



# Community Health Improvement Plan Annual Report **2016-17**



## 2016-2017: MIAMI-DADE COUNTY CHIP ANNUAL REPORT

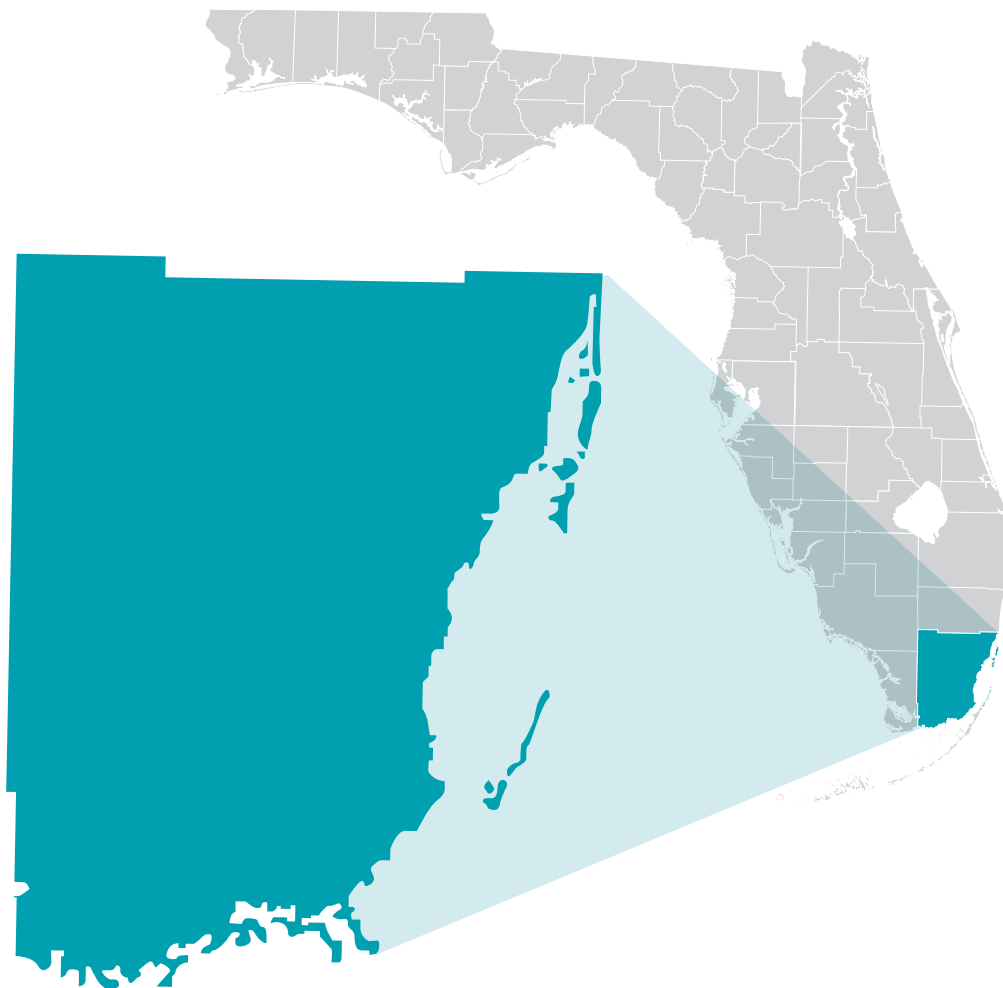
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### MIAMI-DADE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Our collaborative plan to improve community health and quality of life in Miami-Dade County.

#### VISION

Miami-Dade County is a community where access to care is improved, community redevelopment and partnerships are created, chronic disease is prevented, health is protected, and resources are effectively leveraged to improve the health and quality of life of all residents.



This CHIP focuses on Miami-Dade County's 34 municipalities which covers a population of 2.7 million residents located in the southeastern part of the state of Florida.

The complete 2013-2018 Community Health Improvement Plan (CHIP) can be accessed at:  
[www.HealthyMiamiDade.org/resources/community-health-improvement-plan/](http://www.HealthyMiamiDade.org/resources/community-health-improvement-plan/).

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## INTRODUCTION

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Health is shaped by a number of factors. Eating a balanced diet, exercising, receiving the recommended immunizations, avoiding smoking, and seeing a doctor when sick all shape health and wellness. The social, economic and environmental conditions in which we live, learn, work, and play such as the quality of our schooling, the cleanliness of our water, food and air, the economy in which we work and the community resources we can access, also impact health. To create the conditions in which residents can be healthy, the Miami-Dade County, Florida community must collectively address social, economic and environmental conditions that affect health rather than only treating medical conditions after they occur.

Effecting significant and positive changes in the health of the community requires a shared effort from all public health system partners. No single agency or program has the resources or depth needed to improve the health status and outcomes of all residents. Strong partnerships are required to ensure the health of all people in the community. A Community Health Improvement Plan (CHIP) was created to connect the work of many public health partners to improve the health of the population served.

This is the annual review report for the 2013-2018 Miami-Dade County CHIP. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Miami-Dade County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report. The activities, accomplishments, and collaborative efforts of the Florida Department of Health in Miami-Dade County and community partners will be reflected within the report. This document will serve as a progress review of the strategic health indicators, strategies that were developed and the activities that have been implemented. The report makes use of Strategic Priority Status Maps to identify the health issues that need more focused attention. Data for strategic health indicators are monitored to inform of the effectiveness of an intervention and the contributions of community stakeholders.



## OVERVIEW

The Community Health Improvement Plan (CHIP) is a five-year plan to improve community health and quality of life in Miami-Dade County. It is a long-term systematic effort to address the public health concerns of the community. The CHIP is based on the results of the health assessment activities, and part of the community health improvement process.

The CHIP is aligned 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 many partners who provide input. Miami-Dade County's CHIP addresses five key health priorities – Health Protection, Access to Care, Chronic Disease, Community Redevelopment, and Health Finance and Infrastructure.

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) works to support and strengthen policies, systems, and environments to improve population health. Because DOH-Miami-Dade bears statutory responsibility for protecting the public's health, its staff initiated the CHIP and convened partners to develop it. DOH-Miami-Dade staff are responsible for the ongoing monitoring of the CHIP. However, DOH-Miami-Dade is only one part of the public health system. Other agencies, non-governmental organizations, institutions and informal associations play critical roles in creating conditions in which people can be healthy. In order to lead residents to better health, a more integrated and comprehensive approach to health is needed. The collective strength of individuals, communities

and various social institutions working together to improve health is required.

The CHIP can be used as a reference for decision making and a basis for designing programs. Organizations can align strategic priorities to have lasting health impacts. This plan is meant to be a living document rather than an end point, and it reflects a commitment of partners and stakeholders to coordinate and address shared issues in a systematic and accountable way. Potential partners and users of this plan include a wide variety of stakeholders ranging from Community Health Departments, health and social service organizations, federally qualified health centers, state and local governments, the business community, and academic institutions.

