIV |
| Freda Voltaire | CASS |
| Karen Weller | Office of Community Health & Planning |
| Maribel Zayas | Finance |
| Guoyan Zhang | Epidemiology |

| Florida Department of Health in Miami-Dade County CHIP Monitoring & Evaluation Committee Meeting | | |
|---|--|--|
| Dates | | |
| February 27, 2020 | | |
| April 23, 2020 | | |
| July 23, 2020 | | |
| October 22, 2020 | | |
| January 28, 2021 | | |
| April 22, 2021 | | |
| July 22, 2021 | | |
| January 20, 2022 | | |

| MAPP Steering Committee Members | | | | |
|---------------------------------|---|--|--|--|
| Name | Organization | | | |
| Carol Caraballo | South Florida Behavioral Health | | | |
| Martine Charles | Alliance for Aging | | | |
| Tanya Humphrey | Department of Children and Families | | | |
| Nicole Marriott | Health Council of South Florida | | | |
| Tamia Medina | Florida Department of Health in Miami-Dade County | | | |
| Jessica Mulroy | Florida Department of Health in Miami-Dade County | | | |
| Ruby Natale | University of Miami | | | |
| Bryan Pomares | The Children's Trust | | | |
| Maite Schenker | University of Miami | | | |
| Candice Schottenloher | Florida Department of Health in Miami-Dade County | | | |
| Linda Schotthoefer | United Way of Miami-Dade | | | |
| Daria Sims | Florida Department of Health in Miami-Dade County | | | |
| Valerie Turner | Florida Department of Health in Miami-Dade County | | | |
| Karen Weller | Florida Department of Health in Miami-Dade County | | | |
| Guoyan Zhang | Florida Department of Health in Miami-Dade County | | | |

Florida Department of Health in Miami-Dade County MAPP Steering Committee Meeting Dates

| March 9, 2020 |
|--------------------|
| September 17, 2020 |
| December 17, 2020 |
| September 23, 2020 |
| January 27, 2022 |

Florida Department of Health in Miami-Dade County Performance Management Council Meeting Dates

| renormance management council meeting bates |
|---|
| January 26th, 2021 |
| February 23rd, 2021 |
| April 27th, 2021 |
| May 25th, 2021 |
| July 27th, 2021 |
| August 24th, 2021 |
| October 26th, 2021 |
| November 23rd, 2021 |
| January 28, 2022 |
| February 22, 2022 |

Consortium for a Healthier Miami-Dade Executive Board Members

| Name | Committee | Organization | | |
|------------------------|---|---|--|--|
| Bill Amodeo | Tobacco-Free Workgroup | All Star Media Solutions | | |
| Dr. Cristina Brito | Children Issues | West Kendall Baptist | | |
| Nathan Burandt | Worksite Wellness | Florida International University | | |
| Ana Teri Busse-Arvesu | Health Promotion and Disease Prevention | Community Member | | |
| Jeannie Cidel | Worksite Wellness | Aetna | | |
| Marjorie Epstein Aloni | Elder Issues | Tri County Senior Resource Referral Network | | |
| Susan Holtzman | Elder Issues | Miami-Dade County, Office of Mayor | | |
| | | Daniella Levine Cava, Older Adult and | | |
| | | Special Needs Advocate | | |
| Nicole Marriot | At-large | Health Council of South Florida | | |
| Barbara Martinez- | Health and the Built Environment | Dream in Green | | |
| Guerrero | | | | |
| Edwin O'Dell | Marketing and Membership | Community Member | | |
| Leyanne Perez | Health Promotion and Disease Prevention | The American Healthy Weight Alliance | | |
| Candice Schottenloher | At-large | Florida Department Health-Miami-Dade | | |
| Dr. Richard Thurer | Tobacco-Free Workgroup | University of Miami | | |
| Dr. Valerie Turner | At-large | Florida Department Health-Miami-Dade | | |
| Dr. Yesenia Villalta | At-large | Florida Department Health-Miami-Dade | | |
| Ann-Karen Weller | At-large | Florida Department Health-Miami-Dade | | |

| Consortium For a Healthier Miami-Dade | | | | |
|---------------------------------------|-------------------|-------------|--|--|
| Execut | ive Board Meeting | Dates | | |
| 2020 | 2021 | 2022 | | |
| January 13 | January 11 | January 10 | | |
| February 10 | February 8 | February 14 | | |
| March 9 | March 8 | March 14 | | |
| May 11 | April 12 | April 11 | | |
| June 8 | May 10 | | | |
| July 13 | June 14 | | | |
| August 10 | August 9 | | | |
| September 14 | September 13 | | | |
| October 5 | October 4 | | | |
| December 14 | November 8 | | | |
| | December 13 | | | |

The Role of Public Health

In a study conducted in 1988 by the Institute of Medicine and published in a report titled the Future of Public Health, public health is defined as the "fulfillment of society's interest in assuring the conditions in which people can be healthy" (Schneider, 2000). Public health activities are achieved through the formal structure of government and through the collaboration and partnerships with private and voluntary organizations. The core functions of public health stem around three activities. These activities include assessments, policy development, and assurance (Schneider, 2000). The public health system is made up of all public, private and voluntary organizations that contribute to the well-being of a community. This system includes public agencies at all levels, healthcare providers; public safety agencies; human services and charity organizations; education and youth development organizations; recreation and arts related organizations; economic and philanthropic organizations; and environmental agencies and organizations (please refer to figure 1) (Centers for Disease Control and Prevention, 2013).

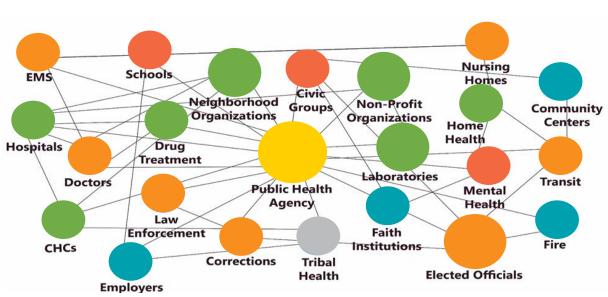


Figure 1: How Essential Public Health Services Engage one Another Image Courtesy of NACCHO

The Community Health Improvement Plan (CHIP)

The CHIP is a five-year plan to improve community health and quality of life in Miami-Dade County. It is a longterm systematic effort to address the public health concerns of the community. The CHIP aligns with national and state public health practices using Healthy People 2020 and the State Health Improvement Plan (SHIP) as a model. The plan identifies high-impact strategic issues and desired health and public health system outcomes to be achieved by the coordinated activities of the partners who provide input. The new CHIP has six strategic priority areas. The CHIP goals, objectives, strategies, and performance indicators are accessible on both our DOH website and the Consortium for a Healthier Miami-Dade website.

www.HealthyMiamiDade.org/resources/community-health-improvement-plan/and Miamidade.floridahealth.gov. Within the past five years, the Miami-Dade County community has worked to implement the CHIP and address key public health concerns. The 2013-2018 Community Health Improvement Plan had five strategic priorities, 19 community health goals, and 96 strategic health indicators. The 2017-2018 CHIP Annual Report is available at <u>Healthymiamidade.org</u>.

The CHIP serves as a framework for continuous health improvement in the local public health system by choosing strategic issue areas. It is not intended to be an exhaustive and static document. Evaluations on progress is ongoing through quarterly reports and discussion with community partners. The CHIP will continue to change and evolve as new information and insight emerge at the local, state and national levels. Miami-Dade County is at a critical juncture in public health as significant health challenges arise and persist such as the opioid crisis, zika virus, HIV epidemic, limited access to care, health and socioeconomic disparities, mental health, as well as the prevalence of obesity, chronic disease, nicotine use, and many others.

The local public health system must continue to join forces with community-based organizations to make a concerted effort to strengthen capacity, advance health equity, and make significant strides to improve, promote and protect health. Through partnerships, public health goals are more likely to be achieved and meaningful changes created that lead to healthier living standards for residents.

CHIP Strategic Priorities

The Community Health Improvement Plan Strategic Priorities were selected based on the cumulative results from the MAPP process. Each of the four main assessments that created this current MAPP process (LPHSA, FCA, CTSA, and CHA) were conducted. Based on the responses obtained from each of those assessments, a total of ten broad strategic priority areas were created. On July 18, 2019, the Florida Department of Health in Miami-Dade County convened a community meeting in which results from the MAPP process were shared and participants were given the opportunity to rank these ten priority areas in the order of importance. Below you will find the top six strategic priority areas.

In working to identify the strategic priorities, the Florida Department of Health in Miami-Dade coordinated with the community and organizational leaders to assist in identifying these priorities. Consideration was given to the social determinants of health and community meeting participants were tasked with providing activities, measures and were asked to identify the barriers that would implement success. The reporting tool that was used during the community identified the strategic priority area as well as areas of discussion for strategic priority.

During the breakout sessions participants had to discuss the target population, partners and barriers to success which included the discussion of the social determinants of health such as education, employment, family and social support, and community safety. The full results from the community meeting including completed charts that highlight the social determinants of health can be found in Appendix 3.

| Strategic Issue Area: Goal: | | | | | | | |
|--------------------------------|-------------|---|--------------------------------------|-----------------------|------------------------|------------------|------------|
| Guiding Questions: | Objectives: | Proposed Strategies (discuss potential barriers): | Current Strategies/ Resources: | Target Population: | Responsible Parties | Key Partners: | Indicators |
| | | | | | | | |

Below, are the top six strategic priority areas that were identified during the July 18, 2019 Community Meeting.

| | Strategic Priorities |
|---------------------|--|
| Strategic | Priority 1: Health Equity |
| Strategic | Priority 2: Access to Care |
| Strategic | Priority 3: Chronic Disease |
| Strategic | Priority 4: Maternal Child Health |
| Strategic | Priority 5: Injury/Safety/Violence |
| Strategic Threat | Priority 6: Communicable Diseases and Emergent |

Strategic Priorities: 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. |
| | Integrate planning and assessment process to maximize partnerships and |
| | expertise of a community in accomplishing its goals. |
| Access to Care | 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 |
| Chronic Disease | transportation, healthy food options and smoke and nicotine-free environments. |
| Chronic Disease | 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. |
| Matarnal Child Health | Reduce maternal and infant morbidity and mortality. |
| Maternal Child Health | 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 Safaty and | Build and revitalize communities so that people have access to safer and |
| Injury, Safety, and | healthier neighborhoods. |
| Violence | Minimize loss of life, illness, and injury from natural or man-made disasters. |
| | Anti-Violence Initiatives/ Prevent and reduce unintentional and intentional |
| | injuries. |
| Communicable Diseases/ | Prevent and control infectious diseases. |
| Emergent Threats | Provide equal access to culturally competent care. |

Strategic Priority: Health Equity

Policy Changes Needed: Change needed to increase affordable housing availability, healthier food options, and Age-Friendly shared use paths. Adoption of resolutions that reduce tobacco use and promote and advance health equity throughout the community.

Supporting Activities For Policy Changes Needed: To support policy changes, best practices and model programs will be identified from the local, state, and national level for review and replication within the community. In addition, strategies will be implemented to engage the community in accessing affordable and quality housing, access to healthier foods, and shared use paths. To complete this, the following activities will take place:

- Underserved areas will be identified to increase access to resources.
- Become familiar with elder service providers' leadership plan structures.
- Service gaps and the needs of the community will be identified and addressed through educational and community-centered initiatives.
- Educational awareness campaigns will be created for both the general public and workforce in addition to active participation in the planning and implementation of community gardens
- Homeless youth data and the Age-Friendly Housing Policy Scan will be reviewed.
- Referral systems to incorporate local and regional providers in work towards a Tobacco-Free Florida will be promoted.
- Meetings will be held with multi-unit housing partners to understand their tobacco policies and identify areas of potential growth.
- A plan will be created to meet with community partners to approach officials on policy, systems, or environmental changes related to a variety of topics including housing policies related to the elderly populations.
- Commit two representatives to join the Ambassador Program.

| Goal 1: Improve service linkage to encourage equity | HP2020: AHS-6 HP2030: AHS-04, AHS-05, AHS-06 |
|---|---|
| | SHIP: HE 1 |

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 | Process Measure | Collaborative Agencies |
|---|--|---|
| HE 1.1.1: By September 30, 2022, increase the number of health equity pre-training knowledge tests from 0 (2019) to 1 that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings. | Development of the health equity pre-test training knowledge test # of DOH employees who took the pre-test | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade Priority Area Key Health Disparity, Access to Care |
| | # of postings and sharing with our partners | |

| HE 1.1.2: By September 30, 2024, increase from 0 (2019) to 1 the number | Development of the health | Collaborative Agencies |
|--|---|---|
| of health equity training and post-tests that can be implemented with all | equity post-training knowledge | Florida Department of Health in Miami-Dade |
| DOH Miami-Dade employees and shared with external partners through | test | County, Consortium for a Healthier Miami-Dade |
| media postings, consortium meetings, and trainings. | # of DOH employees who took | Priority Area |
| | the post-test | Key Health Disparity, Access to Care |
| | # of postings and sharing with our partners | |
| | | |
| Strategy 2 : DOH Miami-Dade staff members will provide guidance to the to implement within their committee work plan a health equity components | | |
| HE 1.2.1: By September 30, 2020, increase the number of committee | # of committee work plans | Collaborative Agencies |
| work plans from 0 (2019) to 6 that incorporate Social Determinants of | | Florida Department of Health in Miami-Dade |
| Health (SDOH), health equity, and cultural competency components to | | County, Consortium for a Healthier Miami-Dade |
| assist with implementation of policy, systems and environmental changes in the community. | | Priority Area |
| | | Key Health Disparity |
| Goal 2: Provide access to quality of educational services HP2020: AH-5.1 HP2030: AHS-08 SHIP: HE 2 | | |
| Strategy 1 : DOH staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to identify community partners that can assist with identifying best practices to address health equity (HE) and SDOH. | | |
| Objectives | Process Measure | Collaborative Agencies |
| HE 2.1.1: By September 30, 2024, increase organizational participation from 0 (2019) to 5 in the Consortium for a Healthier Miami-Dade who can provide successful examples of programs working to address Social Determinants of Health within the community. | # of new organizations that work to address SDOH within the community | Florida Department of Health in Miami-Dade County, Consortium for a Healthier-Miami Dade, Miami-Dade County and local municipalities |
| | | Priority Area |
| | | Key Health Disparity |
| Strategy 2: Provide educational outreach, media support, and community collaboration for promotion of materials and services that improve HE and reduce | | |
| the prevalence of SDOH. | | |

| Objectives | Process Measure | Collaborative Agencies |
|---|--|---|
| HE 2.2.1: By September 30, 2021, increase participation in community- based events from 0 (2019) to 5 where at least 10 pieces of educational materials for Health Equity (HE) are distributed. HE 2.2.2: By September 30, 2021, increase the number of engagements with media outlets that will support at least one current HE effort by collaborating on distributing or broadcasting educational materials from 0 (2019) to 2. | # of community-based events that are attended where educational materials for HE is distributed # of educational materials distributed # of media outlets that will support and encourage community collaboration efforts to identify strategies that improve HE and reduce SDOH # of HE efforts assisted | Florida Department of Health in Miami-Dade County, Consortium for a Healthier-Miami Dade, Acceleration Academy, Miami Dade County Public Schools, Children's Trust, University of Miami Mailman Center Priority Area Key Health Disparity, Access to Care Collaborative Agencies Florida Department of Health in Miami-Dade County, Consortium for a Healthier-Miami Dade, Acceleration Academy, Miami Dade County Public Schools, Children's Trust, University of Miami Mailman Center Priority Area Key Health Disparity, Access to Care |
| Goal 3: Improve Community Involvement | HP2020: SDOH-3, AH-5.1, NWS-1: HP2030: SDOH-01, SDOH-04, AHS SHIP: HE 3, SDOH 4 | 3, MHMD-5, AHS-3 -07, AHS-08, NWS-01, MHMD-03, MHMD-08 |
| Strategy 1 : Promote awareness and education in the community by w economic stability. | | nizations to highlight opportunities to improve |
| Objectives | Process Measure | Collaborative Agencies |
| HE 3.1.1: By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 (2019) to 2 the number of community events supported to raise awareness of the | # of community-basedorganizations partnered with# of events supported | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami- Dade, Health Council of South Florida, Catalyst Miami, Connect Familias, Beacon Council, Miami-Dade Office of Community Advocacy, |
| communities with the highest need to improve economic stability. | | FIU Metropolitan Center, West Kendall Baptist Hospital Priority Area |

| Strategy 2: Work with Miami-Dade County Public Schools to review strategies in place to improve graduation rates for Miami-Dade's vulnerable population. | | |
|--|--|---|
| Objectives | Process Measure | Collaborative Agencies |
| HE 3.2.1: By September 30, 2024, increase the number from 0 (2019) to 3 of identified strategies and best practices within Miami-Dade County | | Florida Department of Health in Miami-Dade County, Consortium for a Healthier-Miami |
| that are in place that encourage increased graduation rates for vulnerable students and students with disabilities. | # of strategies and best practices identified | Dade, Miami- Dade County Public School System, Acceleration Academy, Children's Trust |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

Strategy 3: Support partners in creating opportunities to increase access to adequate food and access to physical activity.

| Objectives | Process Measure | Collaborative Agencies |
|--|-------------------------|---|
| HE 3.3.1: By September 30,2024, increase the number of policy, system, | # of policy, system, or | Florida Department of Health in Miami-Dade |
| or environmental changes in place at Miami-Dade County organizations | environmental changes | County, Consortium for a Healthier Miami- |
| that support affordable housing, access to healthier food, and increased | | Dade, Age Friendly Initiative, Office of the |
| physical activity opportunities from 2 (2019) to 4. | # of organizations | Mayor-Mayor's Initiative on Aging, Urban |
| | | Health Solutions, Feeding South Florida, |
| | | Flipany, Florida Impact, UF/IFAS Extension, |
| | | Early Head Start, Summer Food Program, |
| | | Legislative and Government Partners |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic |
| | | Disease Prevention |

Strategy 4: Develop a process to integrate mental health awareness activities into the community.

| Objectives | Process Measure | Collaborative Agencies |
|--|------------------------------|---|
| HE 3.4.1: By September 30, 2024, increase the number of mental health | # of mental health providers | Florida Department of Health in Miami-Dade |
| providers from 0 (2019) to 10 that participate with the Consortium for a | that participate with the | County, Consortium for a Healthier Miami- |
| Healthier Miami-Dade. | Consortium for a Healthier | Dade, Miami-Dade County, Department of |
| | Miami-Dade | Children and Family Services, Thriving Minds, |
| | | Citrus Health, Larkin Community Health, North |
| | | Shore Medical Center |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | Rey fielden Disparity, Access to care |

| HE 3.4.2: By September 30, 2024, increase community-based | # of partners who are members | Collaborative Agencies |
|--|---|---|
| partnerships from 6 (2019) to 50 by enrolling new Consortium partners | that provide health care services | Florida Department of Health in Miami-Dade |
| that are rooted in the provision of health care services. | | County, Consortium for a Healthier Miami- |
| | | Dade, Miami-Dade County, Department of |
| | | Children and Family Services, Thriving Minds, |
| | | Citrus Health, Larkin Community Health, North Shore Medical Center |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| Strategy 5: Maintain partnerships with local Federally Qualified Health Ce | enters (FOHC) and community-base | d medical providers that provide primary care |
| interventions to the community. | | · · · · · · · · · · · · · · · · · · · |
| Objectives | Process Measure | Collaborative Agencies |
| HE 3.5.1: By September 30, 2024, increase the number of Journey to Wellness Prescriptions provided to the community from 12,000 to 15,500. | # of Journey to Wellness Green Prescriptions provided to the | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami- Dade, Boringuen Health Center, Jackson |
| 15,500. | community | Health, Citrus Health Network, Community Health of South Florida, Jessie Trice Community |
| | | Health Center, Miami Beach Community Health Center, Banyan Health Systems, Care Resource |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic Disease |
| Goal 4: Improve access to affordable and quality housing. | HP2020: SDOH-4 HP2030: SDOH-4 SHIP: HE3 | |
| Strategy 1: Support partners in creating opportunities to reduce the num | ber of households with higher hous | ing cost burdens. |
| Objectives | Process Measure | Collaborative Agencies |
| HE 4.1.1: By September 30, 2024, increase from 5 (2019) to 7 the number | # of policy, system, or | Florida Department of Health in Miami-Dade |
| of policy, system, or environmental changes that will be in place with | environmental changes that will | County, Consortium for a Healthier Miami- |
| Miami-Dade County organizations to support shared use paths for all | be in place for shared use paths | Dade, Miami-Dade County Community Action |
| populations with considerations given for modes of transportation, mobility level, and age. | for all population | and Human Services-Home Assistance Program, Housing Opportunities (HOPE) Fair |

| # of organizations | Housing Center, Project for Excellence, Miami- Dade Age Friendly Initiative |
|--------------------|--|
| | Priority Area |
| | Key Health Disparity, Access to Care |

| Health Equity: Policies and Programs | | | |
|---|--|--|--|
| The following section is a list of programs, resources, and polices that support efforts to address health equity in Miami-Dade County. | | | |
| Consortium for a Healthier Miami-Dade The Consortium brings together more than 400 organizations to achieve collaborative solutions in reducing rates of chronic disease in Miami-Dade County. | Florida Department of Health in Miami-Dade County Health Equity training This training, developed by the Office of Community and Planning, provides the basics on what health equity is and how to achieve it. | Florida Department of Health in Miami-Dade County Community Health Assessment The community health assessment provides a snapshot of the health of Miami-Dade County residents by year. | |
| Supporting community gardens Establish and support land that is gardened and cultivated by community members via community land trusts, gardening education, zoning regulation changes, or service provision. | Workforce education Education focused on improving the health equity knowledge of individual workforces throughout Miami-Dade. | Nutritional education Provide to the general public resources on healthy food, portion control, recipes, and resources to purchase low-cost food ingredients. | |
| Increase housing access and affordability Those affected by housing shortages and high costs are predominantly in lower-income and minority communities; increasing access for these communities would alleviate much hardship. This is work currently undertaken by the Health & Built Environment Committee of the Consortium. | Miami-Dade County Public Schools and Summer Food Service Free Breakfast program This service feeds students at Miami-Dade schools, helping to alleviate food insecurity issues and also promote healthy diets. | CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. | |
| Increase the minimum age to purchase tobacco and nicotine products The minimum age to buy tobacco products was recently raised by the federal government from 18 to 21. | | | |

Strategic Priority: Access to Care

Policy Changes Needed: Policy change is needed to eliminate health care barriers and increase education and awareness initiatives to protect vulnerable populations.