The ongoing process of implementing the CHIP will bring together these system partners on a periodic, regular basis to review progress in meeting CHIP goals. The CHIP Monitoring and Evaluation Committee which consists of representation from all Florida Department of Health in Miami-Dade County programs, meets on a quarterly basis to monitor the CHIP measures, review and assign action items, and report on program indicators.

Given the substantial number of actors involved in community health efforts, the CHIP aids in executing a local population health strategy. The CHIP enables loosely-networked system partners to coordinate for more efficient, targeted and integrated health improvement efforts. Developing the CHIP itself has served as a catalyst for moving diverse groups and sectors toward a common health agenda.



# STRATEGIC PRIORITIES

## THE FIVE STRATEGIC HEALTH PRIORITIES IMPACTING HEALTH AND WELLNESS IN MIAMI-DADE COUNTY INCLUDE:

1. Health Protection
2. Access to Care
3. Chronic Disease Prevention
4. Community Redevelopment and Partnerships
5. Health Finance and Infrastructure

STRATEGIC ISSUE AREA	GOAL
HEALTH PROTECTION	1. Prevent and control infectious disease
	2. Prevent and reduce illness, injury and death related to environmental factors
	3. Minimize loss of life, illness and injury from natural or man-made disasters
	4. Prevent and reduce unintentional and intentional injuries
ACCESS TO CARE	1. Regularly assess health care assets and service needs
	2. Improve access to primary care services for Floridians
	3. Enhance access to preventive, restorative and emergency oral health care
	4. Reduce maternal and infant morbidity and mortality
CHRONIC DISEASE PREVENTION	1. Increase the percentage of adults and children who are at a healthy weight
	2. Increase access to resources that promote healthy behaviors
	3. Reduce chronic disease morbidity and mortality
	4. Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
COMMUNITY REDEVELOPMENT AND PARTNERSHIPS	1. Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals
	2. Build and revitalize communities so people can live healthy lives
	3. Provide equal access to culturally and linguistically competent care
	4. Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians
HEALTH FINANCE AND INFRASTRUCTURE	1. Use health Information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians
	2. Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors
	3. Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida
	4. Promote an efficient and effective public health system through performance management and collaboration among system partners

## MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

The Mobilizing for Action through Planning and Partnerships (MAPP) process is community-driven framework for improving community health. MAPP is intended to bring together community organizations, agencies, groups, and individuals that comprise the local public health system. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values.

The next phase involves the four assessments: Local Public Health System Assessment (LPHSA), Community Themes and Strengths Assessment (CTSA), Forces of Change Assessment (FCA), and the Community Health Needs Assessment (CHNA). The four assessments completed through the MAPP process examine issues such as risk factors for

disease, illness and mortality, socioeconomic and environmental conditions, inequities in health, and quality of life. These assessments can help identify and prioritize health problems, and facilitate planning and actions to address those problems. Each assessment yields important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole.

During the strategic issues identification phase, participants develop an ordered list of the most important issues facing the community. During the Formulate Goals and Strategies phase of the MAPP Process, participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. The last phase, Action Cycle, links three activities—Planning, Implementation, and Evaluation.

Through the MAPP framework, organizations, groups and individuals can convene to create and implement a community health improvement plan. The 2012-2013 MAPP report which informed the 2013-2018 CHIP can be accessed at [HealthyMiamiDade.org](http://HealthyMiamiDade.org)



## CONSORTIUM FOR A HEALTHIER MIAMI-DADE

The Consortium for A Healthier Miami-Dade is an initiative involving the organizations and entities that contribute to public health in the community dedicated to creating healthy places to live, learn, work and play. The Consortium promotes healthy living in Miami-Dade County through the support and strengthening of sustainable policies, systems and environments.

The Consortium is comprised of seven committees focused on specific key areas of health: Children Issues/Oral Health, Elders Issues, Worksite Wellness, Health Promotion and Disease Prevention, Health and the Built Environment, Tobacco-Free Workgroup, and Marketing and Membership. The seven Consortium committees work to fulfill a common goal - working together to improve health for all.

Collaboration through the Consortium and other community coalitions are the driving forces in implementing the Miami-Dade County CHIP and improving health outcomes. Through the MAPP framework, the Consortium works collaboratively, collects and uses local data, sets health priorities, and designs and evaluates public health interventions that address the community's health, assets and needs.

This year, Consortium committees revisited their work plans to align with the Consortium Strategic Plan, State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Partnership to Improve Community Health (PICH) grant. Committees are currently improving community health by implementing their work plans. Community members interested in making the vision of "Healthy Environment, Healthy Lifestyles, Healthy Community" a reality in Miami-Dade County can become a member of the Consortium by visiting: [www.HealthyMiamiDade.org/membership](http://www.HealthyMiamiDade.org/membership).



### GOALS:

- Enhance and strengthen the Consortium for A Healthier Miami-Dade membership.
- Increase adoption and implementation of policy, systems and environmental change in creating healthy communities.
- Educate and raise awareness of the benefits of healthy lifestyles and health promoting environments.
- Increase access to resources and information to promote the adoption of healthy lifestyles by Miami-Dade County residents.





## PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

The Partnerships to Improve Community Health (PICH) Grant was a 3-year initiative funded through the Centers for Disease Control and Prevention (CDC) and awarded to Miami-Dade County with the goal of improving the health of the community. This project focused on four CDC target areas, which included smoke/tobacco-free protection, improved access to healthy food and beverage options, physical activity opportunities, and prevention of chronic diseases through clinical and community linkages. The Consortium for A Healthier Miami-Dade was the conduit to accomplishing work in each of the above mentioned key areas. Each committee was tasked with initiatives that require collaboration, time, and dedication on behalf of members and organizations. According to the Florida Department of Health, Bureau of Vital Statistics the top three causes of death in Miami-Dade County for 2015 were heart disease, cancer, and stroke-which accounts for 55.8% of deaths. With numbers as high as research shows, the work which occurred with the Partnerships to Improve Community Health grant and the Consortium for A Healthier Miami-Dade was even more vital.

### SPECIFIC INITIATIVES INCLUDED THE FOLLOWING:



#### Key Service Area 1: Tobacco Free Environments

- Smoke free multi-unit housing including senior residential properties



#### Key Service Area 2: Increased access to improved nutrition

- Healthy Happens Here Restaurant Initiative
- Worksite wellness to encourage a healthy working environment with healthier food options
- Childcare centers implementing healthier options
- Corner stores offering access to fresh fruits and vegetables



#### Key Service Area 3: Increased access to physical activity

- Active Design Miami Guidelines
- Complete Streets initiatives
- Park 305 mobile web application
- Childcare centers implementing active learning
- Worksite wellness to encourage a more physical working environment



#### Key Service Area 4: Clinical Linkages and Access to Care

- Journey to Wellness Rx Green Prescription Program
- Healthy Hub Locations

## HEALTHY HAPPENS HERE (HHH) RESTAURANT INITIATIVE



**OPPORTUNITY:** Known for its rich mix of cultures, music, beaches, night-life and food, Miami-Dade County struggles with poor health issues that seems to plague many large metropolitans. Poor diet and physical inactivity contribute to the high prevalence of overweight and obesity. In 2014, 63.6% of Miami-Dade County adults and 27.9% of teens, were considered overweight and obese compared to Florida averages of 62.8% and 26.8%, respectively (BRFSS, 2014; YRBSS, 2015). Furthermore, chronic disease occurrences, such as adult hypertension continues to be substantially greater in Miami-Dade compared to the state with an age-adjusted Emergency Room (ER) rate of 49.8 cases per 10,000 residents compared to 40.0 cases per 10,000 for Florida (AHCA, 2012-2014). The challenge the county faced was finding ways to implement programs that would improve health outcomes to a very large and culturally diverse population. In 2009, the National Restaurant Association stated that Americans spend nearly half of their food budget on away-from home food, with 45% of adults saying restaurants are an essential part of their lifestyle. Recognizing this trend, the Consortium for A Healthier Miami-Dade's Health Promotion and Disease Prevention (HPDP) Committee, partnered with the American Healthy Weight Alliance (AHWA) to implement the Healthy Happens Here (HHH) Restaurant Initiative.

**IMPACT:** Since the launch of the HHH Restaurant Initiative, Miami-Dade County has increased access to environments with healthy meal options to over 913,864 residents. Each day, residents can now make healthier meal choices from over 127 participating restaurants located throughout the county.

**CONTRIBUTORS:** Health Promotion and Disease Prevention (HPDP) Committee, AHWA.

**ACTION:** Participation was made easy by working with restaurants owners to first agree to sign a HHH pledge stating their willingness to offer healthy meal options at their restaurants. Dieticians then worked to modify or create at least 3-4 healthy meal options that meet nutritional guidelines at their restaurants. Once the meals were accepted via a successful sensory evaluation (taste test), they were now ready to be made available for purchase and consumption by anyone accessing the healthy environment. Participating restaurants encompassed a variety of cultural cuisines, including Cuban, American, Thai, Japanese, Jamaican, Colombian, and Portuguese, which is reflective of the diversity of the Miami-Dade community.

## PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

### HEALTHY HAPPENS HERE (HHH) RESTAURANT INITIATIVE



**VALUE:** The aim of the HHH Restaurant Initiative was to increase access to environments with healthy meal options for consumers at participating non-chain restaurants (defined as having fewer than 20 locations per restaurant chain) throughout Miami-Dade County. The long-term goal is to decrease the incidence and prevalence of chronic illnesses associated with being overweight and obese by providing healthy meal options to consumers when they dine out.

### ACTIVE DESIGN MIAMI GUIDELINES



**OPPORTUNITY** Miami-Dade County faces a number of challenges that can benefit from use of Active Design strategies. Active Design strategies are a set of design and policy strategies that lead to overall healthier communities. The region is experiencing many common health concerns, including rising obesity and chronic disease rates, and high rates of depression and other mental health issues. In many areas, single-use development patterns and car-centric street designs prioritize automobiles over people, neglecting the potential for shared use of roads by pedestrians, bicyclists, and transit users. Public parks and plazas are often limited in their effectiveness due to a lack of accessibility, a limited range of activities, and the absence of shade, seating, water fountains, and other amenities that support user comfort. The combined effect of these development patterns reduces the likelihood of residents engaging in physical activity, while increasing commute times and social isolation. Miami-Dade is experiencing significant demographic shifts and a reorientation toward urban living. Active Design Miami (ADM) capitalizes on this surge of attention and collaborative interest around identifying design solutions to support healthy living. ADM builds upon local priorities, needs, and development contexts to provide a toolkit for both short- and long-term action to improve community health and wellbeing.



**IMPACT:** Between January and June of 2017, ADM staff met with 15 cities and the County. In February, the ADM resolution was presented to the legislative bodies of the City of Miami Beach, Town of Surfside, and Village of Pinecrest and all three unanimously approved incorporating ADM into their planning documents or existing sustainability and resilience planning efforts. These were our early adopters. Through March and June, an additional six municipalities officially adopted ADM including, the Village of Key Biscayne, Town of Miami Lakes, and cities of Coral Gables, Aventura, Miami, South Miami, and Sweetwater. These 10 cities represent 660,606 (or 25%) residents in Miami-Dade. Most significantly, ADM was presented to the Miami-Dade Board of County Commissioners and they adopted a resolution supporting ADM and directing staff to include its strategies in the Comprehensive Development Master Plan. The Miami-Dade unincorporated area represents 1.3 million residents, or 49% of the total population in the County. This will have significant and lasting effects on how we grow, build, and design in the County. In total, ADM will directly impact nearly 75% of the residents in Miami-Dade to date. The team will continue working with additional municipalities to officially adopt ADM.



**CONTRIBUTORS:** Active Design Miami (ADM), Miami-Dade County, Florida Department of Health.



**ACTION:** During the ADM development phase, it was a priority to reach as many cities, as well as the County, to learn about their health and urban design priorities and challenges. Early in the development phase, the ADM team met with 20 municipalities and Miami-Dade County to present the project and receive feedback. In late 2016, the Project Director shared the ADM publication with the County and the 20 municipalities. Meetings and/or conference calls were held in order to share the work with the government agencies, as well as the assessment tool which assists municipal staff in determining the feasibility and relevance of each of Active Design Miami's 69 strategies. Discussions were also held to identify how ADM could be utilized in each municipality and the County. The different applications of ADM included its incorporation into their planning documents such as the Comprehensive Development Master Plans or Resilience Work Plans, pilot projects to address urban design issues such as lack of sidewalks, or even incorporating ADM strategies in the design of new city facilities or city centers. In order to formalize relationships with the interested municipalities, legislation was drafted so that the city and county elected bodies would officially support the work of ADM.



**VALUE:** Miami-Dade County has a profound understanding of the need for improved access to physical activity opportunities among its residents. Incorporating physical activity into everyday life is a crucial aspect to helping Miami-Dade County and the State of Florida reach the goal of becoming the Healthiest State in the Nation. Substantial evidence demonstrates that having Healthy Community Designs can positively affect the public's health by encouraging active transportation and active recreation while providing access to healthy foods.

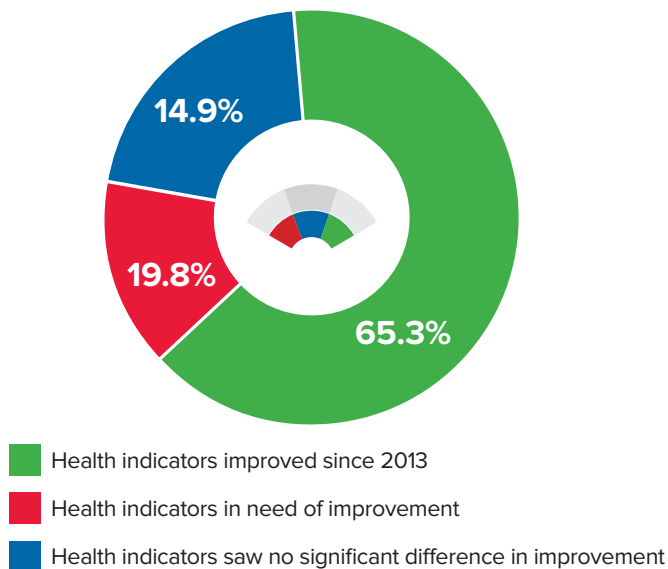
## KEY FINDINGS

During 2016-2017, significant strides were made in the implementation of the Community Healthy Improvement Plan (CHIP). Through the CHIP's collaborative nature, key public health concerns were addressed. The following goals saw increased improvement:

- Prevent and control infectious disease
- Prevent and reduce illness, injury and death related to environmental factors
- Enhance access to preventive, restorative and emergency oral health care
- Reduce maternal and infant morbidity and mortality
- Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
- Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals
- Promote an efficient and effective public health system through performance management and collaboration among system partners



### STATUS OF HEALTH INDICATORS



### QUICK FACTS:

- 19 community health goals
- 101 strategic health indicators tracked
- 65.3% of indicators improved
- 19.8% of indicators need improvement
- 14.9% of indicators saw no significant difference in improvement



### DID YOU KNOW?

Florida has experienced lower morbidity and mortality rates across several diseases, however gaps continue to exist. All Floridians regardless of gender, race, ethnicity, age, geographic location and physical and developmental differences should be able to attain the highest level of health. Eliminating health gaps between different communities in Florida is a strategic priority for the department.

–2016-2018 Florida Health Performs.



## HIGHLIGHTS

### IMMUNIZATIONS PROGRAM ADDRESSES THE COUNTY'S LOW RATES OF IMMUNIZED TWO YEAR OLD CHILDREN

There are approximately 680 pediatricians in Miami-Dade County that immunized children this year. The Florida Department of Health in Miami-Dade County Immunizations team is tasked in visiting approximately 150 of the 680 pediatricians that use Vaccine for Children (VFC) vaccines. VFC provides free vaccines for children that are uninsured, underinsured or receiving Medicaid. Pediatricians that use VFC vaccines are required to enter the vaccines they administer into Florida Shots, Florida's web-based immunization registry. Although the Immunizations program encounters some limitations such as not all pediatricians using Florida Shots or VFC vaccines, and not being funded or staffed to visit all pediatricians, the program has implemented several measures in an attempt to improve the two-year-old rates of pediatricians using VFC. The Immunizations team began running reports using Florida Shots of patients that are under 2 years of age. The names of patients that are not immunized are then sent to the pediatricians for follow up. Immunizations also trains staff on how to run their own reports. The program will hire an additional staff member that will conduct visits and reach approximately another 100 pediatricians.

### EPIDEMIOLOGY AND DISEASE CONTROL RESPONDS TO EMERGING PUBLIC HEALTH ISSUES

The Epidemiology and Disease Control program serves as the frontline response to emerging public health issues in Miami-Dade County. This team monitors and investigates infections for more than 80 different diseases, animal bites, outbreaks and other public health threats. In the past year, this program has been instrumental in responding to the emergence of Zika virus in Miami-Dade County. The first cases of locally-acquired Zika virus were identified in the summer of 2016, and the Epidemiology and Disease Control team launched full-scale local and travel-related investigations, partnered with other local health agencies to provide testing for pregnant women, and implemented community education interventions in parks, schools, hospitals, and businesses. Throughout the Zika virus response, the program continued to engage in surveillance and prevention activities for many other communicable diseases that impact the health of Miami-Dade County residents and visitors.



### DID YOU KNOW?

High immunizations levels contribute positively to the state's economy by lowering disease incidence, lowering health care costs and protecting travelers from vaccine-preventable diseases. Increasing access to and availability of vaccines will help keep Florida's families and communities protected from emerging health threats and improve overall school attendance.  
 –2016-2018 Florida Health Performs



## HIGHLIGHTS

### WIC PROGRAM STRIVES TO INCREASE THE PERCENTAGE OF WIC WOMEN WHO ARE EXCLUSIVELY BREASTFEEDING THEIR INFANT AT 6 MONTHS OF AGE

The Florida Department of Health in Miami-Dade County WIC & Nutrition Program strives to promote, protect and support breastfeeding as the normal, preferred method of infant feeding. Women who are exclusively breastfeeding is the ideal standard, but is also the most difficult indicator to impact and improve. The target goal for the state of Florida is 12% and the Healthy People 2020 national target is 60.6%.

Currently, the Miami-Dade WIC exclusive duration rate is 10.3%. While this is below the state goal and HP 2020 goal, significant improvement has been seen with other leading indicators. For example, the Miami-Dade WIC initiation rate is at its highest ever (82.8%) and exceeding the HP 2020 goal. The duration rate for any breastfeeding also continues to improve (currently 43.9%). Both of these indicators positively influence the exclusivity indicator over time. The breastfeeding caseload continues to steadily climb and has exceeded non-breastfeeding caseload.

The WIC breastfeeding program has expanded its services and increased the number of peer counselors who provide services to WIC clients. This change has significantly increased the capacity for breastfeeding services. In FFY 2016, three new breastfeeding peer counselor positions were added, increasing the total number of peer counselors in Miami-Dade WIC to 18. In large units, a breastfeeding support group/class has been added that all prenatal women are enrolled in during their last trimester. Final contact just before birth has been very influential in addressing breastfeeding concerns and preparing mothers

for delivery and feeding plans. In addition, WIC units have re-vamped the flow of infant/mother certifications to consistently include breastfeeding assessment and counseling during every mother-baby dyad certification.

Lastly, breastfeeding outreach has continued to increase over the years, and WIC has established very strong relationships with most of the hospitals in the community. This improved relationship has positively influenced breastfeeding initiation, as hospitals now have a direct line and referral process for WIC breastfeeding services and counseling, even before the mother is recertified as postpartum on the program. The most vulnerable time for newly breastfeeding mothers was the time after hospital discharge and between WIC certification when most often mothers did not have the appropriate support to continue breastfeeding. The improved relationship has given mothers more confidence to initially breastfeed as they know that they will have the support they need when they leave the hospital. Miami-Dade WIC has already initiated a targeted outreach campaign to impact communities with historically low breastfeeding rates (such as the African-American community).



Breastfeeding has been documented in the literature as the premier and preferred feeding method for infants. Breastfeeding not only impacts a child's health in the early years, but it has also been shown as a protective factor against disease and illness later in life. In addition, women who breastfeed show reduced rates and likelihood of certain cancers (ovarian and breast). Lastly, breastfeeding has an impact on health economics, as feeding costs are reduced and children are sick less often, therefore reducing the need for time off work and sick days for parents.

## HIGHLIGHTS

### COMMUNITY MEMBERS ADDRESS HEALTH INDICATORS AT THE CHIP SUMMIT

At the 2016 CHIP Summit, community members discussed the issues impacting health and wellness in Miami-Dade County, and evaluated the strategies and actions that address public health issues and opportunities in innovative ways. In the meeting, the 2015-2016 CHIP Annual Report was reviewed and an action plan was created to address the indicators that were below target. Some public health topics discussed at the Summit include: increasing access to resources to promote healthy behaviors, reducing tobacco use, preventing and controlling infectious diseases, improving access to primary care services, eliminating health disparities, and promoting an efficient and effective public health system that maximizes partnerships and uses information technology to improve health care outcomes. The Summit allowed community members to refocus attention on root causes of health problems and work to address complex health concerns to improve the local public health system and have a significant impact on the community's health.