Supporting Activities For Policy Changes Needed: Support policy, systems, and environmental changes that address Alzheimer's Disease and Related Dementias (ADRDs). This will involve the following:

- Identify a local author for the creation of a children's book related to Alzheimer's disease and related dementias.
- Supporting policies, systems, or environmental changes that utilize environmentally friendly designs for roadways as well as Active Design Guidelines.
- Increasing education among worksites, healthcare providers, and community-based organizations on the importance of access to health care information.
- Collaborating with mental health providers who specialize in opioid issues to promote tobacco cessation.

| Goal 1: Use health information technology to improve the efficiency, | HP2020: HC/HIT-5, HC/HIT-13 |
|--|------------------------------|
| effectiveness, and quality of patient care coordination, patient | HP2030: HC/HIT-01, HC/HIT-07 |
| safety, and health care outcomes | SHIP: CD-2 |

Strategy 1: Develop a strategy for updating community resources with agencies within the community that obtain the appropriate data.

| Objectives | Process Measure | Collaborative Agencies |
|---|------------------------------|---|
| AC 1.1.1: By September 30, 2024, increase the number of plans from 0 | Was a plan devised as to the | Florida Department of Health in Miami-Dade |
| (2019) to 1 that will be devised as to the most effective way to update | most effective way to update | County, Jewish Community Services of South |
| community resources in collaboration with community partners. | community resources in | Florida, Children's Trust, Alliance for Aging |
| | collaboration with community | |
| | partners? Yes or No. | Priority Area |
| | | Key Health Disparity, Access to Care |

Strategy 2: Florida Health Charts will be used to obtain county, peer county, and state data for specific indicator tracking.

| AC 1.2.1: By September 30, 2020, DOH Miami-Dade will use the Florida | | Collaborative Agencies |
|--|------------|--|
| 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. | Yes or No. | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Health Council of South Florida, Children's Trust, Alliance for Aging, United Way of Miami-Dade, Department of Children and Family Services Priority Area Key Health Disparity, Chronic Disease |

Strategy 3: Develop a standardized community profile using the Robert Wood Johnson Foundation and County Health Rankings.

| Objectives | Process Measure | Collaborative Agencies |
|--|--------------------------------|---|
| AC 1.3.1: By September 30, 2024, develop and maintain use of quarterly | Was the Executive Board work | Florida Department of Health in Miami-Dade, |
| reports on the Consortium Scorecard health indicators from 0 (2019) to | plan developed? Yes or No. | Consortium for a Healthier Miami-Dade, DCF, |
| 7 that will make up the Executive Board workplan used to track and | | FIU, University of Miami, Miami Center for |
| evaluate community progress. | | Architecture & Design (MCAD), Nicklaus |
| | | Children's Hospital, United Way, Alzheimer's |
| | | Association, Lambda living, Office of the Mayor, |
| | | Univision, Health Council of South Florida, All Star |
| | | Media |
| | | Priority Area |
| | | Access to Care, Chronic Disease |
| Goal 2: Integrate planning and assessment process to maximize | HP2020: AHS-6 | |
| partnerships and expertise of a community in accomplishing its goals | HP2030: AHS-04, AHS-05, AHS-06 | i de la companya de l |
| | SHIP: HE-3 | |
| Strategy 1: The BRFSS data and the Community Themes and Strengths A | | ed into the development of the Community Health |
| Improvement Plan to track neighborhood level health indicators and sha | | |
| Objectives | Process Measure | Collaborative Agencies |
| AC 2.1.1: By September 30, 2024, DOH Miami-Dade will increase the | # of messages (social media | |
| number of messages from 205 (2019) to 265 disseminated to the | postings, press releases, | Florida Department of Health in Miami-Dade |
| community related to assessment results, health promotion, | Consortium banners, | County, Consortium for a Healthier Miami-Dade, |
| programming and best practices for the community that could improve | Consortium posts) disseminated | Baptist Health Systems, Alzheimer's Association, |
| the health of the community and its residents. | | Alliance for Aging, Miami-Dade Age Friendly |
| | | Initiative |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| AC 2.1.2: By September 30, 2024, DOH Miami-Dade will increase the | # of indicators that address | Collaborative Agencies |
| number of indicators from 7 (2019) to 10 in the Community Health | older adults needs aged 65 and | Florida Department of Health in Miami-Dade |
| Assessment (CHA) to assure it addresses older adults needs aged 65 and | above. (CHA includes | County, Consortium for a Healthier Miami-Dade, |
| older. | demographics on older adults | Baptist Health Systems, Alzheimer's Association, |
| | aged 65 and older, Alzheimer's | Alliance for Aging, Miami-Dade Age Friendly |
| | Disease, poverty, food | Initiative |
| | insecurity, and homelessness.) | Priority Area |
| | insecurity, and nomelessness.) | Priority Area |

| | | Key Health Disparity, Access to Care |
|--|---|---|
| | | |
| Goal 3: Promote an efficient public health system for Miami-Dade County. | HP2020: ECBP-19 HP2030: AHS-04, AHS-05, AHS-06 SHIP: HE-1 | 5, ECBP-D08 |
| Strategy 1: Follow the Workforce Development Plan produced by DOH a | ind implement it locally, encourage | e additional training and education. |
| Objectives | Process Measure | Collaborative Agencies |
| AC 3.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of local educational institutions to collaborate with to address training gaps that have been identified using data from the community needs assessment from 0 (2019) to 2. | # of institutions coordinated with | Florida Department of Health in Miami-Dade County, Area Health Education Center (AHEC), Barry University, Keiser University, Florida International University, University of Miami Priority Area Access to Care |
| | | |
| Strategy 2: Develop a process to collect performance data relative to significant activity in mobilizing partnerships. | | erships. |
| Objectives | Process Measure | Collaborative Agencies |
| 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 | Name and number of schools MOUs with | Florida Department of Health in Miami-Dade County, FIU, UM, MDC |
| from 14 (2020) to 16. | # of interns | Priority Area Access to Care |
| AC 3.2.2: By September 30, 2024, the percentage of employees who | % of Employee Development | Collaborative Agencies |
| have had an Employee Development Plan completed during their performance appraisal will increase from 63.4% (2019) to 73.4%. | Plan completed | Florida Department of Health in Miami-Dade County, FIU, UM, MDC |
| | | Priority Area |
| | | Access to Care |
| Goal 4: Immigrant access to health care and community-based services. | HP2020: HRQOL/WB-1 HP2030: HC/HIT-04, AHS-08, ECBP-D07 SHIP: HW-1, CD-1 | |
| Strategy 1: Ensure that the population in Miami-Dade County have accestatus. | - | aintain a healthy weight regardless of immigration |

| Objectives | Process Measure | Collaborative Agencies |
|--|--|--|
| AC 4.1.1: By September 30, 2024, increase the number from 173,757 | # of nutrition services provided | Florida Department of Health in Miami-Dade |
| (SFY 2019) to 191,132 of community-based providers that offer services | | County, Community providers, UF/IFAS Extension |
| or education related to the consumption of healthy foods. | | Program, Feeding South Florida, Healthy Start Coalition of Miami-Dade |
| | | Priority Area |
| | | Access to Care, Chronic Disease, Key Health |
| | | Disparity |
| AC 4.1.2: By September 30, 2024, collaborate with the U.S. Dept. of | % of WIC Children ages 2 to 5 | Collaborative Agencies |
| Agriculture, Women, Infants and Children (WIC) and Supplemental | who are Overweight or Obese | Florida Department of Health in Miami-Dade |
| Nutrition Assistance Program (SNAP) to decrease the percentage of WIC | | County, Community providers, UF/IFAS Extension |
| children 2 years and older who are overweight or at risk of being | | Program, Feeding South Florida, Healthy Start |
| overweight from 29.4% (2019) to 28.0%. | | Coalition of Miami-Dade |
| | | Priority Area |
| | | Access to Care, Chronic Disease, Key Health |
| AC 4.4.2: Dr. Contamber 20, 2024 increases the monthly symplem of | H of children (21 more of cost) | Disparity |
| | # of children (<21 years of age) that receive dental health | Collaborative Agencies |
| services in Miami-Dade from 201 (2020) to 220. | services by the DOH-Miami- | Florida Department of Health in Miami-Dade |
| | Dade Dental program | County, DentaQuest, Colgate, Main Street |
| | | Dental, UF Hialeah Dental Center |
| | | Priority Area |
| | | Access to Care, Chronic Disease, Key Health |
| AC 4.1.4. By Contomber 20, 2024 increase the number of dental | # of Dental Services for Adults | Disparity Collaborative Agencies |
| AC 4.1.4: By September 30, 2024, increase the number of dental services to targeted low-income populations over the age of 21 in | >21 years Roll-up | |
| Miami-Dade from 701 (2020) to 715. | | Florida Department of Health in Miami-Dade |
| | | County, DentaQuest, Colgate, Main Street |
| | | Dental, UF Hialeah Dental Center |
| | | Priority Area |
| | | Access to Care, Chronic Disease, Key Health |
| | | Disparity |
| Stuntery 2. Educate the immigrant community to be keelth characters | or the mean use their femilies and th | hoir communities |
| Strategy 2: Educate the immigrant community to be health champions f | or themselves, their families, and th | neir communities. |

| AC 4.2.1: By September 30, 2024, increase partnerships from 3 (2020) | # of local organizations that | Collaborative Agencies |
|---|----------------------------------|---|
| to 5 with organizations that provide services to the immigrant | provide services to the | Consulates, Connect Familias, Healthy Start |
| population to provide education and information on available | immigrant population | Coalition of Miami-Dade, Alliance for Aging, |
| community services or resources. | | Children's Trust, Florida Department of Health in |
| | | Miami-Dade County |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| | | |
| Goal 5: Improve access to community services that promote | HP2020: MHMD-1, MHMD-4, M | - |
| improvement in social and mental health, opioid treatment, and early | | SU-03, MICH-09, MICH-10, MICH-11 |
| linkage to address cognitive disorders. | SHIP: BH-1, BH-2, BH-3 | |
| Strategy 1: Improve community resources and services available to serve | e residents working through ment | al health or behavioral health concerns. |
| Objectives | Process Measure | Collaborative Agencies |
| AC 5.1.1: By September 30, 2024, increase the number of licensed | # of trained mental health | Florida Department of Health in Miami-Dade |
| mental health counselors in Miami-Dade County for both adults and | providers | County, Consortium for a Healthier Miami-Dade, |
| children from 1,363 (2018-2019) to 1,463. | | Thriving Minds South Florida (South Florida |
| | | Behavioral Health Network), Citrus Health |
| | | Network, Federally Qualified Health Centers, |
| | | Jackson Health Systems, University of Miami, |
| | | Department of Children and Family Services, |
| | | Alzheimer's Association, Alliance for Aging, |
| | | National Alliance in Mental Illness, Florida |
| | | Department of Health Medical Quality |
| | | Assurance, Homeless Trust |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| AC 5.1.2: By September 30, 2024, DOH Miami-Dade will increase the | # of training sessions held | Collaborative Agencies |
| number of mental health trainings it hosts and are open to the public | | Florida Department of Health in Miami-Dade |
| from 0 (2019) to 2. | # of organizations trained | County, Consortium for a Healthier Miami-Dade, |
| | | Thriving Minds South Florida (South Florida |
| | | Behavioral Health Network), Citrus Health |
| | | Network, Federally Qualified Health Centers, |
| | | Jackson Health Systems, University of Miami, |
| | | Department of Children and Family Services, |

| | | Alzheimer's Association, Alliance for Aging, National Alliance in Mental Illness |
|--|--------------------------------|---|
| | | |
| | | Priority Area |
| ACE 1.2. By Sontomber 20, 2024 increases the number of nearly that | # of poorlo advected | Access to Care, Key Health Disparity |
| AC 5.1.3: By September 30, 2024, increase the number of people that | # of people educated | Collaborative Agencies |
| are educated about cognitive disorders including Alzheimer's and other forms of age-related dementias by increasing community involvement | | Florida Department of Health in Miami-Dade |
| in events where outreach materials are distributed from 3 (2019) to 12. | | County, Consortium for a Healthier Miami-Dade, |
| | | Thriving Minds South Florida (South Florida |
| | | Behavioral Health Network), Citrus Health |
| | | Network, Federally Qualified Health Centers, |
| | | Jackson Health Systems, University of Miami, |
| | | Department of Children and Family Services, |
| | | Alzheimer's Association, Alliance for Aging, National Alliance in Mental Illness |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| | | |
| | | |
| Strategy 2 : Increase the number of pregnant women in treatment for o | · | |
| AC 5.2.1: By September 30, 2024, increase the number of determined | Was a baseline determined? Yes | Collaborative Agencies |
| baseline measures for the number of newborns experiencing neonatal | or No. | Florida Department of Health in Miami-Dade |
| abstinence syndrome from 0 (2019) to 1. | | County, Healthy Start Coalition of Miami-Dade, |
| | | Consortium for a Healthier Miami-Dade, Local |
| | | treatment community, Children Medical |
| | | Services-Early Steps, University of Miami, |
| | | Community Connections |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| AC 5.2.2: By September 30, 2024 reduce the number of newborns | Rate of newborns born with | Collaborative Agencies |
| experiencing neonatal abstinence syndrome from 3.5 per 10,000 live | neonatal abstinence syndrome | Florida Department of Health in Miami-Dade |
| births (2018) to 3.0 per 10,000 live births. | | County, Healthy Start Coalition of Miami-Dade, |
| | | Consortium for a Healthier Miami-Dade, Local |
| | | treatment community, Children Medical |
| | | Services-Early Steps, University of Miami |
| | | |
| | | Priority Area Access to Care, Key Health Disparity |

| Strategy 3: Ensure a properly trained DOH and Community workforce as i naloxone. | t relates to how to recognize signs o | f substance abuse, overdose and how to administer |
|--|---|---|
| AC 5.3.1: By September 30, 2024, DOH Miami-Dade will ensure that the | # of DOH staff trained | Collaborative Agencies |
| number of licensed and field-based DOH staff that are trained in how to administer naloxone increases from 14% (2019) to 75%. | ensed and field-based DOH staff that are trained in how to | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Community Action and Human Services, Miami- Dade County Services Addiction Board, Healthy Start Coalition of Miami-Dade |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| AC 5.3.2: By September 30, 2024, increase the number of campaigns | # of campaigns aimed at raising | Collaborative Agencies |
| aimed at raising awareness of substance abuse and local resources available from 0 (2019) to 2. | awareness of substance abuse and local resources available | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Community Action and Human Services, Miami- Dade County Services Addiction Board, Healthy Start Coalition of Miami-Dade |
| | | Priority Area |
| | | Access to Care, Key Health Disparity |
| AC 5.3.3: By September 30, 2024, increase from 0 (2019) to 1 the | Was a CEU conference hosted? | Collaborative Agencies |
| number of CEU conferences that provide education to the community on the prevention of substance abuse disorders, community impact and service availability for treatment. | Yes or No. | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Community Action and Human Services, Miami- Dade County Services Addiction Board, Healthy Start Coalition of Miami-Dade Priority Area Access to Care, Key Health Disparity |
| | | |
| Strategy 4: Increase the number of resources and support groups that a | re available to residents. | |
| AC 5.4.1: By September 30, 2020, increase from 0 (2019) to 1 the | # of local resource tabs created | Collaborative Agencies |
| number of local resources tab on the Consortium for a Healthier Miami- Dade webpage that highlights local resources available for suicide prevention and education. | | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, local mental health providers, Miami-Dade Crisis Center, Department of Children and Family Services, National Alliance on Mental Illness |

| | | Priority Area |
|---|-------------------------------|---|
| | | Access to Care |
| AC 5.4.2: By Sept. 30, 2024, increase from 0 to 5 the number of | # of Consortium partners that | Collaborative Agencies |
| Consortium partners that promote awareness for suicide prevention. | provide services | Florida Department of Health in Miami-Dade |
| | | County, Consortium for a Healthier Miami-Dade, |
| | | local mental health providers, Miami-Dade Crisis |
| | | Center, Department of Children and Family |
| | | Services, National Alliance on Mental Illness, |
| | | Injury Prevention Coalition, Fatality Review Team |
| | | Priority Area |
| | | Access to Care |
| | | |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. | HP2020: DIA-1 | |
| | HP2030: DIA-01 | |
| | SHIP: AD-1, AD-2, AD-3 | |
| Strategy 1: Strengthen local networks that support Alzheimer's initiative | 2S. | |
| Objectives | Process Measure | Collaborative Agencies |
| AC 6.1.1: By September 30, 2024, increase from 0 (2019) to 1 | # of collaborations | Florida Department of Health in Miami-Dade |
| collaborations with healthcare systems to advance the Age Friendly | | County, Consortium for a Healthier Miami-Dade, |
| Initiative within their organization. | | Alliance for Aging, Mayor's Initiative on Aging, |
| | | Alzheimer's Association, Lambda Living |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| AC 6.1.2: By September 30, 2024, increase the number of collaborations | # of policies, systems, and | Collaborative Agencies |
| with partners from 1 (2019) to 2 to develop policies, systems, and | environmental changes | Florida Department of Health in Miami-Dade |
| environmental changes that will have a positive impact on the needs of | developed | County, Consortium for a Healthier Miami-Dade, |
| older adults. | | Alliance for Aging, Mayor's Initiative on Aging, |
| | # of partners | Alzheimer's Association, Lambda Living |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

| AC 6.1.3: By September 30, 2024, increase the rate of compliance for | % of inspection compliance for | Collaborative Agencies |
|---|---|--|
| facilities with older adults regulated by DOH/Environmental Health (EH) | facilities with older adults | Florida Department of Health in Miami-Dade |
| from 90% (2019) to 92.4%. | regulated by DOH/EH | County, Consortium for a Healthier Miami-Dade, |
| | | Alliance for Aging, Mayor's Initiative on Aging, |
| | | Alzheimer's Association, Lambda Living |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| AC 6.1.4: By September 30, 2024, maintain the inspection rates for EH | Rate of inspection complaints | Collaborative Agencies |
| complaints associated with facilities with older adults regulated by | for facilities with older adults | Florida Department of Health in Miami-Dade |
| DOH/EH at 100% (2019). | regulated by DOH/EH | County, Consortium for a Healthier Miami-Dade, |
| | | Alliance for Aging, Mayor's Initiative on Aging, |
| | | Alzheimer's Association, Lambda Living |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | |
| Strategy 2: Increase local resources for caregivers and increase the use of | of best practices in the field of Alzhe | eimer's and Dementias. |
| Objectives | Process Measure | Collaborative Agencies |
| AC 6.2.1: By September 30, 2024, DOH Miami-Dade will increase from 0 | Did we implement at least one | Florida Department of Health in Miami-Dade |
| (2019) to 1 the number of education programs, health services, or | new education program or | County, Consortium for a Healthier Miami-Dade, |
| messaging campaigns targeted for older adults. | health service, or messaging | Alzheimer's Association, Alliance on Aging, |
| | campaign targeted for older | Mayor's Initiative on Aging, Age Friendly Initiative |
| | adults? Yes or No. | Priority Area |
| | | Key Health Disparity, Access to Care |
| AC 6.2.2: By September 30, 2024, increase the number of evidence- | # of toolkits, best practices, | Collaborative Agencies |
| based programs or existing toolkits that can be used in the community | evidence-based programs | Florida Department of Health in Miami-Dade |
| to improve understanding for Alzheimer's Disease and Related | | County, Consortium for a Healthier Miami-Dade, |
| Dementias (ADRDs) from 0 (2019) to 1. | | Alzheimer's Association, Alliance on Aging, |
| | | Mayor's Initiative on Aging, Age Friendly Initiative |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

| AC 6.2.3: By September 30, 2024, the Elder Issues Committee will | Did the Elder Issues Committee | Collaborative Agencies |
|--|-----------------------------------|--|
| increase the number of activities from 0 (2019) to 2 that are related to | ensure that the work plan | Florida Department of Health in Miami-Dade |
| Alzheimer's Disease and Related Dementias (ADRD's) in its workplan. | contains a minimum of two | County, Consortium for a Healthier Miami-Dade, |
| | activities related to Alzheimer's | Alzheimer's Association, Alliance on Aging, |
| | Disease and Related Dementias | Mayor's Initiative on Aging, Age Friendly Initiative |
| | (ADRD's)? Yes or No. | Priority Area |
| | | Key Health Disparity, Access to Care |

| Strategy 3: Work to ensure that those diagnosed with ADRD's are protected. | | |
|---|--------------------------------------|---|
| Objectives | Process Measure | Collaborative Agencies |
| AC 6.3.1: By September 30, 2024, increase collaboration with local and state agencies from 7 (2019) to 9 to increase the number of identified policies and programs in place that are designed to protect individuals with ADRD from further vulnerability. | | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Alzheimer's Association, Alliance on Aging, Mayor's Initiative on Aging, Age Friendly Initiative, Florida Department of Elder Affairs, Health Foundation of South Florida, Urban Health Solutions, United Way |
| | | Priority Area Key Health Disparity, Access to Care |
| AC 6.3.2: By September 30, 2024, increase from 0 (2019) to 10 the | # of presentations to the | Collaborative Agencies |
| number of events where information is provided to the community on program availability that protects at-risk populations. | community on program availability | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Alzheimer's Association, Alliance on Aging, |
| | # of events that information was | Mayor's Initiative on Aging, Age Friendly Initiative |
| | distributed related to programs | Priority Area |
| | for at risk-populations | Key Health Disparity, Access to Care |

| Access to Care: Policies and Programs The following section is a list of programs, resources, and polices that support efforts to address access to care in Miami-Dade County. | | |
|--|--|--|
| Consortium for a Healthier Miami-Dade | Florida Department of Health in Miami-Dade | Know Your Health Numbers campaign |
| The Consortium brings together more than 400 organizations | County Community Health Assessment | Your 4 health numbers — blood pressure, cholesterol, blood |
| to achieve collaborative solutions in reducing rates of chronic | The community health assessment provides a snapshot of the | sugar and body mass index — are key to understanding your |
| disease in Miami-Dade County. | health of Miami-Dade County residents by year. | physical well-being. |

| Smoke Free campaigns | Walker Tracker App | Green Prescription |
|--|---|--|
| The Tobacco-Free Workgroup of the Consortium leads anti- | The Walker Tracker app is currently in development by | The green prescription is a slip of paper distributed to |
| tobacco efforts for the Dept of Health. | Nicklaus Children's Hospital in conjunction with the Consortium. | community members that contains information on accessing activities offered in local Miami-Dade parks. |
| Wise Woman program | Increase physical activity | Active Design Guidelines and Complete Streets |
| The WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart- healthy lifestyles. | Promote increased physical activity for all Miami-Dade community residents through education, increased active spaces, and health equity. | Miami-Dade County has developed the Complete Streets Design Guidelines to provide policy and design guidance to all parties involved in street design projects: governmental agencies, consultants, private developers, and community groups. It is the goal of these guidelines to support the development of streets that are safe for all users, with consistency in policy and design across all street projects in Miami-Dade County. |
| CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. | Collaboration with the Miami-Dade Public Library to provide health resource information to the elderly population Miami-Dade Public Library System partnered with Preferred Care Partners, a Medicare-contracted health plan, to provide adult lifelong learning computer classes for senior citizens. Library and Preferred Care Partner staff developed an innovative basic computer and internet program to teach seniors basic technology skills in a setting frequented by and convenient for them. | Age-Friendly Public Health System All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction. |

Strategic Priority: Chronic Disease

Policy Changes Needed: Change is needed to create environments that support equitable transportation and increase opportunities for at-risk populations to have access to healthy foods. Adoption of tobacco retail liscensing policies.

Supporting Activities For Policy Changes Needed: Support the adoption and implementation of policy, systems or environmental changes in creating healthy communities. This will be done by:

- Working with tobacco-free committees to educate the public on vaping as well as distributing educational resources on promoting healthy behaviors.
- Participating in health fairs in identified areas to share the Green Rx Program and refer people to the Wise Woman program.
- Increasing collaboration with partners and programs of Fresh Access Bucks to address healthy food access.
- Creating educational toolkits related to chronic disease and healthy lifestyles.
- Promoting communities and organizations that have smoke-free environments.
- Partnering with organizations that have existing policies related to access to care and work with them to identify best practices.

| Goal 1: Reduce chronic disease morbidity and mortality. | HP2020: HDS-1, ECBP-10, ECBP-10.4, ECBP-10.7 |
|---|--|
| | HP2030: HDS-01, ECBP-D07 |
| | SHIP: CD-1 |

Strategy 1: Assess the ability to implement evidence-based clinical guidelines in the management of chronic diseases.

| Objectives | Process Measure | Collaborative Agencies |
|---|-------------------------------|---|
| CD 1.1.1: By September 30, 2024, increase from 12 (2019) to 15 the | # of strategies for promoting | Florida Department of Health in Miami-Dade, |
| number of strategies for promoting clinical practice guidelines through | clinical practice guidelines | Consortium for a Healthier Miami-Dade, clinical |
| partner networks. | through partner networks | partners, Nicklaus Children's Hospital, Baptist |
| | | Health, Jewish Health System, Jackson Health |
| | | System, FQHC's |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic |
| | | Disease Prevention |

Strategy 2: Encourage Miami-Dade County Residents to seek screenings for chronic diseases through educational campaigns.