### MONITORING AND EVALUATION COMMITTEE REPORTS ON PROGRAM INDICATORS

During quarterly meetings, the Monitoring and Evaluation Committee identifies strategies that are considered to be successful and indicators that are below target. The committee consists of representation from all Department of Health in Miami-Dade County programs. Committee members monitor the Community Health Improvement Plan (CHIP) scorecard, review and assign action items, and report on program indicators. The work of the committee is vital in monitoring the progress of the CHIP.



## STRATEGIC PRIORITY 1: HEALTH PROTECTION

All residents and visitors must be protected from infectious and environmental threats, injuries and natural and manmade disasters.



### GOALS:

- Prevent and control infectious diseases
- Prevent and reduce illness, injury and death related to environmental factors
- Minimize loss of life, illness and injury from natural or man-made disasters
- Prevent and reduce unintentional and intentional injuries

## STRATEGIC PRIORITY 1: HEALTH PROTECTION

### INDICATOR HP1.2.3 – TB INCIDENCE PER 100,000 POPULATION



**OPPORTUNITY:** During the past 6 years, the Tuberculosis (TB) incidence in Miami-Dade County decreased from 6.3 in 2011 to 4.3 in 2016 due to the collaborative work and partnership with hospitals, clinicians, private providers within the community to stop TB.

**IMPACT:** The aggressive outreach efforts of the TB program, compliance direct observed therapy (DOT), and the early identification of contacts has helped patients receive the highest care and live in a community that is TB free.

**CONTRIBUTORS:** Clinicians, hospitals, private providers, homeless shelters, infection control practitioners, nursing homes, schools, colleges and universities, adult living facilities, childcare centers, jails, and prisons.

**ACTION:** The following measures were implemented to reduce the TB case rate: strengthen TB surveillance system in timely reporting; visit the hospitals meeting with the infection control practitioners; implement video directly observed therapy to facilitate treatment; provide TB in-service to the health care center; educate health care providers; engage all care providers; increased testing; early identification and treatment; ensure compliance with treatment DOT patient education.

**VALUE:** TB is a chronic bacterial infection that leads to a chronic disease. It is an airborne disease that can be spread person to person, but only people with active TB can spread the disease infecting primarily lungs, although other organs can be infected also. TB is one of leading killer disease among young adults, and kills one third of the world population (NIH, 2015). Increasing the number of outreaches, TB prevention education and easy TB testing in the community will help with the early detection of TB in the community (NIH, 2015).

### INDICATOR HP1.3.4 – # OF NEW HIV INFECTIONS PER 100,000



**OPPORTUNITY:** New HIV infections steadily increased from 2013 and continued to sharply increase over the next few years. The Florida Department of Health in Miami-Dade County put in motion plans to address the epidemic in the county.

**IMPACT:** There was a decrease in the number of new infections per 100,000 from 50.7 in 2015 to 47.0 in 2016.

**CONTRIBUTORS:** Florida Department of Health in Miami-Dade, Community Based Organizations, Faith Based Leaders, Colleges and Universities, Ryan White Part A, Community Leaders, and Government Officials.

**ACTION:** Florida Department of Health in Miami-Dade realized that we were at a critical point in the HIV epidemic in our county. Rates of new HIV infection were steadily increasing and were affecting a certain subset of the population more disproportionately than others. Targeted prevention activities and messaging were geared toward this population.

**VALUE:** This success is a product of collaboration, scientific advances, and the effectiveness of prevention, care and treatment service. Continued progress will require us to effectively address disparities, gaps in access to care, and improve health outcomes.





# STRATEGIC PRIORITY 1: HEALTH PROTECTION

## INDICATOR HP – # OF BACTERIAL STD CASES RATE AMONG FEMALES 15-34 YEARS OF AGE



**OPPORTUNITY:** The Florida Department of Health in Miami-Dade County worked to drastically reduce the STD cases rate among females age 15-34 from 2,098.8 in 2012 to 1,193.1 in 2016.

**IMPACT:** The bacterial STD cases rate among females age 15-34 years of age drastically decreased by 47% from the year prior. There has been an increase in youth accessing community testing services and returning for screenings.

**CONTRIBUTORS:** Miami-Dade County Public School and various community partners assisted in testing and health-fair booths.

**ACTION:** The program has strengthened the education opportunities in the community, colleges, and schools, and increased the testing sites for teens and young adults in the community. Teens that test positive are given treatment and tools of information for prevention to keep from being re-infected. Screening and treatment has expanded at several high school clinics. The STD program participated in Miami Teen Expo Health Fair 2017 & tested over 21 high schools, thus increasing teenagers access to screening. The memorandum of agreement throughout Miami-Dade County to reduce high incidence of STDs among teenagers was expanded. The STD program intended to use two off-site mobile units to screen and provide education after school on a weekly basis.

**VALUE:** Reducing the bacteria STD cases would promote healthy sexual lifestyle among adolescents and also improve community economics.

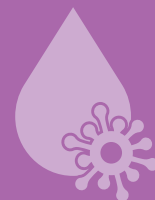


This year, DOH-Miami-Dade’s HIV/AIDS Program proudly announced the unveiling of a new Test Miami Mobile Unit available in the Miami-Dade County community offering free HIV/AIDS and STD testing.



### DID YOU KNOW?

Florida has a comprehensive program for preventing the transmission of HIV and for providing care and treatment to those already infected. By reducing the incidence of HIV, more Floridians will live longer, healthier lives.  
 –2016-2018 Florida Health Performs