| CD 1.2.1: By September 30, 2024, increase the number of women 50-64 older in Miami-Dade who received a mammogram in the past year from 1,480 (2019) to 2,000. | Collaborative Agencies Florida Department of Health in Miami-Dade County, University of Miami, FQHC's, and local hospital providers |
|---|--|
| | Priority Area |
| | Key Health Disparity, Access to Care, Chronic |
| | Disease |

| CD 1.2.2: By September 30, 2024, increase the number of women 18 | # of women 18 years of age and | Collaborative Agencies |
|--|----------------------------------|--|
| years of age and older who received a Pap test in the past year from 600 | older who received a Pap test in | Florida Department of Health in Miami-Dade |
| (2019) to 1,000. | the past year | County, University of Miami, FQHC's, and local |
| | | hospital providers |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic |
| | | Disease |
| | | |
| Strategy 3: Encourage Miami-Dade residents to get screening for condi | | ease such as diabetes, hypertension, and BMI and |
| reduce behaviors that contribute to chronic diseases through an educat | | |
| Objectives | Process Measure | Collaborative Agencies |
| CD 1.3.1: By September 30, 2024, increase the percentage of Miami- | % of Miami-Dade adults who | Florida Department of Health in Miami-Dade |
| Dade adults who had a cholesterol screening in the past two years 69% | had a cholesterol screening in | County, AHEC, Tobacco Free Workgroup of the |
| (2019) to 72%. | the past two years | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.2: By September 30, 2024, reduce current smoking rates among | % of smoking rates among | Collaborative Agencies |
| Miami-Dade adults from 12.3% (2016) to 10.5%. | Miami-Dade County adults | Florida Department of Health in Miami-Dade |
| | | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.3: By September 30, 2024, reduce current cigarette use among | % of current cigarette use | Collaborative Agencies |
| Miami-Dade's youth, ages 11–17 from 2.3% (2018) to 1.9%. | among Miami-Dade's youth, | Florida Department of Health in Miami-Dade |
| | ages 11–17 years | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |

| CD 1.3.4: By September 30, 2024, increase the number of committed | % of committed nonsmokers | Collaborative Agencies |
|--|--|---|
| never smokers among Miami-Dade's youth ages 11-17 from 86.8% | among Miami-Dade County | Florida Department of Health in Miami-Dade |
| (2018) to 88%. | youth | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.5: By September 30, 2024, decrease the percentage of Miami- | % of Miami-Dade-County | Collaborative Agencies |
| Dade teens (11-17) who have used smokeless tobacco from 0.8% (2018) | students who have used | Florida Department of Health in Miami-Dade |
| to 0.5%. | smokeless tobacco in the last 30 | County, AHEC, Tobacco Free Workgroup of the |
| | days | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.6: By September 30, 2024, decrease the percentage of Miami- | % of students who have | Collaborative Agencies |
| Dade teens (11-17) who have smoked a cigar in the last 30 days from | currently used cigars (cigars, | Florida Department of Health in Miami-Dade |
| 2.0% (2018) to 1.5%. | cigarillos, or little cigars on at | County, AHEC, Tobacco Free Workgroup of the |
| | least 1 day during the 30 days | Consortium for a Healthier Miami-Dade, Students |
| | before the survey | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.7: By September 30, 2024, decrease the percentage of students | % of students who live with | Collaborative Agencies |
| that report they live with someone who smokes cigarettes from 20.7% | someone who smokes cigarettes | Florida Department of Health in Miami-Dade |
| (2018) to 19%. | in the home | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.8: By September 30, 2024, reduce the percentage of Miami-Dade | % of Miami Dade students who | Collaborative Agencies |
| | | |
| students (11-17) who have been exposed to secondhand smoke in the | in the past 30 days who were in the same room or rode in a car | Florida Department of Health in Miami-Dade |

| last 30 days from cigarette or electronic vapor product from 49.5% (2018) to 48%. | with someone who was smoking cigarettes or using an electronic vapor product | Consortium for a Healthier Miami-Dade, Students Working Against Tobacco, American Lung Association, American Heart Association |
|---|--|--|
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.9: By September 30, 2024, reduce the percentage of youth aged | % of students who have used an | Collaborative Agencies |
| 11-17 who have used an electronic cigarette or vaping product from | electronic vapor product in the | Florida Department of Health in Miami-Dade |
| 15.2% (2018) to 15.0%. | last 30 days | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 1.3.10: By September 30, 2024, reduce the percentage of adults over | % of adults that are current e- | Collaborative Agencies |
| age 18 who have used an electronic cigarette or vaping product from | cigarette users | Florida Department of Health in Miami-Dade |
| 2.3% (2016) to 2.1%. | | County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, |
| | | American Lung Association, American Heart |
| | | Association |
| | | Priority Area Key Health Disparity, Chronic Disease |
| CD 1.3.11: By September 30, 2024, DOH Miami-Dade will maintain the | # of educational campaigns held | Collaborative Agencies |
| number of educational campaigns it undertakes on the harms of vaping | | |
| among youth and adults at 1 (2019) educational campaign. | | Florida Department of Health in Miami-Dade County, AHEC, Tobacco Free Workgroup of the |
| | | Consortium for a Healthier Miami-Dade, Students |
| | | Working Against Tobacco, American Lung |
| | | Association, American Heart Association |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| | L | |
| Goal 2: Increase access to resources that promote healthy behaviors | HP2020: NWS, NWS-15, MCH-22 | |
| including access to transportation, healthy food options and smoke | HP2030: NWS-07, MICH-16, ECBP-D03 | |
| and nicotine-free environments. | SHIP: HW-1 | |
| Strategy 1: Increase access to healthier food options through program e | xpansion, educational campaings, a | nd identification of best practices. |
| Objectives | Process Measure | Collaborative Agencies |

| 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. | # of WIC and SNAP recipients | Florida Department of the Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, MDCPS Childcare Food Program |
|--|---|--|
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic Disease |
| CD 2.1.2: By September 30, 2024, decrease the percentage of Miami- | % of adults who are overweight | Collaborative Agencies |
| Dade adults who are overweight from 38.7% (2016) to lower than 35.9%. | | Florida Department of the Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, MDCPS Childcare Food Program |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic Disease |
| CD 2.1.3: By September 30, 2024, decrease the percentage of students | % of high school students | Collaborative Agencies |
| who are obese from 15.4% (2018) to 13.9%. | reporting BMI at or above 95th percentile | Florida Department of the Health in Miami-Dac County, Consortium for a Healthier Miami-Dad MDCPS Childcare Food Program |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic Disease |
| CD 2.1.4: By September 30, 2024, decrease the percentage of students | % of middle and high school | Collaborative Agencies |
| who are overweight from 16.9% (2018) to 16.5%. | students who are overweight | Florida Department of the Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, MDCPS Childcare Food Program |
| | | Priority Area |
| | | Key Health Disparity, Access to Care, Chronic Disease |
| Strategy 2: Develop a community awareness campaign on the importan old. | ce of breastfeeding, lactation policy | and employee right to pump until child is 1-year- |

| Objectives | Process Measure | Collaborative Agencies |
|---|---|--|
| CD 2.2.1: By September 30, 2024, increase the percentage of WIC women who initiate breastfeeding from 86.5% (2019) to 96.0%. | % of WIC infants and children less than 24 months ever breastfed by agency | Florida Department of Health in Miami-Dade County, Healthy Baby Taskforce, Jackson Health Systems, Kendall Regional Hospital, West Kendall Baptist Hospital, North Shore Hospital, Hialeah Hospital, Florida Breastfeeding Coalition, Healthy Start Coalition of Miami-Dade Priority Area Key Health Disparity, Access to Care, Chronic Disease |
| 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%. | % of WIC infants breastfeeding (any) for 26 weeks or more by agency HP2020: PA-15 HP2030: PA-01, PA-10, PA-11 | Collaborative AgenciesFlorida Department of Health in Miami-DadeCounty, Healthy Baby Taskforce, Jackson HealthSystems, Kendall Regional Hospital, West KendallBaptist Hospital, North Shore Hospital, HialeahHospital, Florida Breastfeeding Coalition, HealthyStart Coalition of Miami-DadePriority AreaKey Health Disparity, Access to Care, ChronicDisease |
| SHIP: HW-2 Strategy 1: A plan will be developed to allow for the adoption of Complete Streets Policy and Active Design Miami Guidelines in Miami-Dade. | | |
| Objectives | Process Measure | Collaborative Agencies |
| CD 3.1.1: By September 30, 2024, increase the number of municipalities that have adopted Complete Streets policies from 1 (2017) to 3. | # of municipalities that have adopted Complete Streets policies | Florida Department of Health in Miami-Dade County, Miami Dade County TPO, Consortium for a Healthier Miami-Dade, Miami Dade Parks, Recreations, and Open Spaces, Miami Center for Architecture and Design, Urban Impact, Urban Health Solutions Priority Area Key Health Disparity, Chronic Disease |

| CD 3.1.2: By September 30, 2024, increase the number of municipalities | # of municipalities that have | Collaborative Agencies |
|--|--|---|
| that have adopted Active Design Miami Guidelines from 11 (2019) to | adopted Active Design Miami | Florida Department of Health in Miami-Dade |
| 13. | Guidelines | County, Miami Dade County TPO, Consortium for |
| | | a Healthier Miami-Dade, Miami Dade Parks, |
| | | Recreations, and Open Spaces, Miami Center for |
| | | Architecture and Design, Urban Impact, Urban |
| | | Health Solutions |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| CD 3.1.3: By September 30, 2024, work with local stakeholders to | # of best-practices identified | Collaborative Agencies |
| increase the number of identified best practices that encourage | | Florida Department of Health in Miami-Dade |
| connectivity to parks, public transportation systems, or walking paths | | County, Miami Dade County TPO, Consortium for |
| from 0 (2019) to 3. | | a Healthier Miami-Dade, Miami Dade Parks, |
| | | Recreations, and Open Spaces, Miami Center for |
| | | Architecture and Design, Urban Impact, Urban |
| | | Health Solutions |
| | | Priority Area |
| | | Key Health Disparity, Chronic Disease |
| | | |
| | | |
| Goal 4: Assure adequate public health funding to control infectious | HP2020: ECBP-10.7, HC/HIT-10 | |
| Goal 4: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic | HP2020: ECBP-10.7, HC/HIT-10 HP2030: ECBP-D07 | |
| | | |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. | HP2030: ECBP-D07 SHIP: CD-2 | |
| diseases, reduce premature morbidity and mortality due to chronic | HP2030: ECBP-D07 SHIP: CD-2 | tronic data sharing. |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. | HP2030: ECBP-D07 SHIP: CD-2 | tronic data sharing. Collaborative Agencies |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect | - |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure | Collaborative Agencies |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data through the Florida Health Information Exchange (FHIE). | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information Exchange | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area Access to Care |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data through the Florida Health Information Exchange (FHIE). CD 4.1.2: By September 30, 2024, increase from 2 (2019) to 6 the | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information Exchange # of Miami-Dade organizations | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area Access to Care Florida Department of Health in Miami-Dade |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data through the Florida Health Information Exchange (FHIE). CD 4.1.2: By September 30, 2024, increase from 2 (2019) to 6 the number of Miami-Dade organizations that will actively share data on a | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information Exchange # of Miami-Dade organizations actively sharing data daily | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area Access to Care Florida Department of Health in Miami-Dade |
| diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. Strategy 1: A process will be developed between Miami-Dade organizat Objectives CD 4.1.1: By September 30, 2024, increase from 2 (2019) to 8 the number of Miami-Dade organizations that will be actively sharing data through the Florida Health Information Exchange (FHIE). CD 4.1.2: By September 30, 2024, increase from 2 (2019) to 6 the number of Miami-Dade organizations that will actively share data on a | HP2030: ECBP-D07 SHIP: CD-2 ions to ensure collaboration in elect Process Measure # of Miami-Dade organizations actively sharing data through the Florida Health Information Exchange # of Miami-Dade organizations actively sharing data daily through the Florida Health | Collaborative Agencies Florida Department of Health in Miami-Dade County, Community-based providers Priority Area Access to Care Florida Department of Health in Miami-Dade County, Community-based providers |

| CD 4.1.3: By September 30, 2024, increase the number from 0 (2019) to | Miami-Dade health care | Collaborative Agencies |
|---|----------------------------------|--|
| 1,500 of Miami-Dade health care providers that will be registered to | providers registered to | Florida Department of Health in Miami-Dade |
| exchange data by using direct secured messaging. | exchange data by using direct | County, Community-based providers |
| | secured messaging | Priority Area |
| | | Access to Care |
| CD 4.1.4: By September 30, 2024, increase the percentage of active | DOH Miami-Dade Information | Collaborative Agencies |
| participants from 0% (2019) to 40% in DOH Miami-Dade Information | Technology direct secured | Florida Department of Health in Miami-Dade |
| Technology direct secured messaging will have sent a transaction at | messaging participants sent a | County, Community-based providers |
| least one time in the last month. | transaction at least one time in | Priority Area |
| | the last month | Access to Care |

| Chronic Disease: Policies and Programs | | | |
|--|--|---|--|
| The following section is a list of programs, resources, and polices that support efforts to address chronic disease in Miami-Dade County. | | | |
| Consortium for a Healthier Miami-Dade The Consortium brings together more than 400 organizations to achieve collaborative solutions in reducing rates of chronic disease in Miami- Dade County. | Florida Department of Health in Miami-Dade County Community Health Assessment The community health assessment provides a snapshot of the health of Miami-Dade County residents by year. | CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. | |
| Consortium for a Healthier Miami-Dade Worksite Wellness Committee toolkit The toolkit is a compilation of resources, policies, and best practices for worksite wellness programs through Miami-Dade. | Tobacco 21 The federal minimum age to purchase tobacco products was raised from 18 to 21 in 2019. | Tobacco Free Workplace Summit The latest Tobacco Free Workplace Summit was held on February 28, 2020, and brought together policy experts and stakeholders to discuss the latest information on tobacco free workplace policy in Florida. | |
| Fresh Access Bucks Fresh Access Bucks (FAB) is a USDA funded statewide nutrition incentive program that encourages SNAP recipients to redeem their benefits at farmers markets, produce stands, CSAs and mobile markets to purchase healthy produce directly from Florida farmers. | Parks 305 The Parks305 application is a one-stop resource for information on county, municipal, state and federal parks in Miami-Dade. | Active Design Guidelines and Complete Streets Miami-Dade County has developed the Complete Streets Design Guidelines to provide policy and design guidance to all parties involved in street design projects: governmental agencies, consultants, private developers, and community groups. It is the goal of these guidelines to support the development of streets that are safe for all users, with consistency in policy and design across all street projects in Miami-Dade County. | |
| MyPlate The MyPlate Plan (<u>www.choosemyplate.gov</u>) shows your food group targets – what and how much to eat within your calorie allowance. Your food plan is personalized, based on your age, sex, height, weight, and physical activity level. | | | |

Strategic Priority: Maternal Child Health

Policy Changes Needed: Changes are needed for educational initiatives to increase awareness of Adverse Childhood Experiences (ACEs) and traumainformed services. Adoption of resolutions that promote healthy Maternal and Child Health outcomes among high-risk populations.

Supporting Activities For Policy Changes Needed: Identify current policy and organizations responsible for establishing programming for trauma-informed services. In addition, work to identify available resources and best practices to reduce infant and maternal mortality rates in the region. As a result, the organization will:

- Support community efforts and best practices that aim to reduce infant and maternal mortality rates.
- Develop worksite policies related to breastfeeding.
- Distribute tobacco cessation materials at OB/GYN offices and birth centers.
- Determine contributing environmental factors and disparities.
- Collaborate with local school districts to educate expectant mothers and kids on the risk of nicotine and tobacco use.
- Create plans to increase the effectiveness of the Liberty City Connectivity Project.

| Goal 1: Reduce the rates of low birth weight babies born in Miami- | HP2020: MCH-1, MCH-9 |
|--|--------------------------|
| Dade. | HP2030: MICH-02, MICH-07 |
| | SHIP: MCH-1 |

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 | Process Measure | Collaborative Agencies |
|---|-----------------------------|--|
| MCH 1.1.1: By September 30, 2024, work to reduce the black infant | Black infant mortality rate | Florida Department of Health in Miami-Dade |
| mortality rate in Miami-Dade from 10.8 (2018) to 10.0 per 1,000 live | | County, Healthy Start Coalition of Miami-Dade, |
| births. | | Consortium for a Healthier Miami-Dade, |
| | | Department of Children and Family Services, |
| | | Attorney General's Office, Team, Star Legacy |
| | | Foundation, Metro Mommy Agency, Children's |
| | | Trust, Office of Community Advocacy |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| MCH 1.1.2: By September 30, 2024, reduce the infant mortality rate in | Infant mortality rate | Collaborative Agencies |
| Miami-Dade from 4.6 (2018) to 4.0 per 1,000 live births. | | Florida Department of Health in Miami-Dade |
| | | County, Healthy Start Coalition of Miami-Dade, |
| | | Consortium for a Healthier Miami-Dade, |
| | | Department of Children and Family Services, |
| | | Attorney General's Office, Team, Star Legacy |
| | | Foundation, Metro Mommy Agency, Children's |
| | | Trust |

| | | Priority Area |
|---|---------------------------------------|--|
| | | Key Health Disparity, Access to Care |
| MCH 1.1.3: By September 30, 2024, increase from 0 (2019) to 1 an | # of educational campaigns | Collaborative Agencies |
| educational campaign that provides education and information on safe | | Florida Department of Health in Miami-Dade |
| sleep practices and risk factors that increase the risk of infant mortality | | County, Healthy Start Coalition of Miami-Dade, |
| to the community. | | Consortium for a Healthier Miami-Dade, |
| | | Department of Children and Family Services, |
| | | Attorney General's Office, Team, Star Legacy |
| | | Foundation, Metro Mommy Agency, Children's |
| | | Trust |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | |
| Strategy 2: Leverage resources to enhance family planning and related e | education to sustain short inter-prea | gnancy intervals at a low level. |
| Objectives | Process Measure | Collaborative Agencies |
| MCH 1.2.1: By September 30, 2024, decrease the percentage of births | % of births with inter-pregnancy | Florida Department of Health in Miami-Dade |
| with inter-pregnancy intervals of less than 18 months from 29.4% | intervals of less than 18 months | County, Healthy Start Coalition of Miami-Dade, |
| (2019) to 28%. | | Consortium for a Healthier Miami-Dade, Metro |
| | | Mommy Agency, Children's Trust, University of |
| | | Miami-UM-Starting Early Starting Smart SESS, |
| | | birthing facilities |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| MCH 1.2.2: By September 30, 2024, decrease the percentage of Miami- | % of repeat births to mothers | Collaborative Agencies |
| Dade teen births, ages 15–19, that are subsequent (repeat) births from | aged 15-19 | Florida Department of Health in Miami-Dade |
| 14.1% (2019) to 13.1%. | | County, Healthy Start Coalition of Miami-Dade, |
| | | Consortium for a Healthier Miami-Dade, Metro |
| | | Mommy Agency, Children's Trust, University of |
| | | Miami-UM-Starting Early Starting Smart SESS, |
| | | birthing facilities |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | Collaborative Agencies |

| MCH 1.2.3: By September 30, 2024, reduce the rate of live births to mothers aged 15-19 from 5.6 per 1000 Miami-Dade females to 4.6 per 1,000 Miami-Dade females. | % of live births to mothers aged 15–19 | Florida Department of Health in Miami-Dade County, Healthy Start Coalition of Miami-Dade, Consortium for a Healthier Miami-Dade, Metro Mommy Agency, Children's Trust, University of Miami-UM-Starting Early Starting Smart SESS, birthing facilities Priority Area Key Health Disparity, Access to Care | |
|--|--|--|--|
| | Γ | | |
| Goal 2: Reduce maternal and infant morbidity and mortality. | HP2020: MCH-5, MCH-16 | | |
| | HP2030: MICH-04, MICH-08, MIC SHIP: MCH-2 | H-13 | |
| Strategy 1: Create an educational campaign about healthy pregnancy th | | acos in Miami-Dado | |
| Strategy 1. Create an educational campaign about healthy pregnancy th | at targets black/other Non-white ta | | |
| Objectives | Process Measure | Collaborative Agencies | |
| MCH 2.1.1: By September 30, 2024, reduce the rate of maternal deaths | Rate of maternal deaths per | Florida Department of Health in Miami-Dade | |
| per 100,000 live births in Miami-Dade from 12.9 (2018) to 12.0. | 100,000 live births in Miami- | County, Healthy Start Coalition of Miami-Dade, | |
| | Dade | Metro Mommy Agency, Local birthing facilities, | |
| | | Children's Trust, University of Miami-Starting | |
| | | Early Starting Smart | |
| | | Priority Area | |
| | | Key Health Disparity, Access to Care | |
| | | | |
| Strategy 2: Develop a process to promote essential health services for pregnant women in Miami-Dade. | | | |
| Objectives | Process Measure | Collaborative Agencies | |
| MCH 2.2.1: By September 30, 2024, increase from 0 (2019) to 1 the | Was baseline data determined | Florida Department of Health in Miami-Dade | |
| number of baseline data measures for women who received | for women who received | County, Healthy Start Coalition of Miami-Dade, | |
| preconception education and counseling regarding lifestyle behaviors | preconception education and | Metro Mommy Agency, Local birthing facilities, | |
| and prevention strategies from a health care provider in Miami-Dade | counseling regarding lifestyle | Children's Trust, University of Miami-Starting | |
| prior to having a live birth. | behaviors and prevention | Early Starting Smart | |
| | strategies from a health care | Priority Area | |
| | provider in Miami-Dade prior to | Key Health Disparity, Access to Care | |
| | having a live birth? Yes or No. | | |

| MCH 2.2.2: By September 30, 2024, increase from 0 (2019) to 1 the | Was baseline data determined | Collaborative Agencies |
|--|---|--|
| number of baseline data measures for men who receive preconception | for men who receive | Florida Department of Health in Miami-Dade |
| education and counseling regarding lifestyle behaviors and prevention | preconception education and | County, Healthy Start Coalition of Miami-Dade, |
| strategies from a health care provider in Miami-Dade prior to fathering | counseling regarding lifestyle | Metro Mommy Agency, Local birthing facilities, |
| a child. | behaviors and prevention | Children's Trust, University of Miami-Starting |
| | strategies from a health care | Early Starting Smart |
| | provider in Miami-Dade prior to | Priority Area |
| | fathering a child? Yes or No. | Key Health Disparity, Access to Care |
| | | |
| Goal 3: Increase trauma informed policies, systems, and | HP2020: MCH-30, MCH-31 | |
| environmental changes and support for programming. | HP2030: MICH-19, MICH-20 SHIP: MCH-3 | |
| Strategy 1: Develop a strategy for updating community resources with a | gencies within the community that | obtain trauma related data. |
| Objectives | Process Measure | Collaborative Agencies |
| MCH 3.1.1: By September 30, 2024, increase the number of plans from | Was a plan devised as to the | Florida Department of Health in Miami-Dade |
| 0 (2019) to 1 that will be devised as to the most effective way to update | most effective way to update | County, Consortium for a Healthier Miami-Dade, |
| community resources in collaboration with community partners. | community resources in | Department of Children and Family Services, |
| | collaboration with community | Coordinated Victims Assistance Center, |
| | partners? Yes or No. | Children's Trust, Florida International University |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| MCH 3.1.2: By September 30, 2024, increase number of presentations | # of presentations | Collaborative Agencies |
| on Adverse Childhood Experiences (ACEs) and plan of care from 0 (2019) | | Florida Department of Health in Miami-Dade |
| to 3. | | County, Consortium for a Healthier Miami-Dade, |
| | | Department of Children and Family Services, |
| | | Coordinated Victims Assistance Center, |
| | | Children's Trust, Florida International University |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | |
| Strategy 2: A strategy will be developed locally to address access to care | and a map will be developed ident | tifying areas where there are shortages of primary |
| medical care, dental or mental health providers. | | |

| Objectives | Process Measure | Collaborative Agencies |
|--|--|--|
| MCH 3.2.1: By September 30, 2024, the Florida Department of Health in | # of maps created | Florida Department of Health in Miami-Dade |
| Miami-Dade will develop a map of areas within the county where there | | County, Consortium for a Healthier Miami-Dade, |
| are shortages of primary medical care, dental and mental health | | Department of Children and Family Services, |
| providers from 0 (2019) to 1 maps. | | Miami-Dade County Children's Court |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| MCH 3.2.2: By September 30, 2024, the Florida Department of Health in | # of community events where | Collaborative Agencies |
| Miami-Dade County will increase the number community events from | resources are shared to the | Florida Department of Health in Miami-Dade |
| 0 (2019) to 50 events where resources that address mental health, | community that address mental | County, Consortium for a Healthier Miami-Dade, |
| opioid addiction, or childhood trauma are shared. | health, opioid addiction or | Department of Children and Family Services, |
| | childhood trauma | Miami-Dade County Children's Court |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | |
| Goal 4: Generational and family support in Maternal Child Health. | HP2020: MCH-20 HP2030: MICH-14 SHIP: MCH-1 | |
| Strategy 1: Continue to provide information on the Safe Sleep Campaigr | targeting minorities in Miami-Dade | e County. |
| Objectives | Process Measure | Collaborative Agencies |
| MCH 4.1.1: By September 30, 2024, increase the number of different | # of educational materials | Florida Department of Health in Miami-Dade |
| series of culturally competent educational materials distributed to | | County, Consortium for a Healthier Miami-Dade, |
| | | |
| families (including grandparents) related to the benefits of | | Metro Mommy Agency, Healthy Start Coalition of |
| families (including grandparents) related to the benefits of breastfeeding, safe sleep practices, and other best practices that | | |
| | | Metro Mommy Agency, Healthy Start Coalition of |
| breastfeeding, safe sleep practices, and other best practices that | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area |
| breastfeeding, safe sleep practices, and other best practices that | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS |
| breastfeeding, safe sleep practices, and other best practices that | # of clients serviced | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. MCH 4.1.2: By September 30, 2024, increase the number of culturally | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care Collaborative Agencies |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. MCH 4.1.2: By September 30, 2024, increase the number of culturally competent services provided to families (including grandparents) | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care Collaborative Agencies Florida Department of Health in Miami-Dade |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. MCH 4.1.2: By September 30, 2024, increase the number of culturally competent services provided to families (including grandparents) related to the benefits of breastfeeding, safe sleep practices, and other | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care Collaborative Agencies Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. MCH 4.1.2: By September 30, 2024, increase the number of culturally competent services provided 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 from | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care Collaborative Agencies Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Metro Mommy Agency, Healthy Start Coalition of |
| breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality from 0 (2019) to 10. MCH 4.1.2: By September 30, 2024, increase the number of culturally competent services provided 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 from | | Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family Services, UM SESS Priority Area Key Health Disparity, Access to Care Collaborative Agencies Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade, Metro Mommy Agency, Healthy Start Coalition of Miami-Dade, Department of Children and Family |

| Maternal Child Health: Policies and Programs | | | |
|--|---|--|--|
| The following section is a list of programs, | The following section is a list of programs, resources, and polices that support efforts to address Maternal Child health in Miami-Dade County. | | |
| Consortium for a Healthier Miami-Dade The Consortium brings together more than 400 organizations to achieve collaborative solutions in reducing rates of chronic disease in Miami-Dade County. | Florida Department of Health in Miami-Dade County Community Health Assessment The community health assessment provides a snapshot of the health of Miami-Dade County residents by year. | CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. | |
| Dsitribution of tobacco cessation flyers at | Healthy Baby Taskforce | Consortium for a Healthier Miami-Dade | |
| OBGYN clinics This measure aims to reach mothers at an easily accessible point. Tobacco use during pregnancy is a detriment to both the health of the mother and her child. | In March, 2016, the Florida Department of Health launched the Florida Healthy Babies initiative, a statewide collaborative to positively influence social determinants of health and reduce racial disparities in infant mortality. This project focuses on a social determinants of health approach to close the gap among Non-Hispanic Black and Non-Hispanic White infants. | Children's Issues Committee This committee was established in 2003 to improve the health and wellness of children in Miami-Dade County. Committee initiatives focus on the implementation of policy, systems, and environmental change that support healthy lifestyles among children. | |
| WIC | Healthy Start | Early Head Start | |
| WIC is a federally funded nutrition program for Women, Infants, and Children. WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services. | Healthy Start is a free home visiting program that provides education and care coordination to pregnant women and families of children under the age of three. The goal of the program is to lower risk factors associated with preterm birth, low birth weight, infant mortality and poor developmental outcomes. | Early Head Start (EHS) programs serve infants and toddlers under the age of 3, and pregnant women. EHS programs provide intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families. | |
| Centering Pregnancy | Breastfeeding promotion programs | Social determinants of health | |
| Provides prenatal care in a group setting, integrating health assessment, education, and support. | Provide education, information, counseling, and support for breastfeeding to women throughout pre- and post natal care. | Continue to address the underlying causes of infant mortality and poor health outcomes by focusing on social determinants of health, for example, investing in under-resourced communities and efforts to ameliorate the effects of poverty on families during childbearing years. | |

Strategic Priority: Injury, Safety, and Violence

Policy Changes Needed: Changes are needed to increase and support education and awareness of unintentional and intentional injuries

Supporting Activities For Policy Changes Needed: Support anti-violence evidence-based practices that prevent and reduce unintentional and intentional injuries. The following will occur:

- Methods to support the work of Together for Children will be identified.
- Partnerships with local law enforcement departments will be developed in order to learn about anti-violence initiatives.
- An increase in support of local partners whose focus is violence and crime prevention.
- Collaborating with UM Walk Safe/Bike Safe Program to decrease unintentional injuries.
- Social media campaigns related to preventing gun violence will be created.

| Goal 1: Prevent and reduce illness, injury, and death related to | HP2020: IVP-1, EH-22 |
|--|---|
| environmental factors. | HP2030: PHI-D04, EH-03, IVP-01,IVP-03, IVP-06, IVP-07, IVP-08 |
| | SHIP: ISV-1 |

Strategy 1: Review opportunities to provide information on encouraging safe driving practices for teens

| Objectives | Process Measure | Collaborative Agencies |
|---|----------------------------------|--|
| ISV 1.1.1: By September 30, 2024 DOH Miami-Dade will increase the | # of social media campaigns that | Florida Department of Health in Miami-Dade |
| number of social media campaigns from 0 (2019) to 2 that promote best | promote best practices for teen | County, Consortium for a Healthier Miami-Dade, |
| practices for teen drivers. | drivers | Miami Dade County Public Schools, Miami Dade |
| | | County TPO |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

Strategy 2: Decrease child injury from motor vehicle crashes.

| Objectives | Process Measure | Collaborative Agencies |
|--|----------------------------------|---|
| ISV 1.2.1: By September 30, 2024, FDOH will continue to participate in | % of Injury Prevention Coalition | Florida Department of Health in Miami-Dade |
| the Injury Prevention Coalition meetings and report quarterly. | Meetings attended | County, Department of Children and Family, |
| | | Childcare providers, University of Miami, Jackson |
| | # of children passengers <= 5 | Health Systems, Healthy Start Coalition of Miami- |
| | years killed in Motor Vehicle | Dade, Nicklaus Children's, Hospital, Early |
| | Crashes | Learning Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

| ISV 1.2.2: By September 30, 2024, maintain the number of Fatal | # of Fatal Traumatic Brain | Collaborative Agencies |
|---|--|---|
| Traumatic Brain Injuries under age 1, 3 Year Rolling Rates, in Miami- | injuries under age 1 | Florida Department of Health in Miami-Dade |
| Dade to be 0 (2017-2019). | | County, Department of Children and Family, |
| | | Childcare providers, University of Miami, Jackson |
| | | Health Systems, Healthy Start Coalition of Miami- |
| | | Dade, Nicklaus Children's, Hospital, Early |
| | | Learning Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| ISV 1.2.3: By September 30, 2024, reduce the number of Fatal Traumatic | # of Fatal Traumatic Brain | Collaborative Agencies |
| Brain Injuries among children aged 1-5, 3 Year Rolling Rates, in Miami- | Injuries 1-5, 3 Year Rolling in | Florida Department of Health in Miami-Dade |
| Dade from 3 (2019) to 1. | Miami-Dade | County, Department of Children and Family, |
| | | Childcare providers, University of Miami, Jackson |
| | | Health Systems, Healthy Start Coalition of Miami- |
| | | Dade, Nicklaus Children's, Hospital, Early |
| | | Learning Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| Strategy 3: Reduce and track the number of falls and injuries. | | |
| Objectives | Process Measure | Collaborative Agencies |
| ISV 1.3.1: By September 30, 2024, DOH Miami-Dade will work with the | # of deaths from unintentional | Florida Department of Health in Miami Dade |
| Elder Issues Committee and the Mayors Initiative on Aging to increase | falls in adults aged 65+. | County, Consortium for a Healthier Miami-Dade, |
| meetings with providers in the community that provide education to | # of educational campaigns (e.g. | adult day care facilities, Miami-Dade Community |
| the elder population on fall prevention from 1 (2019) to 3. | presentations, social media, | Action Services, Mayor's Initiative on Aging |
| | emails, educational materials) | Priority Area |
| | | Key Health Disparity, Access to Care |
| ISV 1.3.2: By September 30, 2024, maintain completion of annually | Update and disseminate data | Collaborative Agencies |
| updated data sources in the Florida Injury Surveillance Data System and | sources in the Florida Injury | |
| disseminate annual injury data report at 100% (2019). | | Florida Department of Health in Miami Dade |
| uisseminate annual injuly uata report at 100% (2019). | Surveillance Data Report | County Consortium for a Healthier Miami Dado |
| disseminate annual injury data report at 100% (2019). | Surveillance Data Report Was the data sources updated | County, Consortium for a Healthier Miami-Dade, |
| disseminate annual injury data report at 100% (2019). | | adult day care facilities, Miami-Dade Community |
| disseminate annual injury data report at 100% (2019). | Was the data sources updated | adult day care facilities, Miami-Dade Community Action Services, Mayor's Initiative on Aging |
| disseminate annual injury data report at 100% (2019). | Was the data sources updated | adult day care facilities, Miami-Dade Community |

| Strategy 4: Reduce the drowning injuries and associated hospitalizations | s for Milanii-Dade County. | |
|--|--------------------------------|--|
| Objectives | Process Measure | Collaborative Agencies |
| ISV 1.4.1: By September 30, 2024, DOH Miami-Dade will work to | # of media partners | Florida Department of Health in Miami Dade |
| increase both local media and social media messages from 0 (2019) to | # of social medial postings | County, Consortium for a Healthier Miami-Dade, |
| 2 to educate the community about water safety and to share | | Miami Dade Parks, Recreation and Open Spaces, |
| information on local swim classes. | | Miami Dade County Public Schools, Children's |
| | | Trust, Public Information Offices |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| ISV 1.4.2: By September 30, 2024, reduce the number of | # of hospitalizations for near | Collaborative Agencies |
| hospitalizations for near drowning, ages 1-5 in Miami-Dade from 8 | drowning, ages 1-5 | Florida Department of Health in Miami Dade |
| (2018) to 6. | | County, Consortium for a Healthier Miami-Dade, |
| | | Miami Dade Parks, Recreation and Open Spaces, |
| | | Miami Dade County Public Schools, Children's |
| | | Trust |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| ISV 1.4.3: By September 30, 2024, maintain the number of deaths from | # of deaths by drowning, ages | Collaborative Agencies |
| drowning among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade | 0-5 | Florida Department of Health in Miami Dade |
| below 2. | | County, Consortium for a Healthier Miami-Dade, |
| | | Miami Dade Parks, Recreation and Open Spaces, |
| | | Miami Dade County Public Schools, Children's |
| | | Trust |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| | | |
| Strategy 5: Ensure that all Miami-Dade public water systems are in comp | • | |
| Objectives | Process Measure | Collaborative Agencies |
| ISV 1.5.1: By September 30, 2024, increase from 98.7% (2019) to 100% | % of public water systems that | Florida Department of Health in Miami-Dade |
| the number of public water systems that have no significant health | have no significant health or | County, Miami-Dade County and local |
| drinking water quality problems. | water quality problems | Municipalities, Florida Department of |
| | | Environmental Protection |
| | | Priority Area |
| | | Key Health Disparity |

| Objectives | Process Measure | Collaborative Agencies |
|--|--|---|
| 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% (2019) to 90%. | Inspection compliance rate (# of inspections completed/# of inspections required within compliance period) | Florida Department of Health in Miami-Dade County, Department of Business and Professiona Regulation, Department of Agriculture and Consumer Services, Miami Dade County and municipalities |
| | | Priority Area Key Health Disparity |
| ISV 1.6.2: By September 30, 2024, maintain at 100% the number of illness and outbreaks associated with a regulated facility that have an environmental assessment or inspection done within 48 hours of the initial outbreak report. | % of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of an outbreaks report | Collaborative Agencies Florida Department of Health in Miami-Dade County, Department of Business and Professiona Regulation, Department of Agriculture and Consumer Services Priority Area Key Health Disparity |
| | | |
| 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 Hea | HP2020: IVP-1 HP2030: AH-10, ED-D01 SHIP: ISV-1 Ith and the Built Environment in ad | ldition to identifying speakers who can provide |
| education and community awareness. | | |
| Objectives | Process Measure | Collaborative Agencies |
| ISV 2.1.1: By September 30, 2024, the Consortium for a Healthier Miami-Dade will increase the number of identified best practices from 0 (2019) to 3 that can be utilized at the local level to educate the community on the importance of the built environment and its linkage to health status. | # of best practices identified | Florida Department of Health in Miami-Dade County, Consortium for a Healthier Miami-Dade University of Miami Priority Area Access to Care |
| | L | |
| | | |
| Strategy 2: Use evidence-based interventions as a means to reduce com | munity violence. | |
| Strategy 2: Use evidence-based interventions as a means to reduce com Objectives | munity violence. Process Measure | Collaborative Agencies |

| curb violence in the community and determine how the DOH can assist in violence reduction strategies. 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 need | # of local municipal law enforcement agencies partnering HP2020: PREP-12, PREP-13 HP2030: PREP-D02, PREP-D04 SHIP: ISV-1 ds of all hazards. | Action and Human Services, Police Chief Association of Miami Priority Area Access to Care |
|---|---|--|
| Objectives | Process Measure | Collaborative Agencies |
| ISV 3.1.1: By September 30, 2024, achieve and maintain DOH Miami- Dade Public Health Preparedness Strategic Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan at 100% (2019). ISV 3.1.2: By September 30, 2024, maintain completion of the After- Action report (AAR) and Improvement Plan (IP) at 100% (2019) following an exercise or real incident within 30 days of the exercise or event. | Was DOH Miami-Dade Public Health Preparedness Strategic Plan in alignment with Florida Public Health and Health Care Preparedness Strategic Plan? Yes or No. # of AAR and IP completed following an exercise or real incident | Florida Department of Health in Miami-Dade County, Miami-Dade County Office of Emergency Management Priority Area Key Health Disparity Collaborative Agencies Florida Department of Health in Miami-Dade County, Miami-Dade County Office of Emergency Management Priority Area |
| | | Key Health Disparity |
| Strategy 2: Prepare the public health and health care system for all haza | rds_natural or man-made | |
| Objectives | Process Measure | Collaborative Agencies |
| ISV 3.2.1: By September 30, 2024, 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 20 (2019) to 30. | # of fully deployable volunteers | Florida Department of Health in Miami-Dade County, Healthcare Coalition, Miami-Dade County Priority Area Access to Care |
| Goal 4: Anti-Violence Initiatives/prevent and reduce unintentional and intentional injuries. | HP2020: IVP-30, IVP-31 HP2030: IVP-13, IVP-14 SHIP: ISV-1 | |

| Strategy 1: Maintain partnerships with local community and non-profit organizations that provide injury interventions for the community. | | |
|---|--|---|
| Objectives | Process Measure | Collaborative Agencies |
| ISV 4.1.1: By September 30, 2024, reduce the rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children from 5.08 (2018) per 100,000 to 4.5 per 100,000. | The rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children | Florida Department of Health in Miami-Dade County, Local law enforcement, Consortium for a Healthier Miami-Dade, Department of Children and Family Services, Together for Children, Children's Trust Priority Area Key Health Disparity, Access to Care |
| ISV 4.1.2: By September 30, 2024 DOH Miami-Dade will work with local organizations to increase from 2 (2019) to 4 the number of events where education on gun safety and awareness is promoted. | # of collaborations and partnerships with local organizations # of gun safety and awareness events and materials shared | Collaborative AgenciesFlorida Department of Health in Miami-DadeCounty, Local law enforcement, Consortium for aHealthier Miami-Dade, Department of Childrenand Family Services, Together for Children,Children's TrustPriority AreaKey Health Disparity, Access to Care |
| ISV 4.1.3: By September 30, 2024, ensure that DOH Miami-Dade will work with its internal legislative lead to identify policies that impact gun violence. | Did we meet with our internal legislative lead? Yes or No. # of identified polices that impact gun violence | Collaborative Agencies Florida Department of Health in Miami-Dade County, Local law enforcement, Consortium for a Healthier Miami-Dade, Department of Children and Family Services, Together for Children, Children's Trust Priority Area Key Health Disparity, Access to Care |

| Injury, | Injury, Safety, and Violence: Policies and Programs | | |
|--|---|---|--|
| The following section is a list of programs, reso | ources, and polices that support efforts to address inju | rry, safety, and violence in Miami-Dade County. | |
| Consortium for a Healthier Miami-Dade The Consortium brings together more than 400 organizations to achieve collaborative solutions in reducing rates of chronic disease in Miami-Dade County. | Florida Department of Health in Miami-Dade County Community Health Assessment The community health assessment provides a snapshot of the health of Miami-Dade County residents by year. | CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. | |
| Walker Tracker App The Walker Tracker app is currently in development by Nicklaus Children's Hospital in conjunction with the Consortium. | University of Miami Walk Safe/Bike Safe Program The University of Miami BikeSafe program is an evidence- based injury prevention program focused on bicycle safety for children ages 10-14. BikeSafe has three program missions: to reduce the number of pediatric injuries, increase physical activity, and improve the bikeability of the built environment. | Miami-Dade Age-Friendly Initiative The Miami-Dade Age-Friendly Initiative is a collaborative effort focused on sustainable changes and efforts in order to create a community where older adults of all ages can stay active, engaged, and healthy with dignity and enjoyment. | |
| Miami-Dade Police Department anti-violence | Florida HealthyHomes, Asthma and Lead | Florida Department of Health Emergency | |
| best practices presentation | Poisoning Prevention Program | Preparedness Team | |
| This presentation has been delivered by the department throughout Miami-Dade County. | HEALTHY HOMES is a holistic approach to identifying and eliminating lead and other environmental health hazards from housing, including yard spaces, garages, and porches. | The Public Health Preparedness Program (PHPP) coordinates planning and preparedness activities for all-hazards public health emergencies for the Miami-Dade County Health Department (MDCHD). | |
| Mental health benefits legislation | Trauma-informed healthcare | Behavioral health primary care integration | |
| Regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders. | Adopt a multi-tiered approach within schools to address the needs of trauma-exposed youth, including school-wide changes, screenings, and individual intensive support. | Revise health care processes and provider roles to integrate mental health and substance abuse treatment into primary care; continue to refer patients with severe conditions to specialty care. | |

Strategic Priority: Communicable Diseases and Emergent Threats

Policy Changes Needed: Changes are needed for educational initiatives aimed at improving community emergency preparedness and access to culturally appropriate materials.

Supporting Activities For Policy Changes Needed: Support policy, systems, and environmental changes that promote equal access to culturally competent care. As a result, the organization will:

- Increase the number of partners who work in public health, medical, mental or behavioral health-related emergency preparedness efforts or activities.
- Increase awareness efforts and initiatives related to immunization requirements.
- Create educational campaigns related to communicable diseases transmitted through the sharing of tobacco products and paraphernalia.
- Participate in activities that address diversity and inclusion in the built-environment.
- Distribute culturally competent materials to all demographics.

| Goal 1: Prevent and control infectious diseases. | HP2020: IID-1, STD-7, HIV-2, HIV-19 |
|--|--|
| | HP2030: IID-01, IID-D01, IID-D03, IID-08, STI-03, STI-04, STI-05, HIV-01, HIV-04 |
| | SHIP: IM-1, IM-2, ID 1, ID-2 |

Strategy 1: Develop a process to assure that all vaccinations received by children in the county are properly monitored using the Florida State Health online tracking system (Florida SHOTS).

| Objectives | Process Measure | Collaborative Agencies |
|---|---------------------------------|--|
| CDET 1.1.1: By September 30, 2024, increase the percentage of two- | Immunization rate in two-year | Florida Department of Health in Miami-Dade |
| year old's who are fully immunized from 93.1% (2018) to 95% in Miami- | old children | County, child care facilities, Department of |
| Dade. | | Children and Families, Early Learning Coalition, |
| | | Immunization Coalition, primary care physicians |
| | | Priority Area |
| | | Access to Care |
| CDET 1.1.2: By September 30, 2024, increase the percentage of two- | Immunization levels in two-year | Collaborative Agencies |
| year-old CHD clients that are fully immunized in DOH Miami-Dade from | old children DOH by Miami- | Florida Department of Health in Miami-Dade |
| 97.9% (2019) to 99%. | Dade Clinics | County, child care facilities, Department of |
| | | Children and Families, Early Learning Coalition, |
| | | Immunization Coalition, primary care physicians |
| | | Priority Area |
| | | Access to Care |
| | 1 | |

| Objectives | Process Measure | Collaborative Agencies |
|--|---------------------------------|--|
| CDET 1.2.1: By September 30, 2024, the number of confirmed cases of | # of confirmed cases of measles | Florida Department of Health in Miami-Dade |
| measles in children under 19 in Miami-Dade will decrease from 3 (2018) | in the county | County, Immunization Coalition |
| to 0. | | Priority Area |
| | | Key Health Disparity, Access to Care |
| CDET 1.2.2: By September 30, 2024, the number of confirmed cases of | # of confirmed cases of | Collaborative Agencies |
| Haemophilus influenzae type B in children under 19 in Miami-Dade will | Haemophilus influenzae type B | Florida Department of Health in Miami-Dade |
| decrease from 4 (2018) to 0. | | County, Immunization Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| CDET 1.2.3: By September 30, 2020, increase the number of determined | Was a baseline determined? | Collaborative Agencies |
| baseline data measures for HPV vaccination rates from 0 (2020) to 1. | Yes or No | Florida Department of Health in Miami-Dade |
| | | County, Immunization Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| CDET 1.2.4: By September 30, 2024, increase the HPV vaccination | Rate of HPV vaccination | Collaborative Agencies |
| completion rate for children 9-17 years of age from 22.83% (2019) to | completion | Florida Department of Health in Miami-Dade |
| 25%. | | County, Immunization Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| CDET 1.2.5: By September 30, 2024 DOH Miami-Dade will increase from | # of social media marketing | Collaborative Agencies |
| 0 (2019) to 1 the number of social marketing campaigns to provide | campaigns | Florida Department of Health in Miami-Dade |
| information to the community on the types and purposes of vaccines. | | County, Immunization Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |
| CDET 1.2.6: By September 30, 2024, increase the percentage of adults | % of elderly who have had the | Collaborative Agencies |
| aged 65 and older who have had a flu shot in the last year from 51.9% | flu shot | Florida Department of Health in Miami-Dade |
| (2016) to 53.9% in Miami-Dade. | | County, Immunization Coalition |
| | | Priority Area |
| | | Key Health Disparity, Access to Care |

Strategy 3: Monitor case investigation status and enhance communication with health care providers.

| Objectives | Process Measure | Collaborative Agencies |
|---|-----------------------------------|---|
| CDET 1.3.1: By September 30, 2024, increase the percentage of | % of Infectious Syphilis treated | Florida Department of Health in Miami-Dade |
| infectious syphilis treated within 14 days of reporting in Miami-Dade | within 14 days of lab reported | County, Community-based treatment clinics, |
| County from 88% (2018) to 90%. | date | FQHC's |
| | | Priority Area |
| | | Access to Care, HIV, STD and Infectious Disease |
| CDET 1.3.2: By September 30, 2024, increase from 0 (2019) to 1 the | # of educational campaigns | Collaborative Agencies |
| number of educational campaign's that target high risk populations on | | Florida Department of Health in Miami-Dade |
| the importance of knowing their status, getting tested for STI's, HIV and | | County, Community-based treatment clinics, |
| seeking treatment. | | FQHC's |
| | | Priority Area |
| | | Access to Care, HIV, STD and Infectious Disease |
| | | |
| Strategy 4: Monitor case investigation status and enhance communicati | on with health care providers. | |
| Objectives | Process Measure | Collaborative Agencies |
| CDET 1.4.1: By September 30, 2024, decrease the rates of congenital | # of congenital syphilis cases | Florida Department of Health in Miami-Dade |
| syphilis from 24 (2018) to 14. | | County, Consortium for a Healthier Miami-Dade, |
| | | OB/GYN providers, Nurse Family Partnerships |
| | | Priority Area |
| | | Access to Care, HIV, STD and Infectious Disease |
| | | |
| Strategy 5: Focus HIV prevention efforts in communities and areas with | higher rates of HIV transmission. | |
| Objectives | Process Measure | Collaborative Agencies |
| CDET 1.5.1: By September 30, 2024, reduce the number of new HIV | # of new HIV infections per | Florida Department of Health in Miami-Dade |
| infections in Miami-Dade from 1,181 (2019) to 973 to be at or below the | 100,000 in Miami Dade | County, FQHC's, Care Resource |
| national and state averages per year with focus on the elimination of | | Priority Area |
| racial and ethnic disparities in new HIV infections. | | Access to Care, HIV, STD and Infectious Disease |
| CDET 1.5.2: By September 30, 2024, reduce the AIDS case rate in Miami- | AIDS Rate per 100,000 | Collaborative Agencies |
| Dade per 100,000 from 14.3 (2018) to 10. | Population | Florida Department of Health in Miami-Dade |
| | | County, FQHC's, Care Resource |
| | | Priority Area |
| | | Access to Care, HIV, STD and Infectious Disease |

| Strategy 6: Increase access to care and improve health outcomes for per | ople living with HIV (PLWH). | |
|--|---|---|
| Objectives | Process Measure | Collaborative Agencies |
| CDET 1.6.1: By September 30, 2024, increase the percentage from | % of Newly Identified HIV | Florida Department of Health in Miami-Dade |
| 69.03% (2019) to 85% of newly identified HIV infected persons linked to care within 30 days of diagnosis and are receiving appropriate | Infected Persons Linked to Care Within 30 Days of Diagnosis | County, health care providers, clinics, Miami- Dade County |
| prevention, care, and treatment services in Miami-Dade. | | Priority Area |
| | | Access to Care, HIV, STD and Infectious Disease, Key Health Disparity |
| Goal 2: Provide equal access to culturally competent care. | HP2020: HC/HIT-12 HP2030: HC/HIT-D02, HC/HIT-D03 | 3, HC/HIT-D06 |
| | SHIP: HE-1 | |
| Strategy 1: Ensure that systems and personnel are available to effective | ly manage all hazards. | |
| Objectives | Process Measure | Collaborative Agencies |
| CDET 2.1.1: By September 30, 2024, increase the percentage of pre- identified staff covering Public Health and Medical incident management command roles that can report to duty within 60 minutes | the percentage of pre- % of Incident Command and Medical incident Structure (ICS) Leadership | Florida Department of Health in Miami-Dade County, Miami-Dade County Office of Emergency Management |
| or less from 90% (2019) to 100%. | | Priority Area |
| | Windtes | Access to Care |
| CDET 2.1.2: By February 28, 2020, increase and sustain the percentage of DOH-Miami-Dade employees responding to monthly notification | % of DOH-Miami-Dade employees responding to | Collaborative Agencies |
| drills within an hour from 87% (2019) to 95%. | monthly notification drills within an hour | Florida Department of Health in Miami-Dade County, Miami-Dade County Office of Emergency Management |
| | | Priority Area |
| | | |

| Communicable D | iseases and Emergent Threats: Polic | ies and Programs |
|---|--|--|
| The following section is a list of programs, resour | ces, and polices that support efforts to address comm Dade County. | unicable diseases and emergent threats in Miami- |
| Consortium for a Healthier Miami-Dade The Consortium brings together more than 400 organizations to achieve collaborative solutions in reducing rates of chronic disease in Miami-Dade County | Florida Department of Health in Miami-Dade County Community Health Assessment The community health assessment provides a snapshot of the health of Miami-Dade County residents by year | CHAT health screening and educational services The Community Health Action Team of the FL Dept of Health in Miami-Dade provides health screenings and education services to citizens throughout Miami-Dade County. |
| Florida Department of Health Emergency Preparedness Team The Public Health Preparedness Program (PHPP) coordinates planning and preparedness activities for all-hazards public health emergencies for the Miami-Dade County Health Department (MDCHD). | Getting 2 Zero The Getting 2 Zero initiative is a movement to reduce new HIV/AIDS infections, increase access to care, reduce stigma, and to promote health equality in the community. | Share culturally competent educational materials Provide health education materials in a language and format that meets the needs of all demographics in a specific community. |
| Ending the HIV Epidemic This initiative seeks to reduce the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted. | Behavioral interventions to prevent HIV and other STDs Use individual, group, and community level interactions to provide education, support, and training that can affect social norms about HIV and other STDs. | Comprehensive risk reduction sexual education Provide information about contraception and protection against sexually transmitted infections in classroom or community settings. |
| Condom availability programs Distribute condoms at key access points like community centers, senior centers, public events, and clubs/bars, etc. | HIV/STD partner notification by providers Elicit information about sex or needle sharing partners from STI-positive patients, then notify partners of risk, testing, and services; also called contact tracing, or partner counseling and referral services. | FLHAN/Everbridge Mass Notification System Everbridge is the mass notification system utilized by the FL DOH team to communicate with employees during an emergency. |

Summary

The <u>Florida Department of Health in Miami-Dade County</u> in conjunction with many local and state partners, has worked diligently to complete the full Mobilizing for Action through Planning and Partnership process to create the new Community Health Improvement Plan. The 2019-2024 Community Health Improvement Plan, was created based on the MAPP assessment results and the input from community members, leaders, organizations and many other interested parties. Based on the feedback that was gathered, the CHIP is a fully community-based plan that is meant to track the health of residents and visitors and community progress towards change that is meant to have a positive impact on the community where we all live, work, play and worship. It is the hope of the Florida Department of Health in Miami-Dade County that this plan will be used by multiple organizations, business sectors and community leaders to address the needs of their community and the clients they serve. All information and processes used to complete the MAPP process including the formulation of the CHIP can be found on both the Florida Department of Health in Miami-Dade County Website (miamidade.floridahealth.gov) as well as the <u>Consortium for a Healthier Miami-Dade</u>.

While the list of contributors and partners is exhaustive, a special thank you is warranted to all of our partners for your continued work and dedication to improving the health of our community!



Appendix I: CHIP Alignment with the Healthy People 2020 and State Health Improvement Plan

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.

| HP2020 | SHIP Goal: |
|---|--|
| AHS-6 Reduce the proportion of persons who are unable to obtain or | HE 1: Establish shared understanding across all sectors (including, but not limited |
| delay in obtaining necessary medical care, dental care, or prescription | to, state and local agencies and other organizations) concerning information and |
| medicines. | issues surrounding health equity (HE), cultural competency/sensitivity and how |
| | social determinants of health (SDOH) influence the health of Florida's residents and |
| | communities. |

Strategy 2: DOH Miami-Dade staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to implement within their committee work plan a health equity component, specifically including SDOH.

| HP2020 | SHIP Goal: |
|---|--|
| AHS-6 Reduce the proportion of persons who are unable to obtain or | HE 1: Establish shared understanding across all sectors (including, but not limited |
| delay in obtaining necessary medical care, dental care, or prescription | to, state and local agencies and other organizations) concerning information and |
| medicines. | issues surrounding health equity (HE), cultural competency/sensitivity and how |
| | social determinants of health (SDOH) influence the health of Florida's residents and |
| | communities. |

Goal 2: Provide access and quality of educational services

Strategy 1: DOH staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to identify community partners that can assist with identifying best practices to address health equity and SDOH.

| HP2020 | SHIP Goal: |
|--|--|
| AH-5.1 Increase the proportion of students who graduate with a | HE 2: Strengthen the capacity of state and local agencies and other organizations to |
| regular diploma 4 year after starting 9th grade. | work collaboratively with communities to reduce disparities in SDOH and advance |
| | HE. |
| | |

Strategy 2: Provide educational outreach, media support, and community collaboration for promotion of materials and services that improve HE and reduce the prevalence of SDOH.

| HP2020 | SHIP Goal: |
|---|---|
| AH-5.1 Increase the proportion of students who graduate with a | HE 2: Strengthen the capacity of state and local agencies and other organizations to |
| regular diploma 4 year after starting 9th grade. | work collaboratively with communities to reduce disparities in SDOH and advance |
| | HE. |
| | |
| Goal 3: Improve Community Involvement | |
| Strategy 1 : Promote awareness and education in the community by w economic stability. | orking with community-based organizations to highlight opportunities to improve |
| HP2020 | SHIP Goal: |
| SDOH-3 Proportion of persons living in poverty. | HE 3: Strengthen the capacity of state and local agencies and other organizations to |
| | work collaboratively with communities and each other to support the specific needs |
| | of Florida's most vulnerable populations. |
| | |
| Strategy 2: Work with Miami-Dade County Public Schools to review st | rategies in place to improve graduation rates for Miami-Dade's vulnerable population. |
| HP2020 | SHIP Goal: |
| AH-5.1 Increase the proportion of students who graduate with a | HE 3: Strengthen the capacity of state and local agencies and other organizations to |
| regular diploma 4 year after starting 9th grade. | work collaboratively with communities and each other to support the specific need |
| | of Florida's most vulnerable populations. |
| | |
| Strategy 3: Support partners in creating opportunities to increase acce | |
| HP2020 | SHIP Goal: |
| NWS-13 Reduce household food insecurity and in doing so reduce | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| hunger | work collaboratively with communities and each other to support the specific need |
| SDOH-4 Proportion of households that experience housing cost | of Florida's most vulnerable populations. |
| burden. | |
| Strategy 4: Develop a process to integrate mental health awareness a | ctivities into the community. |
| | |
| HP2020 | SHIP Goal: |
| MHMD-5 Increase the proportion of primary care facilities that | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| provide mental health treatment onsite or by paid referral. | work collaboratively with communities and each other to support the specific need |
| MHMD-6 Increase the proportion of children with mental health | of Florida's most vulnerable populations. |
| problems who receive treatment. | |

Strategy 5: Maintain partnerships with local Federally Qualified Health Centers (FQHC) and community-based medical providers that provide primary care interventions to the community.

| HP2020 | SHIP Goal: | |
|---|---|--|
| AHS-3 Increase the proportion of persons with a usual primary care | HE3: Strengthen the capacity of state and local agencies and other organizations to | |
| provider. | work collaboratively with communities and each other to support the specific needs | |
| | of Florida's most vulnerable populations. | |
| | | |
| 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 burdens. | | |
| HP2020 | SHIP Goal: | |
| SDOH-4 Proportion of households that expereince housing cost | HE3: Strengthen the capacity of state and local agencies and other organizations to | |
| burden. | work collaboratively with communities and each other to support the specific needs | |
| | of Florida's most vulnerable populations. | |

| Strategic Priority: Access to Care | | |
|---|--|--|
| Goal 1: Use health information technology to improve the efficiency, ef | fectiveness, and quality of patient care coordination, patient safety, and health care | |
| outcomes | | |
| Strategy 1: Develop a strategy for updating community resources with a | agencies within the community that obtain the appropriate data | |
| HP2020 SHIP Goal: | | |
| HC/HIT-5 Increase the proportion of persons who use electronic | CD2: Enhance community health systems to address social determinants of health | |
| personal health management tools. | through Asset-Based Community Development and partnerships. | |
| | | |
| Strategy 2: Florida Health Charts will be used to obtain county, peer cou | unty, and state data for specific indicator tracking. | |
| HP2020 | SHIP Goal: | |
| HC/HIT-13 Increase social marketing in health promotion and disease | CD2: Enhance community health systems to address social determinants of health | |
| prevention. | through Asset-Based Community Development and partnerships. | |
| | | |
| Strategy 3: Develop a standardized community profile using the Robert | Wood Johnson Foundation and County Health Rankings. | |
| HP2020 | SHIP Goal: | |
| HC/HIT-5 Increase the proportion of persons who use electronic | CD2: Enhance community health systems to address social determinants of health | |
| personal health management tools. | through Asset-Based Community Development and partnerships | |

Goal 2: Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals.

| Strategy 1. The BRESS data and the Community Themes and Strengths / | Assessment (CTSA) will be incorporated into the development of the Community |
|--|---|
| Health Improvement Plan to track neighborhood level health indicators | |
| HP2020 | SHIP Goal: |
| AHS-6 Reduce the proportion of persons who are unable to obtain or | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| delay in obtaining necessary medical care, dental care, or prescription | work collaboratively with communities and each other to support the specific need |
| medicines. | of Florida's most vulnerable populations. |
| Goal 3: Promote an efficient public health system for Miami-Dade Coun | sty. |
| · · · | and implement it locally and encourage additional training and education. |
| HP2020 | SHIP Goal: |
| ECBP-19 Increase the proportion of academic institutions with health | HE1: Establish shared understanding across all sectors (including, but not limited to |
| professions education programs whose prevention curricula include | state and local agencies and other organizations) concerning information and issue |
| interprofessional educational experiences. | surrounding health equity (HE), cultural competency/sensitivity and how social |
| nterprotessional educational experiences. | determinants of health (SDOH) influence the health of Florida's residents and |
| | communities. |
| | |
| Strategy 2: Develop a process to collect performance data relative to sig | gnificant activity in mobilizing partnerships. |
| HP2020 | SHIP Goal: |
| AHS-6 Reduce the proportion of persons who are unable to obtain or | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| delay in obtaining necessary medical care, dental care, or prescription | work collaboratively with communities and each other to support the specific need |
| medicines. | of Florida's most vulnerable populations. |
| Goal 4: Immigrant access to health care and community- based services | 5. |
| Strategy 1: Ensure that the population in Miami-Dade County have acce | ess to needed food services to maintain a healthy weight regardless of immigration |
| status. | , |
| HP2020 | SHIP Goal: |
| HRQOL/WB-1 Increase the proportion of adults who self-report good | HW 1: Improve the food environment and nutrition habits across the lifespan to |
| or better health. | increase healthy weight. |
| Strategy 2: Educate the immigrant community to be health champions f | for themselves, their families, and their communities. |
| | |
| HP2020 | SHIP Goal: |
| | |
| HP2020 HRQOL/WB-1 Increase the proportion of adults who self-report good or better health. | SHIP Goal: CD 1: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health |

| cognitive disorders. | |
|---|---|
| Strategy 1: Improve community resources and services available to ser | ve residents working through mental health or behavioral health concerns. |
| HP2020 | SHIP Goal: |
| MHMD 4-Increase the proportion of primary care facilities that | BH1.1: Increase the number of child welfare-involved families with access to |
| provide mental health treatment onsite or by paid referral. | behavioral health services |
| Strategy 2 : Increase the number of pregnant women in treatment for o | opioid disorders. |
| HP2020 | SHIP Goal: |
| MICH-11 Increase abstinence from alcohol, cigarettes, and illicit drugs | BH2: Decrease the number of newborns experiencing neonatal abstinence |
| among pregnant women. | syndrome. |
| administer naloxone. | as it relates to how to recognize signs of substance abuse, overdose and how to |
| HP2020 | SHIP Goal: |
| SA-12 Reduce drug-induced deaths. | BH3: Reduce the number of opioid overdose deaths among individuals with opioid use disorders. |
| Strategy 4: Increase the number of resources and support groups that | are available to residents |
| HP2020 | SHIP Goal: |
| TF2UZU | |
| MHMD 1 Poduco the suicide rate | |
| MHMD 1 Reduce the suicide rate | BH4: Reduce the number of deaths by suicide in Florida. |
| MHMD 1 Reduce the suicide rateGoal 6: Increase awareness of Alzheimer's and related Dementias. | |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. | BH4: Reduce the number of deaths by suicide in Florida. |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. | BH4: Reduce the number of deaths by suicide in Florida. |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiative | BH4: Reduce the number of deaths by suicide in Florida. |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiativ HP2020 | BH4: Reduce the number of deaths by suicide in Florida. ves. SHIP Goal: AD1: Identify a statewide system of resources and support to formalize the |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiativ HP2020 DIA 1 Increase the proportion of adults aged 65 years and older with | BH4: Reduce the number of deaths by suicide in Florida. ves. SHIP Goal: AD1: Identify a statewide system of resources and support to formalize the |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiative HP2020 DIA 1 Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias, or their caregiver | BH4: Reduce the number of deaths by suicide in Florida. ves. SHIP Goal: AD1: Identify a statewide system of resources and support to formalize the , Alzheimer's disease and related dementias (ADRD) network. |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiative HP2020 DIA 1 Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias, or their caregiver who are aware of the diagnosis. | BH4: Reduce the number of deaths by suicide in Florida. ves. SHIP Goal: AD1: Identify a statewide system of resources and support to formalize the , Alzheimer's disease and related dementias (ADRD) network. |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. Strategy 1: Strengthen local networks that support Alzheimer's initiating HP2020 DIA 1 Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias, or their caregiver who are aware of the diagnosis. Strategy 2: Increase local resources for caregivers and increase the use | BH4: Reduce the number of deaths by suicide in Florida. ves. SHIP Goal: AD1: Identify a statewide system of resources and support to formalize the Alzheimer's disease and related dementias (ADRD) network. e of best practices in the field of Alzheimer's and Dementias. |

| Strategy 3: Work to ensure that those diagnosed with ADRD's are protected. | |
|--|--|
| HP2020 | SHIP Goal: |
| DIA 1 Increase the proportion of adults aged 65 years and older with | AD3: Protect individuals with ADRD from further vulnerability. |
| diagnosed Alzheimer's disease and other dementias, or their caregiver, | |
| who are aware of the diagnosis. | |

| 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 diseases. | | |
| HP2020 SHIP Goal: | | |
| HDS-1 (Developmental) Increase overall cardiovascular health in the | CD 1: Increase cross-sector collaboration for the prevention, early detection, | |
| U.S. population. | treatment and management of chronic diseases and conditions to improve health | |
| | equity. | |
| | | |
| Strategy 2: Encourage Miami-Dade County Residents to seek screening | s for chronic diseases through educational campaigns. | |
| HP2020 | SHIP Goal: | |
| ECBP-10.7 Increase the number of community-based organizations | CD 1: Increase cross-sector collaboration for the prevention, early detection, | |
| (including local health departments, Tribal health services, | treatment and management of chronic diseases and conditions to improve health | |
| nongovernmental organizations, and State agencies) providing | equity. | |
| population-based primary prevention services chronic disease | | |
| programs. | | |
| | | |
| Strategy 3: Encourage Miami-Dade residents to get screening for conditions that contribute to chronic disease such as diabetes, hypertension, and BMI and | | |
| reduce behaviors that contribute to chronic diseases through an educational campaign. | | |
| HP2020 | SHIP Goal: | |
| ECBP-10 Increase the number of community-based organizations | CD 1: Increase cross-sector collaboration for the prevention, early detection, | |
| (including local health departments, Tribal health services, | treatment and management of chronic diseases and conditions to improve health | |
| nongovernmental organizations, and State agencies) providing | equity. | |

| population-based primary prevention services in the following areas: | |
|---|---|
| ECBP-10.4, ECBP-10.7 | |
| Goal 2: Increase access to recourses that promote healthy behaviors in | ncluding access to transportation, healthy food options and smoke and nicotine-free |
| environments. | |
| Strategy 1: Increase access to healthier food options through program e | xpansion, educational campaings, and identification of best practices. |
| HP2020 | SHIP Goal: |
| NWS-15 Increase the variety and contribution of vegetables to the | HW 1: Improve the food environment and nutrition habits across the lifespan to |
| diets of the population aged 2 years and older. | increase healthy weight. |
| | |
| old. | ce of breastfeeding, lactation policy and employee right to pump until child is 1-year- |
| HP2020 | SHIP Goal: |
| MICH -22 Increase the proportion of employers that have worksite | HW 1: Improve the food environment and nutrition habits across the lifespan to |
| lactation support programs. | increase healthy weight. |
| Goal 3: Increase the percentage of children and adults who are at a heal | thy weight. |
| Strategy 1: A plan will be developed to allow for the adoption of Comple | ete Streets Policy and Active Design Miami Guidelines in Miami-Dade. |
| HP2020 | SHIP Goal: |
| PA-15 (Developmental) Increase legislative policies for the built | HW 2: Improve access to and participation in physical activity opportunities across |
| environment that enhance access to and availability of physical activity | the lifespan to increase healthy weight. |
| opportunities. | |
| Goal 4: Assure adequate public health funding to control infectious disea | ases, reduce premature morbidity and mortality due to chronic diseases and improve |
| the health status of residents and visitors. | |
| Strategy 1: A process will be developed between Miami-Dade organizati | ons to ensure collaboration in electronic data sharing. |
| HP2020 | SHIP Goal: |
| ECBP-10.7 Increase the number of community-based organizations | CD 2: Enhance community health systems to address social determinants of health |
| (including local health departments, Tribal health services, non- | through Asset-Based Community Development and partnerships. |
| governmental organizations, and State agencies) providing population- | |
| based primary prevention services chronic disease programs. | |

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. HP2020 SHIP Goal: MCH 1: Reduce infant mortality and related disparities. **MICH-1** Reduce the rate of fetal and infant deaths. **Strategy 2:** Leverage resources to enhance family planning and related education to sustain short inter-pregnancy intervals at a low level. HP2020 SHIP Goal: MICH-9 Reduce preterm births. MCH 1: Reduce infant mortality and related disparities. 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-Dade. HP2020 SHIP Goal: MCH 2: Prevent pregnancy-related mortality and maternal morbidity and reduce MICH-5 Reduce the rate of maternal mortality. racial disparities. Strategy 2: Develop a process to promote essential health services for pregnant women in Miami-Dade. HP2020 SHIP Goal: MICH-16 Increase the proportion of women delivering a live birth who MCH 2: Prevent pregnancy-related mortality and maternal morbidity and reduce received preconception care services and practiced key recommended racial disparities. preconception health behaviors. **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 related data. SHIP Goal: HP2020 MICH-30 Increase the proportion of children, including those with MCH 3: Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home. special health care needs, who have access to a medical home. Strategy 2: A strategy will be developed locally to address access to care and a map will be developed identifying areas where there are shortages of primary medical care, dental or mental health providers.

| HP2020 | SHIP Goal: |
|---|---|
| MICH-31 Increase the proportion of children with special health care | MCH 3: Increase the proportion of children with special health care needs under |
| needs who receive their care in family-centered, comprehensive, and | the age of 21 who receive their care in a patient-centered medical home. |
| coordinated systems. | |
| | |
| 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 County. | |
| HP2020 SHIP Goal: | |
| MICH-20 Increase the proportion of infants who are put to sleep on | MCH 1: Reduce infant mortality and related disparities. |
| their backs. | |

| 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 | ng safe driving practices for teens | |
| HP2020 SHIP Goal: | | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| Strategy 2: Decrease child injury from motor vehicle crashes. | | |
| HP2020 | SHIP Goal: | |
| EH-22 Increase the number of States, Territories, Tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards | ISV 1.2 : Reduce the number of injuries to child passengers involved in crashes with a focus on achieving health equity in child passenger safety. | |
| Strategy 3: Reduce and track the number of falls and injuries. | | |
| HP2020 SHIP Goal: | | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| Strategy 4: Reduce the drowning injuries and associated hospitalizations for Miami-Dade County. | | |

| HP2020 | SHIP Goal: | |
|---|---|--|
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| Strategy 5: Ensure that all Miami-Dade public water systems are in compliance with public health standards. | | |
| HP2020 | SHIP Goal: | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| Strategy 6: Ensure adequate budget and staffing to fully implement the | · · · · · · · · · · · · · · · · · · · | |
| HP2020 | SHIP Goal: | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| Goal 2: Build and revitalize communities so that people have access to s | afer and healthier neighborhoods. | |
| Strategy 1: Develop resources and training materials on the topic of Head education and community awareness. | alth and the Built Environment in addition to identifying speakers who can provide | |
| HP2020 | SHIP Goal: | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| Strategy 2: Use evidence-based interventions as a means to reduce community violence. | | |
| HP2020 | SHIP Goal: | |
| IVP-1 Reduce fatal and nonfatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. | |
| | | |
| 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. | | |
| HP2020 | SHIP Goal: | |
| PREP-12 Increase the proportion of adults who have taken actions to | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in | |
| prepare for a possible disaster or emergency within 6 months after being made aware of preparedness information. | Florida. | |
| | | |

| HP2020 | SHIP Goal: | |
|--|---|--|
| PREP-13 Increase the proportion of adults whose household has an | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in | |
| emergency plan that includes instructions for household members | Florida. | |
| about where to go and what to do in the event of a disaster. | | |
| | | |
| | | |
| Goal 4: Anti-Violence Initiatives/prevent and reduce unintentional and | intentional injuries. | |
| | | |
| | | |
| Strategy 1: Maintain partnerships with local community and non-profi | t organizations that provide injury interventions for the community. | |

| Strategic Priority: Communicable Diseases and Emergent Threats | | |
|---|--|--|
| Goal 1: Prevent and control infectious diseases. | | |
| Strategy 1: Develop a process to assure that all vaccinations received by children in the county are properly monitored using the Florida State Health online tracking system (Florida SHOTS). | | |
| HP2020 | SHIP Goal: | |
| IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine- preventable diseases. | IM1: Increase access to immunizations for infants and pregnant women. | |
| Strategy 2: Increase awareness of vaccine preventable diseases. HP2020 | SHIP Goal: | |
| IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine- preventable diseases | Goal IM2: Increase access to immunizations for vaccine-preventable disease in children and teens | |
| Strategy 3: Monitor case investigation status and enhance communication with health care providers. | | |
| HP2020 | SHIP Goal: | |
| STD-7 Reduce sustained domestic transmission of primary and secondary syphilis | ID1: Reduce syphilis in Florida. | |
| | | |

| HP2020 | SHIP Goal: |
|--|---|
| STD-8 Reduce congenital syphilis. | ID1: Reduce syphilis in Florida. |
| Strategy 5: Focus HIV prevention efforts in communities and areas with | higher rates of HIV transmission. |
| HP2020 | SHIP Goal: |
| HIV-2 Reduce the number of new HIV infections among adolescents | ID2: Reduce new HIV infections in Florida through a coordinated response across |
| and adults. | public health systems partners. |
| | |
| Strategy 6: Increase access to care and improve health outcomes for pe | opie living with HIV (PLWH). |
| HP2020 | SHIP Goal: |
| HIV-19 Increase the percentage of persons with newly diagnosed HIV | ID2: Reduce new HIV infections in Florida through a coordinated response across |
| infection linked to HIV medical care (had a routine HIV medical visit) | public health systems partners. |
| within one month of their HIV diagnosis. | |
| Goal 2: Provide equal access to culturally competent care. | |
| Strategy 1: Ensure that systems and personnel are available to effectively manage all hazards. | |
| HP2020 | SHIP Goal: |
| HC/HIT-12 Increase the proportion of crisis and emergency risk | Goal HE 1: Establish shared understanding across all sectors (including, but not |
| messages intended to protect the public's health that demonstrate the | limited to, state and local agencies and other organizations) concerning information |
| | |
| use of best practices. | and issues surrounding health equity (HE), cultural competency/sensitivity and how |
| use of best practices. | and issues surrounding health equity (HE), cultural competency/sensitivity and how social determinants of health (SDOH) influence the health of Florida's residents and |

Appendix II: CHIP Alignment with the Healthy People 2030 and State Health Improvement Plan

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.

| HP2030 | SHIP Goal: |
|---|---|
| AHS-04 Reduce the proportion of persons who are unable to obtain or | HE 1: Establish shared understanding across all sectors (including, but not limited to, |
| delayed in obtaining necessary medical care. | state and local agencies and other organizations) concerning information and issues |
| AHS-05 Reduce the proportion of persons who are unable to obtain or delayed in obtaining necessary dental care | surrounding health equity (HE), cultural competency/sensitivity and how social determinants of health (SDOH) influence the health of Florida's residents and communities. |
| AHS-06 Reduce the proportion of persons who are unable to obtain or | |
| delayed in obtaining necessary prescription medicines | |

Strategy 2: DOH Miami-Dade staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to implement within their committee work plan a health equity component, specifically including SDOH.

| HP2030 | SHIP Goal: |
|---|--|
| AHS-04 Reduce the proportion of persons who are unable to obtain or | HE 1: Establish shared understanding across all sectors (including, but not limited to, |
| delayed in obtaining necessary medical care. | state and local agencies and other organizations) concerning information and issues surrounding health equity (HE), cultural competency/sensitivity and how social determinants of health (SDOH) influence the health of Florida's residents and communities. |

Goal 2: Provide access and quality of educational services

Strategy 1: DOH staff members will provide guidance to the Consortium for a Healthier Miami-Dade and work with each of the seven committees to identify community partners that can assist with identifying best practices to address health equity and SDOH.

| HP2030 | SHIP Goal: |
|--|--|
| AH-08 Increase the proportion of high school students who graduate | HE 2: Strengthen the capacity of state and local agencies and other organizations to |
| in 4 years. | work collaboratively with communities to reduce disparities in SDOH and advance |
| | HE. |
| | |

Strategy 2: Provide educational outreach, media support, and community collaboration for promotion of materials and services that improve HE and reduce the prevalence of SDOH.

| HP2030 | SHIP Goal: | |
|--|--|--|
| AH-08 Increase the proportion of high school students who graduate | HE 2: Strengthen the capacity of state and local agencies and other organizations to | |
| in 4 years. | work collaboratively with communities to reduce disparities in SDOH and advance | |
| | HE. | |
| | | |
| Goal 3: Improve Community Involvement | | |
| Strategy 1: Promote awareness and education in the community by w | orking with community-based organizations to highlight opportunities to improve | |
| economic stability. | | |
| HP2030 | SHIP Goal: | |
| SDOH-01 Reduce the proportion of persons living in poverty. | HE 3: Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida's most vulnerable populations. | |
| | | |
| Strategy 2: Work with Miami-Dade County Public Schools to review strategies in place to improve graduation rates for Miami-Dade's vulnerable population. | | |

| HP2030 | SHIP Goal: |
|--|--|
| AH-08 Increase the proportion of high school students who graduate | HE 3: Strengthen the capacity of state and local agencies and other organizations to |
| in 4 years. | work collaboratively with communities and each other to support the specific needs |
| | of Florida's most vulnerable populations. |

Strategy 3: Support partners in creating opportunities to increase access to adequate food and access to physical activity.

| HP2030 | SHIP Goal: |
|--|--|
| NWS-01 Reduce household food insecurity and hunger. | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| SDOH-04 Reduce the proportion of families that spend more than 30 percent of income on housing. | work collaboratively with communities and each other to support the specific needs of Florida's most vulnerable populations. |

Strategy 4: Develop a process to integrate mental health awareness activities into the community.

| HP2030 | SHIP Goal: |
|---|---|
| MHMD-08 Increase the proportion of primary care office visits where | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| adolescents and adults are screened for depression. | work collaboratively with communities and each other to support the specific needs |
| MHMD-03 Increase the proportion of children with mental health problems who receive treatment. | of Florida's most vulnerable populations. |

Strategy 5: Maintain partnerships with local Federally Qualified Health Centers (FQHC) and community-based medical providers that provide primary care interventions to the community.