# INDICATOR STATUS MAP



## HEALTH PRIORITY 1: HEALTH PROTECTION CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
<b>GOAL 1: PREVENT AND CONTROL INFECTIOUS DISEASES</b>										
HP 1.1.1	Percent of two-year olds immunized	2013	2016	84.8%	80.4%	↑	↓	90.0%	Needs improvement	No
HP 1.1.2	Percent of elderly who have had the flu shot	2010	2013	50.8%	43.0%	↑	↓	75.0%	Needs improvement	No
HP 1.1.3	Immunization levels in two-year old children by Florida Department of Health in Miami-Dade County clinics	2013	2016	98.0%	95.0%	↑	↓	96.0%	Needs improvement	No
HP 1.1.4	Number of confirmed cases of measles in the county	2013	2015	0#	0#	↓	↔	0#	No significant difference	Yes
HP 1.1.5	Number of confirmed cases of Haemophilus influenzae type B in children under 19	2013	2015	36#	25#	↓	↑	0#	Improved	No
HP 1.2.1	Number of bacterial STD cases rate among females 15-34 years of age	2012	2015	2,098.5#	2,257.7#	↓	↑	2,091.5#	Needs improvement	No
HP 1.2.3	TB incidence per 100,000 population	2012	2016	4.9	4.3	↓	↓	3.5	Improved	No
HP 1.2.6	Percent of TB cases completing therapy within 12 months	2011	2015	92.1%	97.2%	↑	↑	95.0%	Needs improvement	Yes
HP 1.2.7	Number of enteric disease cases	2011	2015	54.3#	57.6#	↓	↑	51.7#	Needs improvement	No
HP 1.3.1	Reported AIDS rate per 100,000 population	2010	2015	26.0	17.5	↓	↓	20.5	Improved	Yes
HP 1.3.2	Percent of adults <65 who have ever been tested for HIV	2010	2013	54.2%	54.0%	↑	↓	60.0%	Needs improvement	No
HP 1.3.3	Percent of newly identified HIV infected persons linked to care within 90 days of diagnosis	2012	2016	66.0%	77.0%	↑	↑	85.0%	Improved	No
HP 1.3.4	Number of new HIV infections per 100,000 population	2012	2016	49.8#	47.0#	↓	↓	45.0#	Improved	No
HP 1.3.5	Percent of ADAP clients with undetectable viral load counts	2010	2017	92.8%	97.47%	↑	↑	90.0%	Improved	No
HP 1.4.1	Percent of infectious Syphilis treated within 14 days of specimen collection date	2013	2017	85.0%	94.0%	↑	↑	88.0%	Improved	Yes
HP 1.4.1	Percent of Florida Department of Health in Miami-Dade County Chlamydia cases treated within 14 days of specimen collection date	2013	2017	85.0%	92.0%	↑	↑	88.0%	Improved	Yes
HP 1.4.2	Percent of timely dissemination of the EPI monthly	2013	2014	100.0%	100.0%	↔	↔	100.0%	No significant difference	Yes
<b>GOAL 2: PREVENT AND REDUCE ILLNESS, INJURY AND DEATH RELATED TO ENVIRONMENTAL FACTORS</b>										
HP 2.1.1	Environmental Public Health Performance assessment completed and an action plan developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HP 2.2.1	Percent of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report	2013	2014	0	100.0%	↑	↑	90.0%	Improved	Yes
HP 2.2.2	Percent of electronically submitted food complaints	2010	2014	100.0%	100.0%	↔	↔	100.0%	No significant difference	Yes
HP 2.2.3	Number of reported new cases of lead poisoning among children under 72 months of age	2013	2014	36#	30#	↓	↓	40#	Improved	Yes
HP 2.3.1	Percent of public water systems have no significant health drinking water quality problems	2013	2014	0	99.0%	↑	↑	93.5%	Improved	Yes
HP 2.3.2	Percent of environmental health complaints investigated within 2 days	2014	2017	0#	100.0%	↑	↑	90.0%	Improved	Yes
HP 2.4.1	Number of Health Impact Assessments training conducted	2013	2014	0#	1#	↑	↑	3#	Improved	No

# INDICATOR STATUS MAP



## HEALTH PRIORITY 1: HEALTH PROTECTION CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
									Needs improvement	
<b>GOAL 3: MINIMIZE LOSS OF LIFE, ILLNESS, AND INJURY FROM NATURAL OR MAN-MADE DISASTERS</b>										
HP 3.1.1	After Action Report (AAR) Improvement Plan (IP) completed within 30 days of exercise or real world response	2015	2016	86.5%	80.4%	↑	↓	90.0%	Needs improvement	No
HP 3.2.1	Percent of Florida Department of Health in Miami-Dade County employees responding to monthly notification drills within an hour	2015	2016	77.0%	60.8%	↔	↓	70.0%	Needs improvement	No
HP 3.3.1	Percent of All Hazards Preparedness Plan aligned with Florida Public Health and Health Care Preparedness Strategic Plan	2011	2013	100.0%	100.0%	↔	↔	100.0%	No significant difference	Yes
HP 3.6.1	Percent of Incident Command Structure (ICS) Leadership responding to bi-monthly notification drills within 30 minutes	2015	2017	64.0%	84.0%	↑	↑	80.0%	Improved	Yes
HP 3.6.2	Number of fully deployable volunteers	2013	2017	448#	709#	↑	↑		Improved	
<b>GOAL 4: PREVENT AND REDUCE UNINTENTIONAL AND INTENTIONAL INJURIES</b>										
HP 4.1.1	Rate of deaths from unintentional falls among elderly adults age 65+	2011	2015	29.8	30	↓	↓	25	Improved	No
HP 4.1.2	Number of hospitalizations for near drowning, ages 1-4	2011	2015	21#	21#	↓	↑	10#	Needs improvement	No
HP 4.1.2	Number of deaths from drownings, ages 1-4	2010	2015	6.0#	2.0#	↓	↓	2.0#	Improved	Yes
HP 4.1.3	Rate of deaths from all external causes, among resident children ages 0-14	2011	2015	5.3	4.7	↓	↓	5.0	Improved	Yes
HP 4.2.1	Data sources in the Florida Injury Surveillance Data Report updated and disseminated (Y=1/N=0)	2013	2015	0	0	↑	↔	1	No significant difference	No
HP 4.3.1	Percent of Fatal Traumatic Brain Injuries under age 1	2010	2015	2.2%	0%	↓	↓	4.5%	Improved	Yes
HP 4.3.1	Number of Fatal Traumatic Brain Injuries ages 1-5	2010	2015	10.0%	8.0#	↓	↓	8.0#	Improved	Yes



## STRATEGIC PRIORITY 2: ACCESS TO CARE

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Limited access to health care services, including oral health care, may contribute to poor health outcomes and high health care costs.



### GOALS:

- Regularly assess health care assets and service needs
- Improve access to primary care services for Floridians
- Enhance access to preventive, restorative and emergency oral health care
- Reduce maternal and infant morbidity and mortality

## STRATEGIC PRIORITY 2: ACCESS TO CARE

### INDICATOR AC 5.4.2 AND AC 5.4.3 – INFANT MORTALITY RATE AND BLACK INFANT MORTALITY RATE



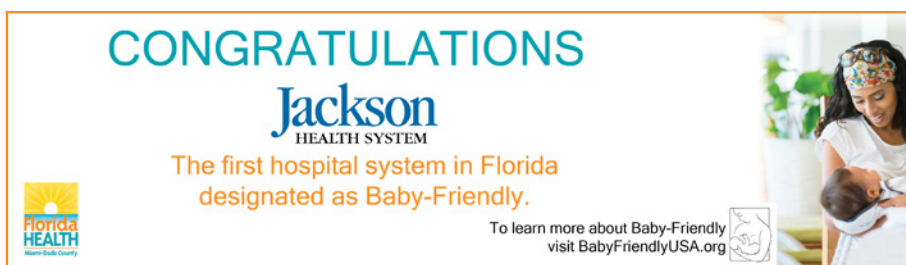
**OPPORTUNITY:** The community is working to improve the infant mortality rate (5.2 in 2016) and the black infant mortality rate (8.8 in 2015). Based on results from a county infant mortality analysis and feedback from the community event, an action plan was developed to address these key measures of population health.