| interventions to the community. | |
|---|--|
| HP2030 | SHIP Goal: |
| AHS-07 Increase the proportion of people with a usual primary care | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| provider. | work collaboratively with communities and each other to support the specific needs |
| | of Florida's most vulnerable populations. |
| | |
| Goal 4: Improve access to affordable and quality housing. | |
| Strategy 1: Support partners in creating opportunities to reduce the nu | mber of households with higher housing cost burdens. |
| HP2030 | SHIP Goal: |
| SDOH-04 Reduce the proportion of families that spend more than 30 | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| percent of income on housing. | work collaboratively with communities and each other to support the specific needs |
| | of Florida's most vulnerable populations. |

| Strategic Priority: Access to Care | | |
|--|---|--|
| Goal 1: Use health information technology to improve the efficiency, eff outcomes | ectiveness, and quality of patient care coordination, patient safety, and health care | |
| Strategy 1: Develop a strategy for updating community resources with agencies within the community that obtain the appropriate data | | |
| HP2030 | SHIP Goal: | |
| HC/HIT-07 Increase the proportion of adults who use IT to track health care data or communicate with providers. | CD2: Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships. | |
| Strategy 2: Florida Health Charts will be used to obtain county, peer county, and state data for specific indicator tracking. | | |
| HP2030 | SHIP Goal: | |
| HC/HIT-D01 Increase the number of state health departments that use social marketing in health promotion and disease prevention programs. | CD2: Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships. | |
| Strategy 3: Develop a standardized community profile using the Robert Wood Johnson Foundation and County Health Rankings. | | |

| HP2030 | SHIP Goal: |
|---|--|
| HC/HIT-07 Increase the proportion of adults who use IT to track health | CD2: Enhance community health systems to address social determinants of health |
| care data or communicate with providers. | through Asset-Based Community Development and partnerships |
| | |
| Goal 2: Integrate planning and assessment process to maximize partners | ships and expertise of a community in accomplishing its goals. |
| Strategy 1: The BRFSS data and the Community Themes and Strengths A | ssessment (CTSA) will be incorporated into the development of the Community |
| Health Improvement Plan to track neighborhood level health indicators | and share results with the community. |
| HP2030 | SHIP Goal: |
| AHS-04 Reduce the proportion of persons who are unable to obtain or | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| delayed in obtaining necessary medical care. | work collaboratively with communities and each other to support the specific needs |
| AUS OF Paduce the properties of percent who are upable to obtain or | of Florida's most vulnerable populations. |
| AHS-05 Reduce the proportion of persons who are unable to obtain or | |
| delayed in obtaining necessary dental care. | |
| AHS-06 Reduce the proportion of persons who are unable to obtain or | |
| delayed in obtaining necessary prescription medicines when they need | |
| them. | |
| | |
| Goal 3: Promote an efficient public health system for Miami-Dade Count | ty. |
| Strategy 1: Follow the Workforce Development Plan produced by DOH and implement it locally and encourage additional training and education. | |
| HP2030 | SHIP Goal: |
| ECBP-D08 Increase the inclusion of interprofessional prevention | HE1: Establish shared understanding across all sectors (including, but not limited to, |
| education in the curricula of health professions programs. | state and local agencies and other organizations) concerning information and issues |
| | surrounding health equity (HE), cultural competency/sensitivity and how social |
| | determinants of health (SDOH) influence the health of Florida's residents and |
| | communities. |
| | |
| Strategy 2: Develop a process to collect performance data relative to sig | nificant activity in mobilizing partnerships. |
| HP2030 | SHIP Goal: |
| AHS-04 Reduce the proportion of persons who are unable to obtain or | HE3: Strengthen the capacity of state and local agencies and other organizations to |
| delayed in obtaining necessary medical care. | work collaboratively with communities and each other to support the specific needs |
| AHS-05 Reduce the proportion of persons who are unable to obtain or | of Florida's most vulnerable populations. |
| delayed in obtaining necessary dental care. | |
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| AHS-06 Reduce the proportion of persons who are unable to obtain or | |
|---|--|
| delayed in obtaining necessary prescription medicines when they need | |
| them. | |
| | |
| Goal 4: Immigrant access to health care and community- based services. | |
| Strategy 1: Ensure that the population in Miami-Dade County have access status. | ss to needed food services to maintain a healthy weight regardless of immigration |
| HP2030 | SHIP Goal: |
| HC/HIT-04 Increase the proportion of adults who report having social support. (i.e., having friends or family members with whom they talk to about their health) | HW 1: Improve the food environment and nutrition habits across the lifespan to increase healthy weight. |
| ECBP-D07 Increase the number of community-based organizations providing population-based primary prevention services. | |
| Strategy 2: Educate the immigrant community to be health champions for | or themselves, their families, and their communities. |
| HP2030 | SHIP Goal: |
| HC/HIT-04 Increase the proportion of adults who report having social | CD 1: Increase cross-sector collaboration for the prevention, early detection, |
| support. (i.e., having friends or family members with whom they talk to about their health) | treatment and management of chronic diseases and conditions to improve health equity. |
| AHS-08 Increase the proportion of adults who receive appropriate evidence-based clinical preventive services. | |
| Goal 5: Improve access to community services that promote improveme cognitive disorders. | nt in social and mental health, opioid treatment, and early linkage to address |
| Strategy 1: Improve community resources and services available to serve | e residents working through mental health or behavioral health concerns. |
| HP2030 | SHIP Goal: |
| MHMD-08 Increase the proportion of primary care office visits where | BH1.1: Increase the number of child welfare-involved families with access to |
| adolescents and adults are screened for depression. | behavioral health services |
| Strategy 2: Increase the number of pregnant women in treatment for op | pioid disorders. |
| HP2030 | SHIP Goal: |
| MICH-09 Increase abstinence from alcohol among pregnant women. | BH2: Decrease the number of newborns experiencing neonatal abstinence |
| | 1 8 |

| MICH-10 Increase abstinence from cigarette smoking among pregnant women. | |
|--|--|
| MICH-11 Increase abstinence from illicit drugs among pregnant women. | |
| | |
| Strategy 3: Ensure a properly trained DOH and Community workforce as administer naloxone. | s it relates to how to recognize signs of substance abuse, overdose and how to |
| HP2030 | SHIP Goal: |
| SU-03 Reduce drug overdose deaths. | BH3: Reduce the number of opioid overdose deaths among individuals with opioid use disorders. |
| | |
| Strategy 4: Increase the number of resources and support groups that a | re available to residents. |
| HP2030 | SHIP Goal: |
| MHMD-01 Reduce the suicide rate. | BH4: Reduce the number of deaths by suicide in Florida. |
| | |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. | |
| Strategy 1: Strengthen local networks that support Alzheimer's initiative | es. |
| HP2030 | SHIP Goal: |
| DIA-01 Increase the proportion of older adults with diagnosed | AD1: Identify a statewide system of resources and support to formalize the |
| Alzheimer's disease and other dementias, or their caregiver, who are | Alzheimer's disease and related dementias (ADRD) network. |
| aware of the diagnosis. | |
| Strategy 2: Increase local resources for caregivers and increase the use | of bast practices in the field of Alzheimer's and Demontias |
| Strategy 2. Increase local resources for caregivers and increase the user | |
| HP2030 | SHIP Goal: |
| DIA-01 Increase the proportion of older adults with diagnosed | AD2: Strengthen the capacity of care organizations to assess, diagnose and treat |
| Alzheimer's disease and other dementias, or their caregiver, who are | individuals with ADRD and expand support for their caregivers. |
| aware of the diagnosis. | |
| | |
| Strategy 3: Work to ensure that those diagnosed with ADRD's are prote | cted. |
| HP2030 | SHIP Goal: |
| DIA-01 Increase the proportion of older adults with diagnosed | AD3: Protect individuals with ADRD from further vulnerability. |
| Alzheimer's disease and other dementias, or their caregiver, who are | |
| aware of the diagnosis. | |

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 diseases. | |
| HP2030 | SHIP Goal: |
| HDS-01 Increase overall cardiovascular health in adults. | CD 1: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity. |
| Strategy 2: Encourage Miami-Dade County Residents to seek screenings | for chronic diseases through educational campaigns. |
| НР2030 | SHIP Goal: |
| ECBP-D07 Increase the number of community-based organizations providing population-based primary prevention services. | CD 1: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity. |
| Strategy 3: Encourage Miami-Dade residents to get screening for conditions that contribute to chronic disease such as diabetes, hypertension, and BMI and reduce behaviors that contribute to chronic diseases through an educational campaign. | |
| HP2030 | SHIP Goal: |
| ECBP-D07 Increase the number of community-based organizations providing population-based primary prevention services. | CD 1: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity. |
| Goal 2: Increase access to resources that promote healthy behaviors i environments. | ncluding access to transportation, healthy food options and smoke and nicotine-free |
| Strategy 1: Increase access to healthier food options through program expansion, educational campaings, and identification of best practices. | |
| HP2030 | SHIP Goal: |
| NWS-07 Increase the consumption of total vegetables by persons aged 2 years and over. | HW 1: Improve the food environment and nutrition habits across the lifespan to increase healthy weight. |
| | |

Strategy 2: Develop a community awareness campaign on the importance of breastfeeding, lactation policy and employee right to pump until child is 1-yearold.

| HP2030 | SHIP Goal: |
|--|--|
| MICH-16 Increase the proportion of infants who are breastfed at 1 | HW 1: Improve the food environment and nutrition habits across the lifespan to |
| year. | increase healthy weight. |
| ECBP-D03 Increase the proportion of worksites that offer an employee health promotion program to their employees. | |

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-Dade.

| HP2030 | SHIP Goal: | |
|--|---|--|
| PA-01 Reduce the proportion of adults who engage in no leisure-time | HW 2: Improve access to and participation in physical activity opportunities across | |
| physical activity. | the lifespan to increase healthy weight. | |
| PA-10 Increase the proportion of adults who walk or use a bicycle to | | |
| get to and from places. | | |
| PA-11 Increase the proportion of adolescents who walk or use a | | |
| bicycle to get to and from places. | | |
| | | |
| Goal 4: 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 1: A process will be developed between Miami-Dade organizations to ensure collaboration in electronic data sharing. | | |
| HP2030 | SHIP Goal: | |
| ECBP-D07 Increase the number of community-based organizations | CD 2: Enhance community health systems to address social determinants of health | |
| providing population-based primary prevention services. | through Asset-Based Community Development and partnerships. | |

| bal 1 : Reduce the rates of low birth weight babies born in Miami-Dad | |
|---|--|
| | le. |
| rategy 1: Provide information on the Safe Sleep Campaign targeting a ctors associated with infant mortality. | areas of highest need in Miami-Dade and develop an educational campaign on the risl |
| HP2030 | SHIP Goal: |
| ICH-02 Reduce the rate of infant deaths within 1 year of age. | MCH 1: Reduce infant mortality and related disparities. |
| rategy 2: Leverage resources to enhance family planning and related | education to sustain short inter-pregnancy intervals at a low level. |
| HP2030 | SHIP Goal: |
| ICH-07 Reduce preterm births. | MCH 1: Reduce infant mortality and related disparities. |
| bal 2: Reduce maternal and infant morbidity and mortality. | |
| rategy 1: Create an educational campaign about healthy pregnancy t | that targets Black/Other Non-white races in Miami-Dade. |
| HP2030 | SHIP Goal: |
| ICH-04 Reduce maternal deaths. | MCH 2: Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities. |
| rategy 2: Develop a process to promote essential health services for | pregnant women in Miami-Dade. |
| HP2030 | SHIP Goal: |
| ICH-08 Increase the proportion of pregnant women who receive rly and adequate prenatal care. | MCH 2: Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities. |
| ICH-13 Increase the proportion of women delivering a live birth who d a healthy weight prior to pregnancy. | |
| bal 3: Increase trauma informed policies, systems, and environmenta | al changes and support for programming. |
| rategy 1: Develop a strategy for updating community resources with | agencies within the community that obtain trauma related data. |
| HP2030 | SHIP Goal: |
| ICH-19 Increase the proportion of children and adolescents who ceive care in a medical home. | MCH 3: Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home. |

| HP2030 | SHIP Goal: |
|---|---|
| MICH-20 Increase the proportion of children and adolescents with | MCH 3: Increase the proportion of children with special health care needs under |
| special health care needs who receive care in a family-centered, | the age of 21 who receive their care in a patient-centered medical home. |
| comprehensive, and coordinated system. | |
| | |
| 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 County. | |
| HP2030 | SHIP Goal: |
| MICH-14 Increase the proportion of infants who are put to sleep on | MCH 1: Reduce infant mortality and related disparities. |
| their backs. | |

| | amental factors |
|--|---|
| Goal 1: Prevent and reduce illness, injury, and death related to enviror | |
| Strategy 1: Review opportunities to provide information on encouraging | ng safe driving practices for teens |
| HP2030 | SHIP Goal: |
| IVP-01 Reduce fatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in |
| IVP-03 Reduce unintentional injury deaths. | Florida. |
| Strategy 2: Decrease child injury from motor vehicle crashes. | |
| HP2030 | SHIP Goal: |
| IVP-06 Reduce motor vehicle crash-related deaths. | ISV 1.2: Reduce the number of injuries to child passengers involved in crashes with |
| IVP-07 Reduce the proportion of passenger vehicle occupant deaths | a focus on achieving health equity in child passenger safety. |
| that were known unrestrained. | |
| | |
| Strategy 3: Reduce and track the number of falls and injuries. | |
| HP2030 | SHIP Goal: |
| IVP-01 Reduce fatal injuries. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in |
| IVP-08 Reduce fall-related deaths among older adults. | Florida. |
| | |
| | |
| Strategy 4: Reduce the drowning injuries and associated hospitalizatio | ns for Miami-Dade County. |
| Strategy 4: Reduce the drowning injuries and associated hospitalizatio HP2030 | ns for Miami-Dade County. SHIP Goal: |
| | |

| SHIP Goal: |
|---|
| ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. |
| environmental public health regulatory programs. |
| SHIP Goal: |
| ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. |
| safer and healthier neighborhoods. |
| alth and the Built Environment in addition to identifying speakers who can provide |
| SHIP Goal: |
| ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. |
| nmunity violence. |
| SHIP Goal: |
| ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. |
| de disasters. |
| eds of all hazards. |
| SHIP Goal: |
| ISV1: Prevent and reduce intentional and unintentional injuries and deaths in Florida. |
| |

| HP2030 | SHIP Goal: | |
|--|---|--|
| PREP-D04 Increase the proportion of adults whose household has an | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in | |
| emergency plan that includes instructions for household members, | Florida. | |
| including at-risk persons, about where to go and what to do in the | | |
| event of a disaster. | | |
| | | |
| 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 interventions for the community. | | |
| HP2030 | SHIP Goal: | |
| IVP-13 Reduce firearm-related deaths. | ISV1: Prevent and reduce intentional and unintentional injuries and deaths in | |
| IVP-14 Reduce nonfatal firearm-related injuries. | Florida. | |

| Strategic Priority: Communicable Diseases and Emergent Threats | |
|--|---|
| Goal 1: Prevent and control infectious diseases. | |
| Strategy 1: Develop a process to assure that all vaccinations received by tracking system (Florida SHOTS). | children in the county are properly monitored using the Florida State Health online |
| HP2030 | SHIP Goal: |
| IID-D03 Increase the proportion of adults age 19 years or older who receive recommended age-appropriate vaccines. | IM1: Increase access to immunizations for infants and pregnant women. |
| IID-D01 Increase the proportion of pregnant women who receive 1 dose of the tetanus-diphtheria-acellular pertussis (Tdap) vaccine during pregnancy. | |
| IID-01 Maintain the elimination of measles, rubella, congenital rubella syndrome (CRS), and acute paralytic poliomyelitis. | |
| Strategy 2: Increase awareness of vaccine preventable diseases. | |
| HP2030 | SHIP Goal: |
| IID-D03 Increase the proportion of adults age 19 years or older who receive recommended age-appropriate vaccines. | Goal IM2: Increase access to immunizations for vaccine-preventable disease in children and teens |

| IID-03 Maintain the vaccination coverage level of 1 dose of the | |
|---|--|
| measles-mumps-rubella (MMR) vaccine among children by age 2 | |
| years. | |
| IID-08 Increase the proportion of adolescents who receive | |
| recommended doses of the human papillomavirus (HPV) vaccine. | |
| | |
| Strategy 3: Monitor case investigation status and enhance communicati | on with health care providers. |
| HP2030 | SHIP Goal: |
| STI-03 Reduce the rate of primary and secondary syphilis in females. | ID1: Reduce syphilis in Florida. |
| STI-04 Reduce congenital syphilis. | |
| STI-05 Reduce the rate of primary and secondary syphilis in men who | |
| have sex with men. | |
| | |
| Strategy 4: Monitor case investigation status and enhance communicati | on with health care providers. |
| HP2030 | SHIP Goal: |
| STI-04 Reduce congenital syphilis | ID1: Reduce syphilis in Florida. |
| | |
| Strategy 5: Focus HIV prevention efforts in communities and areas with | higher rates of HIV transmission. |
| HP2030 | SHIP Goal: |
| HIV-01 Reduce the number of new HIV infections among adolescents | ID2: Reduce new HIV infections in Florida through a coordinated response across |
| and adults. | public health systems partners. |
| | |
| Strategy 6: Increase access to care and improve health outcomes for per | ople living with HIV (PLWH). |
| HP2030 | SHIP Goal: |
| HIV-04 Increase the proportion of persons aged 13 years and over with | ID2: Reduce new HIV infections in Florida through a coordinated response across |
| newly diagnosed HIV infection linked to HIV medical care within 1 | public health systems partners. |
| month. | |
| Goal 2: Provide equal access to culturally competent care. | |
| | hy monogo all hazarda |
| Strategy 1: Ensure that systems and personnel are available to effective | ly manage an mazarus. |

| HC/HIT-D03 Increase the proportion of crisis and emergency risk | Goal HE 1: Establish shared understanding across all sectors (including, but not |
|---|--|
| messages embedded in print and broadcast news stories that promote | limited to, state and local agencies and other organizations) concerning information |
| steps the reader or viewer can take to reduce their personal health | and issues surrounding health equity (HE), cultural competency/sensitivity and how |
| threat. | social determinants of health (SDOH) influence the health of Florida's residents and |
| HC/HIT-D06 Increase the proportion of hospitals that have necessary information electronically available at the point of care. | communities. |
| HC/HIT-D02 Increase the proportion of crisis and emergency risk messages embedded in print and broadcast news stories that present complete information (i.e., what is known, what is not known, and how or why the event happened). | |

Appendix III: 2021 Virtual Community Health Improvement Plan Meeting Report



2021 Virtual Community Health Improvement Plan Meeting Report



October 28, 2021

Date Created: 12/31/21



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) 278-0442

Fax: (305) 278-0441

www.healthymiamidade.org

www.miamidade.floridahealth.gov



Acknowledgements

A diverse group of partners were represented at the 2021 Virtual Annual Community Health Improvement Plan Meeting. The information provided was well-received among those who attended. One-hundred and thirty (130) individuals from thirty-three (33) community organizations registered to attend the event. A total of seventy-five (75) individuals logged into the meeting on the day of 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.

| ACS | Florida International University | |
|--|---|--|
| Advocate Program | Health Choice Network | |
| Alliance for Aging | Healthcare Trust of America | |
| American Cancer Society | Healthy Little Havana | |
| American Heart Association | Healthy Start Coalition of Miami-Dade | |
| Bayview | Homestead Hospital | |
| Board of County Commissioners - District 8 | ICU baby | |
| Bureau of Tobacco Free Florida | Keralty Foundation | |
| Catholic Legal Services | March of Dimes | |
| Children's Bereavement Center | Metro Mommy Agency | |
| Common Threads | Miami Dade County | |
| Department of Children and Families | Miami Dade County Office of the Mayor | |
| DOH-Miami-Dade WIC Program | Miami-Dade County PROS | |
| Dream in Green | MMM of FL | |
| Early Learning Coalition of Miami Dade Monroe | Novo Nordisk | |
| Easter Seals South Florida | Optum/WellMed | |
| Faith in Florida | Roxcy Bolton Rape Treatment Center | |
| Florida Atlantic University | Sanitas medical Centers | |
| Florida Department of Health in Miami-Dade | Sapoznik Psychotherapy & Coaching Services | |
| County | | |
| Florida Department of Health in St. Lucie County | SFBHN/TMSF | |
| Florida Department of Health, Healthiest Weight | t South Florida Behavioral Health Network, Inc. | |
| Florida Program | | |
| Florida Dept. of Health- Office of Minority Health | Telemedicine Centers of Florida | |
| & Health Equity | | |

The following organizations registered for the event:



2021 Annual Community Health Improvement Plan Meeting

| The Children's Trust | The Resource Room |
|--|---|
| The Jamaica Nurses' Association of Florida | Thriving Mind South Florida |
| The Jasmine Project | Tri county senior resource referral network |
| Florida Impact | UF/IFAS Mia Dade Co Extension-retired |
| UM AHEC Tobacco Cessation Program | |
| University of Miami- Department of Public Health | |
| Sciences | |
| University of Miami Miller School of Medicine | |
| Urban Health Partnerships | |
| West Kendall Baptist Hospital | |
| Ydeas, Inc. | |
| YMCA | |





September 16, 2021

Florida Department of Health in Miami-Dade County Announces A Community United: Health Equity in Miami-Dade *A Virtual Summit*

Contact:

Communications Office 786-336-1276



MIAMI, FL. – The Florida Department of Health in Miami-Dade County is pleased to announce it will be hosting the 2021 virtual summit, *A Community United: Health Equity in Miami-Dade County*, to share updates on the status of Health Equity in Miami-Dade and to review the Community Health Improvement Plan (CHIP). This virtual event will be hosted on **Thursday**, **October 28, 2021 from 10 a.m. to 11:30 a.m**. via the Zoom platform, by The Florida Department of Health in Miami-Dade County.

The Florida Department of Health in Miami-Dade County's vision is to fulfill health equity throughout Miami-Dade County. Our goal is to reduce disparities and improve health equity, especially in vulnerable and disadvantaged populations with the nationwide realization that not all is fair or equitable in communities. This Community Meeting will provide community members, leaders, and organizations a unique opportunity to take a collaborative approach on addressing health disparities and with an all- inclusive method. The Florida Department of Health in Miami-Dade County seeks to unite decision makers across multiple disciplines and start the equity conversation to develop strategic approaches to ensure equity for all Miami-Dade residents.

Attendees will have the exciting opportunity to learn more about resident health, trends in health outcomes, and current initiatives. Those in attendance will have a comprehensive look at the data that will help develop strategies and plans for policy, systems, and environmental changes. The goal is to improve community health and overall quality of life in our region and to begin those tough conversations towards lasting change and health equity.

Event: A Community United: Health Equity in Miami-Dade

Location: Zoom Webinar Platform

Date: Thursday, October 28th, 2021



2021 Annual Community Health Improvement Plan Meeting

Time: 10:00 a.m. - 11:30 a.m.

The event is open to the community. Please click here to register.

For more information about the Mobilizing for Action through Planning and Partnerships process, please visit: <u>https://www.healthymiamidade.org/resources/mapp-process/</u>.

About the Florida Department of Health

The department, nationally accredited by the <u>Public Health Accreditation Board</u>, works to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Follow us on Twitter at <u>@HealthyFla</u> and on <u>Facebook</u>. For more information about the Florida Department of Health please visit <u>www.FloridaHealth.gov</u>.

Connect with us @MakeHealthyHappen 🖪 😏 🔟

Florida Department of Health in Miami-Dade (floridahealth.gov)



Event Flyer





Video Recording

A recording of this event is available here:

https://www.youtube.com/watch?v=L Z6RU6wzA4

| 😑 🕒 YouTube | Search |
|-------------|--|
| | Respond at PollEv.com/dohochp213 Text DOHOCHP213 to 22333 once to join, then text your message |
| or | Which key community ganizations/stakeholders can help achieve this objective? |
| | " Media " |
| | Community Action and Human Services, |
| " | State government grants " |
| | |



Overview

On October 28, 2021, the Florida Department of Health in Miami-Dade County hosted the 2021 Annual Community Health Improvement Plan meeting titled A Community United: Health Equity in Miami-Dade County. The purpose of the meeting was to explore ways to improve health equity in the community specifically relating to the Community Health Improvement Plan (CHIP). The CHIP is the county's five-year collaborative plan spanning from 2019-2024 for implementing effective actions to target efforts that promote health throughout Miami-Dade. The CHIP is designed to promote and coordinate efficiency, while highlighting activities and health improvements that address critical areas of concern. The CHIP is also a tool the Florida Department of Health uses to measure and monitor progress within the community. The CHIP annual report evaluates the current progress and status of each indicator's role in the community. We can accomplish our goal by bringing together a diverse group of community members and stakeholders to discuss strategies and recommendations for Health Equity in Miami-Dade County.

A Community United: Health Equity in Miami-Dade County began with an introduction from Karen Weller, Assistant Community Health Nursing Director, and a welcome greeting from Dr. Yesenia Villalta, the Health Officer of the Florida Department of Health in Miami-Dade County. Dr. Villalta spoke about health equity being at the forefront of Miami-Dade County as we continue to strive to be the healthiest state in the nation. The Florida Department of Health in Miami-Dade County is taking a multidisciplinary approach to ensure all residents have a healthier and more productive life. There are six strategic public health priority areas that were chosen by the community; this year's summit focused on health equity. Each of the six priority areas have targeted goals and objectives focused on promoting positive health behaviors and outcomes. Health Equity can be achieved through the Miami-Dade County CHIP plan by providing access to quality educational services and improving service linkage, community involvement, and access to affordable care. Additionally, we plan to improve and prioritize the health of the community by making care more accessible, preventing chronic diseases, improving maternal child health, reducing injuries, preparing and acting on communicable diseases and emergent threats.

Dr. Owen Quinonez introduced the Office of Minority Health and Health Equity as well as the Closing the Gap Grant. The purpose of the Office of Minority Health and Health Equity is to develop a plan, develop partnerships, collaborate with partners, educate the community, and provide training that advances health equity within the community. The Closing the Gap Grant, a state funded program overseen by the Office of Minority Health and Health Equity, provides annual funding to community-based programs that address health disparities in racial and ethnic populations by developing policies,



2021 Annual Community Health Improvement Plan Meeting

programs, and practices that will impact the social determinants of health. The Closing the Gap Grant has 12 priority areas of concern and will be funded for the fiscal years 2021-2023.

Ms. Candice Schottenloher updated attendees on the new MAPP process, and explained how the CHIP is follows this framework. The MAPP process uses the community's concerns to prioritize public health issues, identify resources, and act on them. The new MAPP process has three phases: 1) Build the community health improvement foundation, phase 2) tell the community story, and phase 3) continuously improve the community. The CHIP describes the community demographics such as health status, health equity indicators, and social determinants of health. Community Context Assessment provides a deep analysis of historical information that showcase inequity in a systemic and structural oppression. For example, focus groups are a great method to get a better understanding of the inequities in the community from residents. The CHIP is in alignment at the national level with Healthy People 2020 & 2030 and at the State level the local CHIP is in alignment with the State Health Improvement Plan.

Mrs. Karen Weller provided status updates for the completion of the CHIP. The Florida Department of Health in Miami-Dade County hopes to reach all of our CHIP program goals for the six strategic priority areas by the year 2024. The six strategic priority areas and their status of completion are as follows: Health Equity is 62% complete, Access to Care is 74% complete, Chronic Disease is 37% complete, Maternal and Child Health is 53% complete, Injury, Safety, & Violence is 45% complete, and Communicable Diseases & Emergent Threat is 43% complete. With 2021 being our second year targeting this plan, we continue to strive to reach health equity in all Miami-Dade County communities.

Ms. Medina highlighted two Health Equity centered success stories from the CHIP. The highlighted objectives were HE 2.1.1 "By September 30, 2024, increase the organizational participation from 0 (2019) to 5 in the Consortium for a Healthier Miami-Dade who can provide successful examples of programs working to address Social Determinants of Health within the community" and HE 2.2.1. "By September 30, 2021 increase participation in community-based events from 0 (2019) to 5 where at least 10 pieces of educational materials for Health Equity (HE) are distributed". These two objectives have already been met and their success highlights the Florida Department of Health in Miami-Dade County's perseverance to continue to address disparities in our community during the COVID-19 pandemic. Ms. Medina shared updates on the CDC COVID-19 and Health Equity grant that was recently awarded to the department. Dr. Valerie Turner led a deep dive discussion that highlighted two Health Equity objectives from the CHIP, HE 3.1.1 "By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 (2019) to 2 the number of community events



2021 Annual Community Health Improvement Plan Meeting

supported to raise awareness of the communities with the highest need to improve economic stability". HE 3.3.1 "By September 30, 2024, increase the number of policy, system, or environmental changes in place at Miami-Dade County organizations that support affordable housing, access to healthier food, and increased physical activity opportunities from 2 (2019) to 4". During this section, attendees were asked to give their opinions on what stakeholders should be involved, how community organizations should navigate health equity interventions, and what strategies would work best given the status of the community. The meeting ended with the goals for the newly formed Health Equity Office within the Health Department being shared. Also, the formation of the Health Equity Advisory committee and the date for the first meeting was shared.



Florida Department of Health in Miami-Dade County

A Community United: Health Equity in Miami-Dade County Meeting Location: Zoom Platform

Thursday, October 28, 2021 10:00 a.m. - 11:30 a.m.

AGENDA

Purpose:

Annual CHIP Review Meeting to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance.

| Торіс | Time | Lead |
|---|-------------------|--------------------------|
| Call to Order | 10:00- 10:05am | Ann-Karen Weller |
| Welcome Message Overview of this year's annual meeting and briefly introduce the Florida Department of Health. | 10:05- 10:10am | Dr. Yesenia Villalta |
| Introductory Statement Briefly introduce the Office of Minority Health and Health Equity and the Closing the Gap grant. | 10:10- 10:15am | Dr. Owen Quiñonez |
| Overview of Community Health Plans & Development Briefly review the updated MAPP process in alignment with Healthy People 2020 and 2030 with our community plans and orient attendees. | 10:15- 10:30am | Candice Schottenloher |
| Other Strategic Priority Area Updates Provide a broad overview of each strategic priority area. • Health Equity • Total Objectives: 13 • On Track: 6 • Behind: 4 • Overdue: 2 • Overdue: 2 • Access to Care • Total Objectives: 32 • On track: 24 • Behind: 8 • On track: 24 • Behind: 15 • On Track: 11 • Behind: 15 | 10:30- 10:45am | Ann-Karen Weller |



| Total Objectives: 15 | | |
|---|-------------------|--------------------------|
| On Track: 8 Behind: 7 Injury, Safety, and Violence Total Objectives: 20 | | |
| On Track: 9 Behind: 11 Communicable Diseases and Emergent Threats | | |
| Total Objectives: 15 On Track: 6 Behind: 8 Overdue: 1 | | |
| Health Equity Progress Briefly review the COVID-19 and Health Equity grant strategies and alignment). | 10:45- 10:50am | Tamia Medina |
| Success Stories Discuss objectives that have exceeded expectations. • HE 2.1.1 • HE 2.2.1 | 10:50- 10:55am | Tamia Medina |
| Targeted Areas for Improvement/Activity Discuss objectives that are not meeting expected benchmarks. HE 3.1.1 HE 3.3.1 | 10:55- 11:15am | Dr. Valerie Turner |
| Next Steps Discuss next steps in the development of the Health Equity Office and Advisory Committee. | 11:15- 11:25am | Ann-Karen Weller |
| Meeting Evaluation Feedback and suggestions for next the month/quarter review. | 11:25- 11:30am | Candice Schottenloher |
| Adjourn | 11:30 am | All |

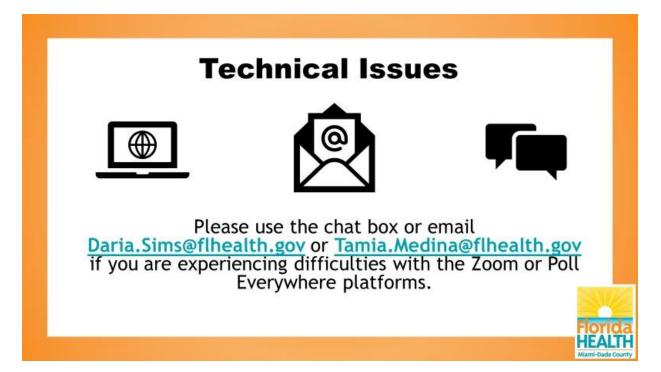


PowerPoint slides











A Community United: Health Equity in Miami-Dade County



October 28, 2021



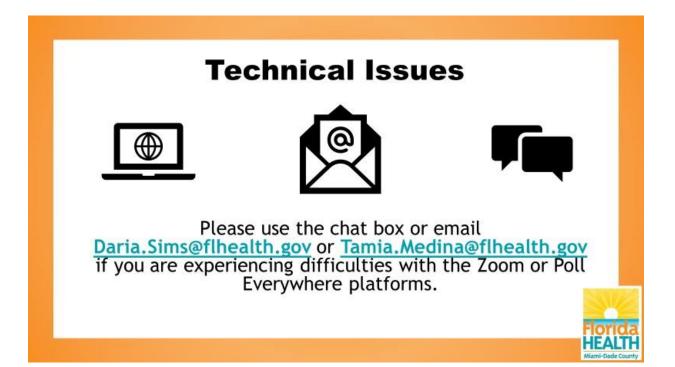
| How to Join | | |
|--|-----------------------------------|--|
| Mobile Device | Computer Browser Google Chrome | |
| www.PollEv.com/DOHOCHP213 OR Text DOHOCHP213 to 22333 | www.PollEv.com/ DOHOCHP213 | |













A Community United: Health Equity in Miami-Dade County



October 28, 2021



| Housekeeping Reminders | | |
|------------------------|--|--|
| | All participants are in view and listen only mode. There will be no cameras or audio options. | |
| Zoom | Please use the chat box or email <u>Daria.Sims@flhealth.gov</u> or <u>Tamia.Medina@flhealth.gov</u> if you are experiencing difficulties with the Zoom platform. | |

Welcome Message



Dr. Yesenia Villalta Administrator/Health Officer

(12)





| Core Values | | | | |
|----------------|-----------------------|--|----------------|------------|
| - <u>`@</u> (- | | <<<<>><<<<<>><<<<<<>><<<<<<>><<<<<>><<<< | | Ø |
| Innovation | C ollaboration | Accountability | Responsiveness | Excellence |
| | | 14 | | |



Introductory Statement



Dr. Owen Quiñonez Senior Health Equity Officer

(15)

Office of Minority Health & Health Equity

- Established in 2004 by the legislature in section 20.43(9), Florida Statutes, oversees the state-funded program, Reducing Racial and Ethnic Health Disparities "Closing the Gap" (CTG) grant, and section <u>381.7351-381.7356</u>, <u>Florida Statutes</u>, which supports communities, faith-based, and other organizations to reduce health disparities
- Re-named in 2016 as the Office of Minority Health and Health Equity (OMHHE)
- 2021 Legislature, established section <u>381.735</u>, Florida Statutes, that enhances and expands the responsibility and authority of the OMHHE to advance health equity.

(16)



OMHHE Purpose

- Facilitates planning, partnership development, collaboration and trainings to advance health equity in Florida.
- Administers the Closing the Gap Grant Program.

Closing the Gap Priority Areas

(17

Reducing Racial and Ethnic Health Disparities "Closing the Gap" (CTG) grant

(18)

- Adult & Child Immunizations
- Alzheimer's Disease and Related Dementias
- Cancer
- Cardiovascular Disease
- Diabetes
- HIV/AIDS

- Lupus
- Maternal & Infant Mortality
- Severe Maternal Morbidity
- Oral Healthcare
- Sickle Cell Disease
- Social Determinants of Health



Closing the GAP Program

| Priority Area | Number of Contracts/ Schedule Cs | Funds Allocated |
|-------------------------------------|-------------------------------------|-----------------|
| Cardiovascular Disease and Diabetes | 11 | \$1.3 million |
| Cancer | 3 | \$550K |
| HIV/AIDS | 6 | \$850K |
| Sickle Cell | 2 | \$300K |
| Social Determinants of Health | 1 | \$350K |
| 1 | • | |

New Directives of Section 381.735

- Developing and promoting the statewide implementation of policies, programs, and practices that increase health equity in Florida.
- The designation of one representative from each County Health Department (CHD) to serve as a minority health liaison to assist OMHHE in implementing this new section.
- Ensuring up to date information, data, and resources are available on the Department's website.





New Directives of Section 381.735

Coordinating with agencies, organizations, and providers across the state to:

- Gather and analyze health disparities data.
- Develop mechanisms to improve information dissemination and education.
- Support minority health liaisons in their outreach endeavors.
- Develop and promote synergistic initiatives between programs.
- Promote the evaluations of demonstration projects
- Promote the use of community health workers.

County Minority Health Liaison

21

Funds are being provided to county health departments (CHDs) to support the Office of Minority Health and Health Equity (OMHHE) in advancing health equity (HE) and improving health outcomes for racial and ethnic minority populations through health promotion, partnership engagement, education and outreach and implementation of focused initiatives as authorized by section 381.735, Florida Statutes.

(22)



Overview of Plan Development

What is the MAPP Process?

(24)



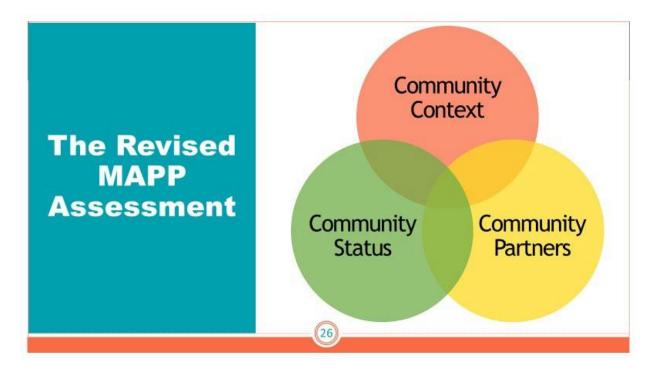
A community-driven strategic planning tool to improve public health

A method to help communities prioritize public health issues, identify resources for addressing them, and act



The New MAPP Phases







Community Context Assessment

- Builds on the former Community Themes and Strengths Assessment
- Intersects with Community Partners Assessment
- · Considers multiple factors that shape a community:
 - Lived experience
 - Community member strengths
 - Built environment
 - Forces of change
 - Historical and structural oppression analysis

Community Status Assessment

27

- Replaces the Community Health Status Assessment
 - Dropped the term "health" to emphasize the need to go beyond health indicators

(28)

- · New emphasis on
 - Civic participation
 - Predatory lending
 - Mass incarceration



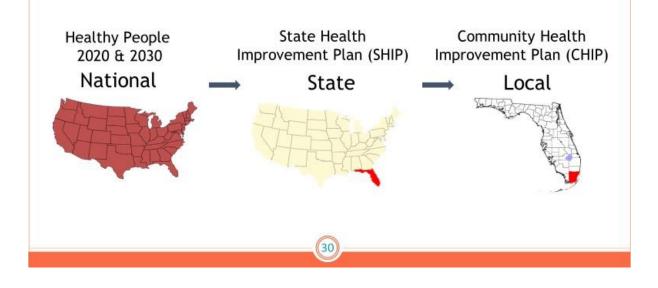
Community Partners Assessment

- Replaces Local Public Health Status Assessment
- Now domain based:
 - Health equity
 - Capacity
 - Community engagement
 - Resources
 - Community linkages

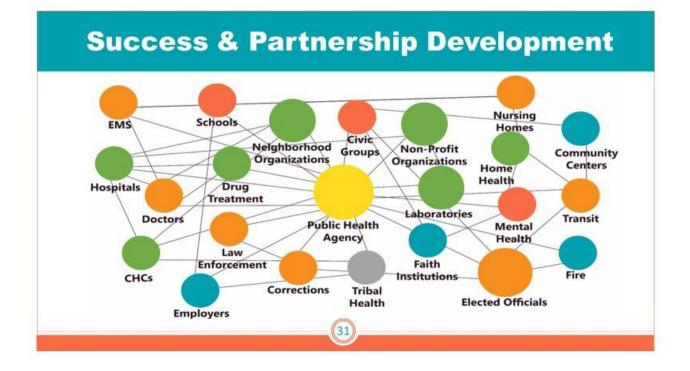
- Leadership
- Workforce
- Policy analysis
- Data access and systems
- Forces of change

Community Health Improvement Plan (CHIP)

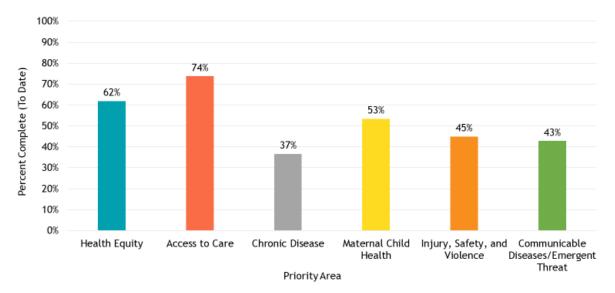
29



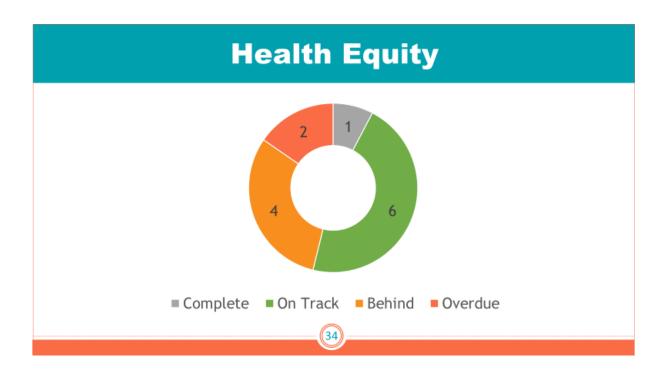




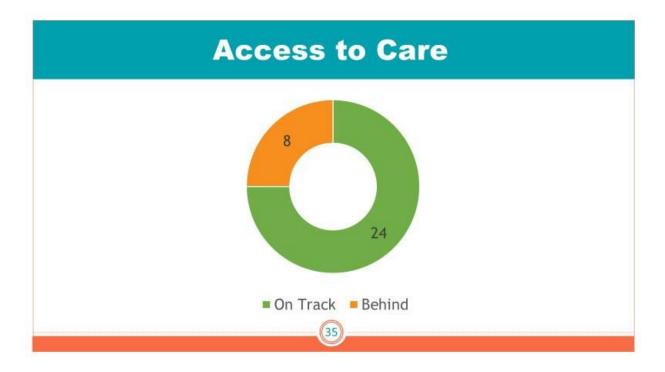
Community Health Improvement Plan Strategic Priority Area Updates

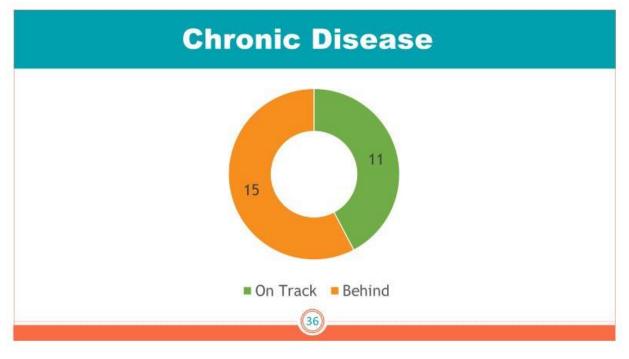


CHIP Completion Rate by Priority Area



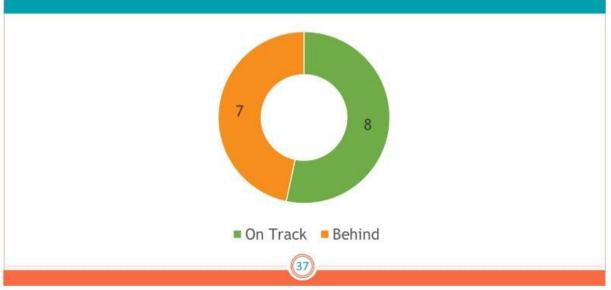








Maternal and Child Health







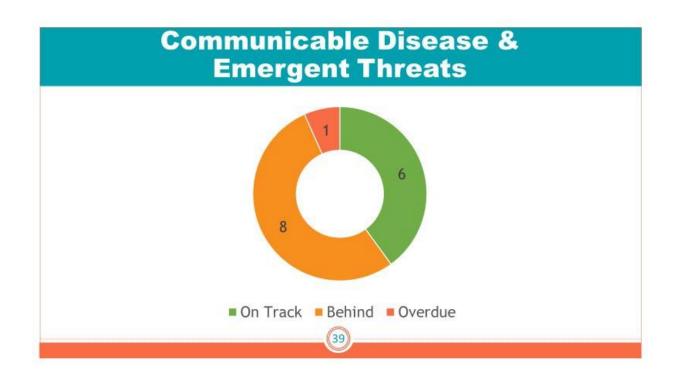








Image source: Policy, Practice, and Prevention Research Center at the University of Ninois Chicago

Health Equity: Strategic Area 3

Seeks to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved

• Five activities to improve infrastructure to address COVID-19 health disparities and inequities

42



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Success Stories



Health Equity 2.1.1

By September 30, 2024, increase organizational participation from 0 (2019) to 5 in the Consortium for a Healthier Miami-Dade who can provide successful examples of programs working to address Social Determinants of Health within the community.

Measure: Number of new partnered organizations that work to address social determinants of health

(45

Number of new partnered organizations that work to address social determinants of health





Health Equity 2.2.1

By September 30, 2021, increase participation in community-based events from 0 (2019) to 5 where at least 10 pieces of educational materials for Health Equity (HE) are distributed.

Measure: Number of community-based events that are attended where educational materials for Health Equity are distributed. Measure: Number of educational materials distributed.

(47

Number of community events where educational materials for health equity are distributed Reported by the Office of Community Health and Planning

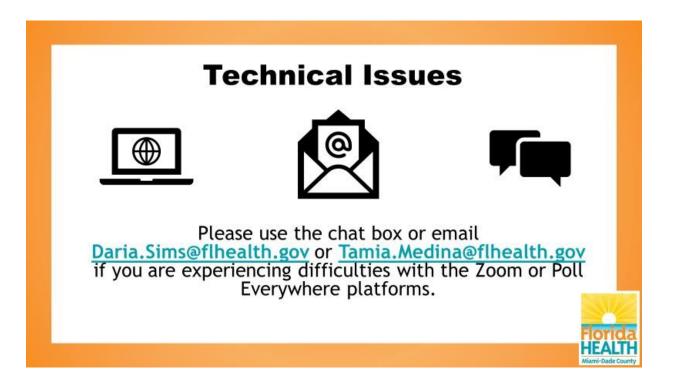












Health Equity 3.1.1

By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 (2019) to 2 the number of community events supported to raise awareness of the communities with the highest need to improve economic stability.











Health Equity 3.3.1

By September 30,2024, increase the number of policy, system, or environmental changes in place at Miami-Dade County organizations that support affordable housing, access to healthier food, and increased physical activity opportunities from 2 (2019) to 4.











Next Steps

- CHIP revisions and Annual
 Progress report due March 2022
- Health Equity Office through the Office of Community Health and Planning
- Health Equity Office Advisory Committee applications opening soon











CHIP Deep Dive Objectives Activity & Results

The Objective Deep Dives activity was the centerpiece of the 2021 Virtual Annual Community Health Improvement Plan Meeting. The activity was designed so the community could directly submit ideas and input on six key objectives from the CHIP during the half-hour segment. Participants submitted their answers using the PollEverywhere software and were able to view the responses in real-time. Dr. Valerie Turner moderated the activity and provided feedback to the audience. The collected responses have been analyzed and will be used in future versions of the CHIP, as well as other collaborative health efforts undertaken by the Department. Please see below for the full responses submitted for each objective.

HE 3.1.1 By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 (2019) to 2 the number of community events supported to raise awareness of the communities with the highest need to improve economic stability.

- 1. Which key community organizations/stakeholders can help achieve this objective?
- 2. What strategies can we implement to build partnerships with organizations that focus on economic stability?
- 3. What community events would you find to be the most beneficial during the COVID-19 social climate and how would you implement them?





HE 3.1.1: By September 30, 2024, DOH Miami-Dade will partner with two community-based organizations to increase from 0 (2019) to 2 the number of community events supported to raise awareness of the communities with the highest need to improve economic stability.

| Which key community organizations/stakeholders can help achieve this objective? |
|---|
| YMCA |
| Miami Dade County. |
| Underline project |
| Miami Homes for All |
| Policy/law makers |
| Local non-profits |
| Government officials |
| Food banks/pantries |
| Miami-Dade County Public Housing Department |
| Paris and Recs |
| Housing Authorities. |
| County PHCD |
| Food pantries/banks |
| Farm Share |
| Homeless Trust |
| Community Activity Centers or After school programs |
| Local food banks, housing agencies |
| Sports Sponsors like Gatorade |
| Parks department |
| Urban Health Partnerships |
| Health Foundation of South Florida |
| municipalities |
| Healthy Start |
| Farmer's markets |
| Local nonprofit organizations |
| School and universities |



| South Florida community Development Coalition |
|---|
| FIU |
| Local Sport Teams |
| UM |
| Local small business |
| SHRM |
| Green Haven Project |
| Habitat for Humanity |
| Local teams like Marlins or UM to participate in our Parades |
| Rebuilding Together Miami Dade |
| Legion Park hosts a farmer's market |
| Local New Station |
| Habitat for Humanity |
| Anything that engages parents and kids together |
| Radio stations too |
| Local small businesses and universities |
| Church and religious organizations |
| Coffee shops |
| All Over Media, Mesmerize Outreach |
| Publix or local grocery stores |
| Advertise on social |
| Zoom Chat Box Responses |
| Faith based organizations |
| Local businesses |
| School systems |
| Local news stations |
| Total = 46 responses |
| What strategies can we implement to build partnerships with organizations that focus on economic stability? |
| |

Internships



Potential pilot projects. Looking at experts in the field

Partnerships involve time commitment from a dedicated staffer who will ensure that

economic stability as a subject is adequately addressed by participation

Periodic Walkathons

Partner with agencies that provide public benefits and whose goal is economic self-

sufficiency

Include economic stability subjects in schools

Credit building trainings

Assess community needs then implement evidence-based practices.

Collaboration with financial institutions

Identify local CDFIs

Food Drive

Meet and greet intro sessions during the organization's meetings

Programming for children

More active community meetings

Certifications like train the trainer programs to have champions in the community

System coordination

Formal (meeting) or informal check ins (call) to maintain regular communication

Patient advisory committees with partnerships with the DOH

Identify their needs and goals

Highlighting partnerships and programs on social media.

Teach children economics at a young age

Reach out to financial institutions that may want to contribute

Trainings and community health events

Training opportunities to improve KSAs

Patient centered committees

Workshops or classes

Identify the partner org's needs and goals

Provide infrastructure support



| More financial edu | cation in schools and virtually |
|-----------------------|---|
| Set up Community | advisory boards and develop workshops |
| Trainings | |
| Fair | |
| Grants | |
| Social media engag | jement |
| Conferences | |
| Social Media | |
| Health fairs | |
| Advisory committe | es |
| Identify shared price | orities |
| Workshops | |
| Professional develo | opment |
| Community events | |
| Networking events | |
| Zoom Chat Box Res | sponses |
| Internships | |
| Community Events | |
| Social Media | |
| Total = 46 response | es |
| | |
| | events would you find to be the most beneficial during the COVID-19 |
| | how would you implement them? |
| | community to explore our city |
| - | ds Miami for group mindfulness classes |
| Meditation and yog | ga outdoors (City of Miramar did this well) |
| Group exercise clas | sses in parks |
| Healthy pop-up sta | tions in neighborhood parks |
| Mobile educationa | l activities or outreach (van or hus possibly) |

Mobile educational activities or outreach (van or bus possibly)



Education on farming/planting own veggies and fruit

Virtual counseling sessions and educational presentations.