**IMPACT:** As a result of community efforts, the following impacts were seen: STD/HIV testing sites in Miami-Dade County increased; dissemination of education materials relating to STD/HIV, breastfeeding and health education increased; development of a “Getting to Zero” taskforce; and three new Miami-Dade County hospitals receiving Baby-Friendly designation, a highly coveted breastfeeding support standard of care, promoted by the World Health Organization (WHO), and United Nations Children’s Fund (UNICEF).

**CONTRIBUTORS:** Healthy Baby Taskforce.

**ACTION:** The Healthy Baby Taskforce implemented the Florida Healthy Baby Action Plan with key indicators aimed at reducing maternal and infant morbidity and mortality. The action plan focuses on 1.) decreasing the number of new HIV infections in Miami-Dade from 53.9 (2014) to 45.0 to reduce infant morbidity, with particular focus on eliminating racial and ethnic disparities in new HIV infections; 2.) identifying/recruiting additional sites to increase the number of testing programs offering integrated STD testing; 3.) increasing the percentage of mothers who initiate breastfeeding from 92.6% (2015) to 96% to reduce infant morbidity; 4.) increasing the percentage of women who are exclusively breastfeeding their infant at 6 months of age from 9.3% (2007) to 12% to reduce infant morbidity; and 5.) increasing health education for women and families to reduce infant mortality and morbidity.

**VALUE:** Infant mortality represents a long-standing concern of public health and serves as a key indicator of population health. The Association of Maternal and Child Health Programs notes that the infant mortality rate is not only seen as a measure of the risk of infant death, but it is used more broadly as a crude indicator of: community health status, poverty and socioeconomic status levels in a community, and the availability and quality of health services and medical technology (Association of Maternal & Child Health Programs, 2007).



The Florida Department of Health in Miami-Dade County and the Consortium for A Healthier Miami-Dade recognize Jackson Health System - Holtz Children’s Hospital and Jackson Women’s Center, Jackson North Community Health Hospital and Jackson South Community Health Hospital - in achieving Baby-Friendly Recognition. The Jackson Health System is the first hospital system to achieve such distinction in the state of Florida.



### DID YOU KNOW?

Infant mortality is a key measure of a population’s health. While Florida’s overall infant mortality rate has reached historic lows in recent years, these improvements have not been uniform across all groups, particularly among black infants. Reducing the black infant mortality rate will improve health outcomes for Florida’s children, families, and communities.

–2016-2018 Florida Health Performs



# INDICATOR STATUS MAP



## HEALTH PRIORITY 2: ACCESS TO CARE CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
<b>GOAL 1: REGULARLY ASSESS HEALTH CARE ASSETS AND SERVICE NEEDS</b>										
AC 1.1.1	Plan including most effective way to update community resources in collaboration with community partners devised (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
AC 1.1.3	Community Health Needs Assessment conducted	2013	2016	0	1	↑	↑	1	Improved	Yes
<b>GOAL 2: PREVENT AND REDUCE ILLNESS, INJURY AND DEATH RELATED TO ENVIRONMENTAL FACTORS</b>										
AC 2.1.4	Map of areas within the county where there are shortages of primary medical care, dental or mental health providers developed	2013	2014	0	1	↑	↑	1	Improved	Yes
AC 2.1.7	Number of meetings/presentations with medical programs	2013	2014	0	2	↑	↑	4	Improved	No
<b>GOAL 3: ENHANCE ACCESS TO PREVENTIVE, RESTORATIVE AND EMERGENCY ORAL HEALTH CARE</b>										
AC 4.2.1	Total # of adults >21 years visiting Florida Department of Health in Miami-Dade County dental clinics	2013	2017	0	184#	↑	↑	127#	Improved	Yes
AC 4.2.2	Number of preventive services provided per month	2013	2017	0	622#	↑	↑	472#	Improved	Yes
AC 4.2.4	Number of clients receiving dental services at Seals on Wheels, Peñalver, and Jefferson Clinics	2013	2017	0	1,545#	↑	↑	556#	Improved	Yes
AC 4.2.4	Number of adults receiving dental services	2013	2017	0	953#	↑	↑	500#	Improved	Yes
AC 4.2.4	Number of children receiving dental services	2013	2016	0	592#	↑	↑	250#	Improved	Yes
AC 4.3.2	Number of dental sealants placed on children per month	2013	2017	0	66#	↑	↑	137#	Improved	No
<b>GOAL 4: REDUCE MATERNAL AND INFANT MORBIDITY AND MORTALITY</b>										
AC 5.1.1	Percent of women who received preconception education	2013	2014	0	12.0%	↑	↑	10.0%	Improved	Yes
AC 5.1.2	Rate of maternal deaths per 100,000 live births	2010	2015	22.3#	21.6	↓	↓	14.0	Improved	No
AC 5.2.1	Percent of births with inter-pregnancy intervals of less than 18 months	2010	2015	30.4%	27.1%	↓	↓	29.5%	Improved	Yes
AC 5.3.1	Number of repeat births to teens (age 15-19)	2013	2015	238#	177#	↓	↓	7#	Improved	No
AC 5.3.2	Rate of live births to mothers aged 15-19	2012	2015	21.0	15.3	↓	↓	20.0	Improved	Yes
AC 5.4.3	Infant mortality rate	2012	2016	4.9	5.2	↓	↑	4.5	Needs improvement	No
AC 5.4.4	Black infant mortality rate	2012	2015	10.1	8.8	↓	↓	9.5	Improved	No
AC 5.4.5	Percent of WIC women who are exclusively breast feeding their infant at 6 months of age	2007	2017	9.3%	10.5%	↑	↑	12.0%	Improved	No



## STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION

Tobacco, obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis.



### GOALS:

- Increase the percentage of adults and children who are at a healthy weight
- Increase access to resources that promote healthy behaviors
- Reduce chronic disease morbidity and mortality
- Reduce illness, disability and death related to tobacco use and secondhand smoke

## STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION

### INDICATOR CDCD 4.2.3 – % OF CURRENT CIGARETTE USE AMONG MIAMI-DADE’S YOUTH, AGES 11–17 YEARS CD 4.2.4% OF MIAMI-DADE-COUNTY TEENS WHO HAVE USED SMOKELESS TOBACCO IN THE LAST 30 DAYS



**OPPORTUNITY:** Efforts of the Tobacco-Free Workgroup, the Miami-Dade Students Working Against Tobacco (SWAT) chapter, and other local partners have helped decrease the current cigarette use among youth and the number of youth who use smokeless tobacco.

**IMPACT:** Results suggest that methods used for tobacco awareness education are effective and promoting programs targeting effective education for youth and parents will decrease the use of tobacco products among youth.

**CONTRIBUTORS:** SWAT, Tobacco Free Florida, Tobacco Free Workgroup, Area Health Education Center (AHEC) and Consortium for A Healthier Miami, Miami-Dade County Public Schools, local non-profit and faith based organizations and the City of Hialeah.

**ACTION:** The community is working to promote increased use of cessation services, educate youth on the harms of tobacco use at schools; community events and through marketing campaigns; advocate with local decision makers to restrict the sale of flavored and other related tobacco products to youth and reporting the illegal sale of tobacco products to minors; develop an educational campaign on the dangers of youth tobacco use; building partnerships with schools and community organizations; use SWAT youth to educate and raise awareness of the harms of tobacco amongst their peers.