Park events that incorporate several different activities like yoga in the park, food drive, resource fair

Walk up Events within communities so folks don't have to have a car or need to travel far

Walk the neighborhood mini groups

Music event

Parades driven by our communities

Drive thru health events. (Stations with goody bags and education)

Creative arts and crafts activities to relieve stress and promote fun (outdoors)

Visit Adult Living Facilities

Outdoor food giveaways with other supporting information

Offering mental health services (free) virtually

Ask the Doctor' panels to provide education and potential vaccine distribution at the same time

Virtual reading sessions for children in the hospital, NICU

evening or weekend, since people are back at work/school

Virtual, Food Drive, Outdoor events

Toy distribution events during holidays

Resource fairs (virtual with live representatives to address questions)

Virtual health fairs

Volunteering events are a great way to bring people together for a cause while getting to

know one another

Virtual community conversations

Outdoor health fairs

Drive through events with different stations

In person open air areas

Food distribution

Health fairs with food drives



| Virtual conferences |
|---------------------------------|
| Webinars |
| Outdoor events in parks |
| Zoom Chat Box Responses |
| Virtual health fair |
| Outdoor events |
| Drive through health pods |
| Park events |
| Outdoor mental health pod |
| Drive through Movies |
| Outdoor movie time for families |
| Total = 42 responses |





CHIP Deep Dive Objectives Activity & Results

HE 3.3.1 By September 30, 2024, increase the number of policy, system, or environmental changes in place at Miami-Dade County organizations that support affordable housing, access to healthier food, and increased physical activity opportunities from 2 (2019) to 4.

- 1. Which key community organizations/stakeholders can help achieve this objective?
- 2. What ongoing or new initiatives would help us support affordable housing, access to healthier foods, and increased physical activity opportunities?
- 3. How could we hold our partner organizations accountable to implement policy, systems, and environmental changes?

HE 3.3.1: By September 30, 2024, increase the number of policy, system, or environmental changes in place at Miami-Dade County organizations that support affordable housing, access to healthier food, and increased physical activity opportunities from 2 (2019) to 4.

| Which key community organizations/ | stakeholders can help achieve this objective? |
|------------------------------------|---|
| | |

Advertise on social media Publix or local grocery stores

All Over Media, Mesmerize Outreach

Coffee shops

Church and religious organizations

Local small businesses and universities

Radio stations too

Anything that engages parents and kids together

Habitat for Humanity

Local New Station

Legion Park hosts a farmer's market

Rebuilding Together Miami Dade

Local teams like Marlins or UM to participate in our Parades

Habitat for Humanity

Green Haven Project

SHRM

Local small business

UM



| Local Sport Teams |
|---|
| FIU |
| South Florida community Development Coalition |
| School and universities |
| Local non profit organizations |
| Farmer's markets |
| Healthy Start |
| Municipalities |
| Health Foundation of South Florida |
| Urban Health Partnerships |
| Parks department |
| Sports Sponsors like Gatorade |
| Local food banks, housing agencies |
| Community Activity Centers or After school programs |
| Homeless Trust |
| Farm Share |
| Food pantries/banks |
| County PHCD |
| Housing Authorities. |
| Paris and Recs |
| Miami-Dade County Public Housing Department |
| Food banks/pantries |
| Government officials |
| Local non-profits |
| Policy/law makers |
| Miami Homes for All |
| Underline project |
| Miami Dade County. |
| YMCA |
| Zoom Chat Box Responses |
| Urban League |
| Total = 48 responses |
| |



What ongoing or new initiatives would help us support affordable housing, access to healthier foods, and increased physical activity opportunities?

FDA

Build more supermarkets in food deserts

Workplace physical activity opportunities

Promoting local worksite wellness programs!

Provide exercise equipment to the community

Eliminate corner stores that don't serve healthy food options

Leveraging hospital and health system community benefits offices

Eliminate fast food restaurants

Utilizing Active Design and Complete Streets

Grow more trees

Community-wide challenges all year long

Partnering with Healthcare providers (FL Blue, Ahmed, Cigna, etc.)

Focus on sidewalk repairs and development

Helping grocers and retailers apply for SNAP/EBT/WIC acceptance

Journey to Wellness green prescription awareness campaign

Energy efficiency initiatives reduce utility bills

Create tree walkways

Local outdoor event at a park with different activities such as yoga, sports, education, etc.

Slow food organization does school and communities gardens

Grant writing trainings for business who have the capacity to provide support but lack the resources

Baptist Healthy Hubs

Invite tiny home communities or modular housing developers to community meetings

Continue to provide care coordination to pregnant mom and families. Services includes linkage to resources, nutrition education and more

SNAP/WIC educational and awareness campaigns

More parks with the exercise equipment available at them.

Educate on using SNAP/EBT benefits at farmer's markets

Healthy cooking classes for teens and nutrition education

Creating safe walking paths for the community

Rental/utility assistance programs (city of Miami, county)



Nutrition education/food recipes aligned to SNAP benefits and enrollment

Tree planting initiatives with Neat streets and others

Community Gardens in the school.

Financial education and support for tenants on minimum wage

Providing information about housing

Engaging more local farmers to host farmers markets in HUD housing locations

Educating the public on healthy eating/finance management

County partnership with Dade Heritage Trust for affordable housing

Local sustainable food pantries

The Consortium's Worksite Wellness and Health Promotion and Disease Prevention committees

Parks with activities for both children and parents

Educational Event with incentives

Food drives

Zoom Chat Box Responses

Farmer's markets in MDC: https://ediblesouthflorida.ediblecommunities.com/eat/updated-farmers-markets-closed-buy-fresh-local-produce-here

Form mom walking group

Total = 44 responses

How could we hold our partner organizations accountable to implement policy, systems, and environmental changes?

Thanking their help with certificates periodically

Recognition events that promote positive reinforcement and provide support for those who may need help in reaching their goals

Also, monitoring current work to making changes

Provide TA assistance to organizations

Required Cultural literacy and humility Education for developers

Incorporate an evaluation process to share feedback

Provide consistent feedback and constructive criticism as needed

Creating sustainability plans that include timelines that hold partners accountable for programming

Reporting and mandatory virtual meetings



Address poor or inadequate performance as soon as possible and respectfully

Identify evidence-based reporting and implementation frameworks

Provide the necessary resources to set partners up for success

Provide funding as an incentive for compliance

Need reports submitted of updates and development of programs that will be distributed to communities they serve

Explaining the benefits and impact of their efforts (gaining leadership support)

Florida Breastfeeding Coalition Awards for supporting lactation policies in the workplace

Show up and advocate at government public meetings

Be transparent, show progress data by organization - publish data regularly

Have them report on their activities on a quarterly basis.

Setting clear expectations

Advisory committee from different organizations that act as a gatekeeper

awarding levels of achievement based on certain criteria

Conduct monthly meetings

Active participation in government budget development

Hold yourself accountable first to provide an example of accountability

Set a standard and place it into law/policy

Recognition opportunities

Work with local governments to Change zoning to incentivize affordable housing

I think DOH should first hold

Maintaining close relationships

Ask for proven programs through evaluation

Provide clear roles for partner organizations

Having a committee that will enforce penalties would help

We need have a quality/audit group that will review results and offer recommendation for improvement.

Written agreements outlining deliverables.

Create a process and or criteria

Having the organizations sign a legally binding contract that will enforce accountability.

Zoom Chat Box Responses

*For this question, there were no responses shared in the chat box.

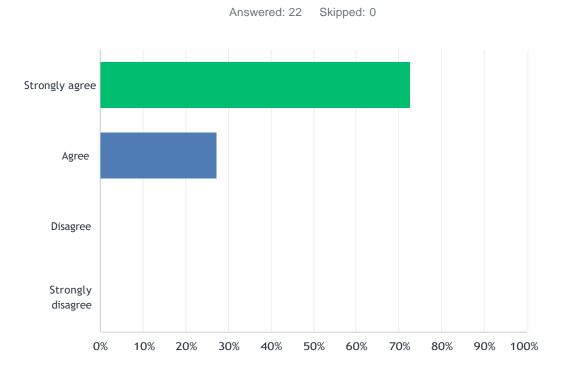
Total = 37 responses

Evaluation Report

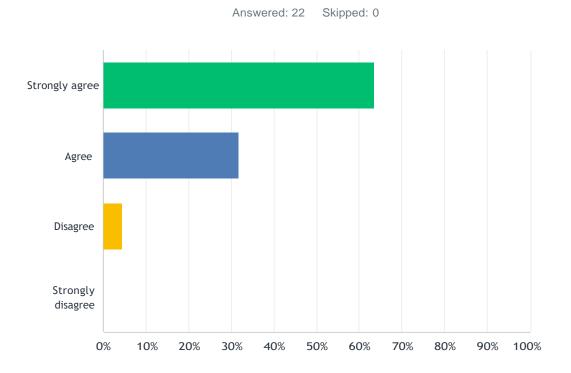
Thursday, October 28, 2021

At the conclusion of the event, the Survey Monkey link was shared with the attendees at the end of the meeting. This survey was a total of nine questions. The questions were designed to solicit constructive feedback on both the content of the event, as well as staff performance.

Q1 The meeting was well prepared and used a good mix of presentations, activities, materials, and discussion.

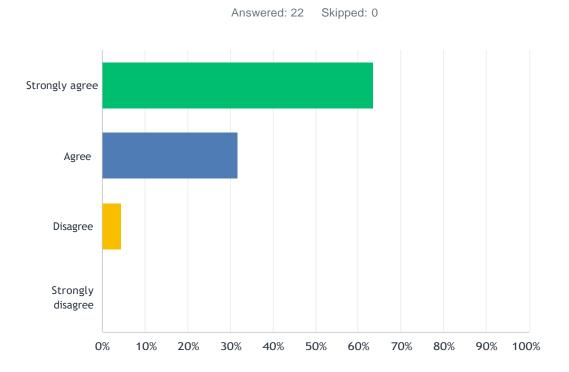


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----|
| Strongly agree | 72.73% | 16 |
| Agree | 27.27% | 6 |
| Disagree | 0.00% | 0 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 22 |



Q2 My interest was engaged throughout the virtual meeting.

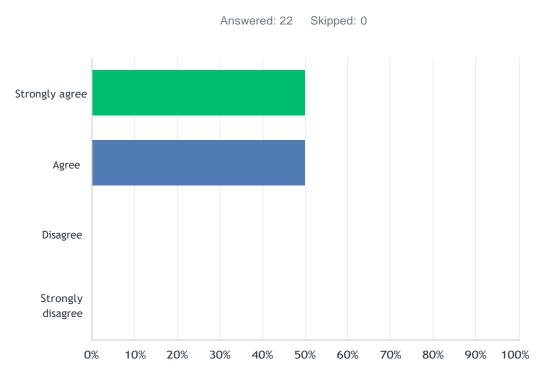
| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----|
| Strongly agree | 63.64% | 14 |
| Agree | 31.82% | 7 |
| Disagree | 4.55% | 1 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 22 |



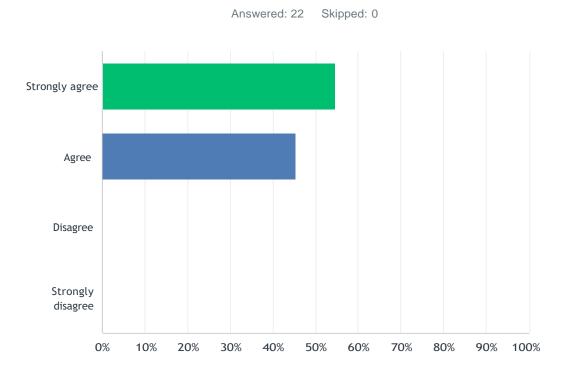
Q3 The pace and length of the virtual summit was appropriate.

| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----|
| Strongly agree | 63.64% | 14 |
| Agree | 31.82% | 7 |
| Disagree | 4.55% | 1 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 22 |

Q4 I learned something today that I will be able to apply in my workplace/organization/life.

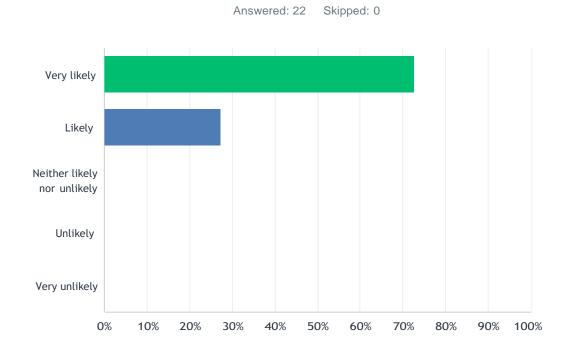


| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----|
| Strongly agree | 50.00% | 11 |
| Agree | 50.00% | 11 |
| Disagree | 0.00% | 0 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 22 |



Q5 I am satisfied with the quality and content of the virtual summit.

| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|----|
| Strongly agree | 54.55% | 12 |
| Agree | 45.45% | 10 |
| Disagree | 0.00% | 0 |
| Strongly disagree | 0.00% | 0 |
| TOTAL | | 22 |



Q6 How likely are you to participate in one of our webinars in the future?

| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|----|
| Very likely | 72.73% | 16 |
| Likely | 27.27% | 6 |
| Neither likely nor unlikely | 0.00% | 0 |
| Unlikely | 0.00% | 0 |
| Very unlikely | 0.00% | 0 |
| TOTAL | | 22 |

| | Question 7: What was your biggest takeaway from this virtual event? <u>Responses</u> |
|-----|---|
| 1. | The importance of partner accountability and strategies to hold partners accountable. |
| 2. | There are many partners that can come together to achieve these goals, and efforts such as the Consortium are a great way to get people in the same room working towards the same things together. |
| 3. | The level of cross-system work really needed in our community in order to impact health. |
| 4. | That the focus of health equity will be able to make a positive change in the Miami Dade community and will serve as a great foundation to continue this work needed. |
| 5. | I enjoyed the explanation of the MAPP process as well as the changes to the process for the coming year by Ms. Schottenloher. It was very informative and clear, and provided relevant information to prepare me for the interactive portion of the meeting. The biggest take away is that we must work together and engage new partners/stakeholders and keep current partners/stakeholders invested so we can work collaboratively to achieve health equity locally. It cannot be done alone solely through governments. All speakers were informative. |
| 6. | Understanding the Community Health Assessment Plan. |
| 7. | Progress is being made towards the identified priority areas in the CHIP, but more work is needed to address health equity in MDC. |
| 8. | There are many ways in which the community as a whole can come together for community change through implementing strategies, fostering partnerships/relationships with community organizations and hosting community events. |
| 9. | The importance of health promotion. |
| 10. | achieving our goals for the health/wellness of the community goes beyond traditional measures of health and requires cooperation of lots of community organizations. |
| 11. | Community collaboration is essential to community health. |
| 12. | CHIP progress and how other community organizations may partner with FDOH in Miami Dade County to further achieve common goals. |
| 13. | Seeming commitment by the DOH to address pressing problems. |
| 14. | Reflecting on the progress of the CHIP helps to further the movement towards the goals. |
| 15. | Poll questioning was great. |
| 16. | It was good to learn of the DOH's priorities and next steps. |
| 17. | It takes a village to prioritize and improve the health and wellness of our community. |
| 18. | How I might work with CHIP and MAPP processes to make sure our public health systems are adequately addressing increasing health and economic risks associated with climate change. |
| 19. | Everything. |
| 20. | There is much more work to do to address health equity in our community. |
| 21. | There are additional ideas to implement to improve health equity. |
| 22. | Health equity office establishment. |

| | <u>Responses</u> |
|-----|---|
| 1. | Active engagement via Poll Everywhere. |
| 2. | Learning about the specific health priorities. |
| 3. | Succinct overview of priorities. The input/feedback portions were handled well, with a simple bu good series of questions to elicit audience feedback, and strong staff facilitation (excellen facilitation techniques were acknowledging comments as they rolled in, encouraging participation, and keeping good pace). |
| 4. | Targeted areas of improvement - seeing the answers from other parties based on the question and getting feedback was a good insight to other community opportunities. |
| 5. | All presenters and speakers did great! The presentation slides and infographics were clean, clean and easy to understand. The color scheme was lovely. The Polling portion was interactive and Du Turner did a great job facilitating the activity. I felt like I had my voice heard with the polin option. Wonderful virtual summit! The team and organizers did well. Thank you all. |
| 6. | It was very valuable from the beginning to the end. |
| 7. | I enjoyed the PollEverywhere section where we could provide feedback. |
| 8. | Using poll everywhere to engage the audience and have everyone collaborate ideas. |
| 9. | The interactive portion. Viewing suggestions from the attendees was insightful. |
| 10. | The polling feature that allowed collaborative brainstorming. |
| 11. | CHIP progress and lessons learned. |
| 12. | CHIP plan progress; interactive questions/feedback. |
| 13. | Everything. |
| 14. | The polling activity to generate ideas from everyone. Dr. Turner did a wonderful job facilitatin that portion. |
| 15. | The interactive questions and polling. |
| 16. | The ability to provide my input. |
| 17. | Poll questioning. |
| 18. | Group poll questions because it allowed for community /partner input. It was interactive. |
| 19. | Discussion to address health equity and social determinants of health. |
| 20. | All the sessions were equally interesting. |
| 21. | Overview of Objectives & what has been achieved. |
| 22. | Community discussion through Poll Everywhere. |

| Questio | Question 9: What portion(s) of the virtual summit did you like the least or find least valuable? Why? | | |
|---------|--|--|--|
| | <u>Responses</u> | | |
| 1. | Some of the feedback seemed shallow. Perhaps starting with a poll of some of the jellybean graphic partners, followed by deeper questions would yield a deeper layer of feedback. For example: (a) put up a list of 10 kinds of potential partners, ask audience to rank, then challenge audience to type in specific partners or ideas for their top 1-2 in the rank; or (b) similarly, put up a staff generated list of what experts say are top 10 strategies, ask people to rank, and then type in specific ideas on top ranked items. | | |
| 2. | None. All were appropriate for the summit and was well presented. | | |
| 3. | Was not able to take a break. | | |
| 4. | I think that more emphasis could have been placed on providing possible reasons for the various initiatives that were falling behind target and what was being done to improve those outcomes (particularly in Chronic Disease and Communicable Disease and Emergent threats). | | |
| 5. | All areas covered were relevant and valuable. | | |
| 6. | Sharing specific data would have been helpful. | | |
| 7. | Long presentations are hard to stay focused. Interactive presentations are more engaging. | | |
| 8. | Explaining the CHIP process; a video prior to attending would have been great and easier to explain and also share with my colleagues. | | |
| 9. | All presenters and hosts were wonderful and I learned a lot. It was great hearing feedback and ideas from all community partners in attendance. | | |
| 10. | None. | | |

Community Meeting Evaluation Results Summary

At the conclusion of the event, the Survey Monkey link was shared with the attendees at the end of the meeting. This survey was a total of nine questions. There was a total of twenty-two responses. The questions were designed to solicit constructive feedback on both the content of the event, as well as staff performance.

| Question | Strongly Agree | Agree | Disagree | Strongly Disagree |
|----------|----------------|--------|----------|----------------------|
| 1 | 72.73% | 27.27% | 0% | 0% |
| 2 | 63.64% | 31.82% | 4.55% | 0% |
| 3 | 63.64% | 31.82% | 4.55% | 0% |
| 4 | 50% | 50% | 0% | 0% |
| 5 | 54.55% | 45.45% | 0% | 0% |
| 6 | 72.73% | 27.27% | 0% | 0% |

Evaluation Question Summary Response Rates

Question 7 through 9 on the meeting evaluation form required an open-ended response from respondents. Please see below the respondent's responses to these questions.

| Question 7 <u>Responses</u> | : What was your biggest takeaway from this virtual event? |
|--------------------------------|---|
| 1. | The importance of partner accountability and strategies to hold partners accountable. |
| 2. | There are many partners that can come together to achieve these goals, and efforts such as the Consortium are a great way to get people in the same room working towards the same things together. |
| 3. | The level of cross-system work really needed in our community in order to impact health. |
| 4. | That the focus of health equity will be able to make a positive change in the Miami Dade community and will serve as a great foundation to continue this work needed. |
| 5. | I enjoyed the explanation of the MAPP process as well as the changes to the process for the coming year by Ms. Schottenloher. It was very informative and clear, and provided relevant information to prepare me for the interactive portion of the meeting. The biggest take away is that we must work together and engage new partners/stakeholders and keep current partners/stakeholders invested so we can work collaboratively to achieve health equity locally. It cannot be done alone solely through governments. All speakers were informative. |
| 6. | Understanding the Community Health Assessment Plan. |
| 7. | Progress is being made towards the identified priority areas in the CHIP, but more work is needed to address health equity in MDC. |
| 8. | There are many ways in which the community as a whole can come together for community change through implementing strategies, fostering partnerships/relationships with community organizations and hosting community events. |
| 9. | The importance of health promotion. |
| 10. | achieving our goals for the health/wellness of the community goes beyond traditional measures of health and requires cooperation of lots of community organizations. |

| 11. Community collaboration is essential to community health. |
|--|
| 12. CHIP progress and how other community organizations may partner with FDOH in Miami |
| Dade County to further achieve common goals. |
| 13. Seeming commitment by the DOH to address pressing problems. |
| 14. Reflecting on the progress of the CHIP helps to further the movement towards the goals. |
| 15. Poll questioning was great. |
| 16. It was good to learn of the DOH's priorities and next steps. |
| 17. It takes a village to prioritize and improve the health and wellness of our community. |
| 18. How I might work with CHIP and MAPP processes to make sure our public health systems are adequately addressing increasing health and economic risks associated with climate change. |
| 19. Everything. |
| 20. There is much more work to do to address health equity in our community. |
| 21. There are additional ideas to implement to improve health equity. |
| 22. Health equity office establishment. |
| |

| Question 8: What portion(s) of the virtual summit did you like the best or find most valuable? Why? | | |
|---|---|--|
| | <u>Responses</u> | |
| 1. | Active engagement via Poll Everywhere. | |
| 2. | Learning about the specific health priorities. | |
| 3. | Succinct overview of priorities. The input/feedback portions were handled well, with a simple but good series of questions to elicit audience feedback, and strong staff facilitation (excellent facilitation techniques were acknowledging comments as they rolled in, encouraging participation, and keeping good pace). | |
| 4. | Targeted areas of improvement - seeing the answers from other parties based on the question and getting feedback was a good insight to other community opportunities. | |
| 5. | All presenters and speakers did great! The presentation slides and infographics were clean, clear, and easy to understand. The color scheme was lovely. The Polling portion was interactive and Dr. Turner did a great job facilitating the activity. I felt like I had my voice heard with the poling option. Wonderful virtual summit! The team and organizers did well. Thank you all. | |
| 6. | It was very valuable from the beginning to the end. | |
| 7. | I enjoyed the PollEverywhere section where we could provide feedback. | |
| 8. | Using poll everywhere to engage the audience and have everyone collaborate ideas. | |
| 9. | The interactive portion. Viewing suggestions from the attendees was insightful. | |
| 10. | The polling feature that allowed collaborative brainstorming. | |
| 11. | CHIP progress and lessons learned. | |
| 12. | CHIP plan progress; interactive questions/feedback. | |
| 13. | Everything. | |
| 14. | The polling activity to generate ideas from everyone. Dr. Turner did a wonderful job facilitating that portion. | |

| 15. The ir | nteractive questions and polling. |
|------------|---|
| 16. The a | bility to provide my input. |
| 17. Poll q | uestioning. |
| 18. Group | p poll questions because it allowed for community /partner input. It was interactive. |
| 19. Discu | ssion to address health equity and social determinants of health. |
| 20. All th | e sessions were equally interesting. |
| 21. Overv | view of Objectives & what has been achieved. |
| 22. Comr | nunity discussion through Poll Everywhere. |

Question 9: What portion(s) of the virtual summit did you like the least or find least valuable? Why? Responses 1. Some of the feedback seemed shallow. Perhaps starting with a poll of some of the jellybean graphic partners, followed by deeper questions would yield a deeper layer of feedback. For example: (a) put up a list of 10 kinds of potential partners, ask audience to rank, then challenge audience to type in specific partners or ideas for their top 1-2 in the rank; or (b) similarly, put up a staff generated list of what experts say are top 10 strategies, ask people to rank, and then type in specific ideas on top ranked items. 2. None. All were appropriate for the summit and was well presented. 3. Was not able to take a break. 4. I think that more emphasis could have been placed on providing possible reasons for the various initiatives that were falling behind target and what was being done to improve those outcomes (particularly in Chronic Disease and Communicable Disease and Emergent threats). 5. All areas covered were relevant and valuable. Sharing specific data would have been helpful. 6. 7. Long presentations are hard to stay focused. Interactive presentations are more engaging. 8. Explaining the CHIP process; a video prior to attending would have been great and easier to explain and also share with my colleagues. 9. All presenters and hosts were wonderful and I learned a lot. It was great hearing feedback and ideas from all community partners in attendance. 10. None.





Conclusion

On Thursday, October 28, 2021, the Florida Department of Health in Miami-Dade County hosted the 2021 Annual Community Health Improvement Plan meeting titled A Community United: Health Equity in Miami-Dade County. The purpose of the meeting was to explore ways to improve health equity in the community, specifically relating to the Community Health Improvement Plan (CHIP). Attendees from different organizations and backgrounds were able to discuss the strategic health priorities that affect Miami-Dade residents and their health. Participants played an essential role in improving the health and quality of life for Miami-Dade. 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. The Florida Department of Health in Miami-Dade County hopes to reach all of our CHIP Program goals for the six strategic priority areas by the year 2024.

And the second s