**VALUE:** If smoking continues at the current rate among youth in this country, 5.6 million of today’s Americans younger than 18 will die early from a smoking-related illness. Encouraging cessation of smokeless cigarette tobacco (snuff and chewing tobacco) will reduce or prevent the permanent effect in cognition, and other harmful effects on health in teens (CDC, 2015). Decreasing the percentage of youth tobacco users helps improve the health and life expectancy of youth, thus increasing the overall health of Miami-Dade County residents.



**Hialeah Housing Authority**

The Hialeah Housing Authority approved a smoke-free policy for twelve (12) public housing properties. Policy adoption allows residential places to be free from the harms of secondhand smoke and works towards the overall goal of creating a healthier and tobacco-free Miami-Dade County.



### DID YOU KNOW?

Cigarette smoking remains a major cause of cancer deaths in the United States. E-cigarette use among youth is on the rise with a 539% increase since 2011. The FDA deems all tobacco products illegal for anyone under the age of 18. Florida has led the nation with innovative strategies to teach young people about the dangers of smoking and to help current smokers have the resources and support they need to quit. By decreasing inhaled nicotine use through outreach and education, Floridians will experience longer, healthier lives.

–2016-2018 Florida Health Performs





## STRATEGY STATUS MAP

### INDICATOR CD 3.2.1 – % OF WOMEN 40 AND OLDER WHO RECEIVED MAMMOGRAMS IN THE PAST YEAR



**OPPORTUNITY:** Due to increased community efforts, the percentage of women 40 and older who received mammograms in the past year increased from 62.9% in 2007 to 64.2% in 2010.

**IMPACT:** The Florida Department of Health in Miami-Dade County has a program for early detection providing mammograms for low income and uninsured women. Clients who are eligible are enrolled in the program for services. Those who are not eligible are referred to other community providers that are contracted with the program. With provider assessment and feedback, an increase in participation and enrollment allowed for an additional 2,500 women to receive their mammogram.

**CONTRIBUTORS:** Florida Department of Health Family Planning clinics, hospitals, Federally Qualified Health Center (FQHC), private medical and diagnostic centers, Florida International University.

**ACTION:** The Florida Breast & Cervical Cancer Early Detection Program continues to expand its partnership with providers that are located in areas of the county with high incidence of late breast cancer so that more women have access to services. The program utilizes Community Health Workers through the Reach and Connect Project to educate the community about the importance of cancer screenings. The program also developed new procedures using evidence-based interventions, improved data and reporting systems, conducted provider trainings, and reviewed policies. Additionally in an effort to increase screenings and decrease no show rates, the program created Memorandum of Agreements (MOAs) and implement procedures.

**VALUE:** Breast cancer is the number one cancer causing death in women every year (CDC, 2015). Yearly mammogram will improve the outcomes of cancer treatment if cancer is diagnosed. It is recommended that women 50 years and older start with yearly mammogram.



# INDICATOR STATUS MAP



## HEALTH PRIORITY 3: CHRONIC DISEASE PREVENTION CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
<b>GOAL 1: INCREASE THE PERCENTAGE OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT</b>										
CD 1.2.1	Percent of targeted health care providers who calculate and document body mass index of their patients	2014	2016	1.0%	2.0%	↑	↑	4.0%	Improved	No
CD 1.3.1	Evidence based policies on healthy food consumption identified (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
CD 1.3.5	Percent of WIC children ages 2 to 5 who are overweight or obese	2014	2016	27.0%	27.3%	↓	↔	25.0%	No significant difference	No
<b>GOAL 2: INCREASE ACCESS TO RESOURCES THAT PROMOTE HEALTHY BEHAVIORS</b>										
CD 2.1.2	Percent of adults who are overweight	2010	2013	38.1%	39.8%	↓	↑	35.9%	Needs improvement	No
CD 2.1.3	Percent of high school students reporting BMI at or above 95th percentile	2010	2012	12.4%	15.0%	↓	↑	15.0%	Needs improvement	Yes
CD 2.2.2	Consortium Worksite Wellness Committee technical assistance plan developed (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
CD 2.3.3	Number of Miami-Dade County schools receiving a Silver Level Award through Alliance for a Healthier Generation	2013	2014	6#	5#	↑	↓	10#	Needs improvement	No
CD 2.3.4	Percent of middle and high school students who are overweight	2012	2015	17.4%	27.9%	↓	↓	15.5%	Needs improvement	No
<b>GOAL 3: REDUCE CHRONIC DISEASE MORBIDITY AND MORTALITY</b>										
CD 3.2.1	Percent of women 40 and older who received mammograms in the past year	2007	2010	62.9%	64.2%	↑	↑	74.2%	Improved	No
CD 3.2.1	Percent of women 18 years of age and older who had a clinical breast exam in the past year	2010	2013	59.6%	55.3%	↑	↓	71.9%	Needs improvement	No
CD 3.2.2	Percent of women 18 years of age and older who received a Pap test in the past year	2010	2013	56.9%	53.8%	↑	↓	66.9%	Needs improvement	No
CD 3.2.4	Percent of adults who had a cholesterol screening in the past two years	2007	2013	61.5%	69.0%	↑	↑	70.5%	Improved	No
CD 3.3.3	Number of strategies for promoting clinical practice guidelines through partner networks implemented	2013	2015	0	3#	↑	↑	3#	Improved	No
CD 3.3.4	Percent of adults with diabetes who had two A1C tests in the past year	2010	2013	78.9%	64.4%	↑	↓	80.0%	Needs improvement	No
<b>GOAL 4: REDUCE ILLNESS, DISABILITY, AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE</b>										
CD 4.1.1	Percent of committed non-smokers among youth	2012	2016	64.0%	79.4%	↑	↑	68.9%	Improved	Yes
CD 4.2.1	Percent of smoking rates among adults	2010	2013	10.6%	14.0%	↓	↑	8.0%	Needs improvement	No
CD 4.2.2	Percent of smokeless tobacco use, snus (pouched smokeless tobacco) and cigars	2013	2014	2.0%	2.0%	↓	↔	3.0%	No significant difference	Yes
CD 4.2.3	Percent of current cigarette use among youth, ages 11-17 years	2012	2016	4.7%	1.9%	↓	↓	3.5%	Improved	Yes
CD 4.2.4	Percent of teens who have used smokeless tobacco in the last 30 days	2011	2016	3.7%	1.3%	↓	↓	1.7%	Improved	Yes
CD 4.2.4	Percent of teens who have currently used cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey)	2011	2013	8.7%	2.5%	↓	↓	3.8%	Improved	Yes
CD 4.3.1	Percent of non-smokers who report that someone smokes at home	2013	2014	6.4%	6.8%	↓	↑	5.1%	Needs improvement	No
CD 4.3.1	Percent of households with children that report someone smokes at home	2013	2014	11.4%	9.7%	↓	↓	7.2%	Improved	Yes
CD 4.3.2	Percent of teens (11-17) who have been exposed to second-hand smoke in the last 30 days	2014	2016	31.9%	40.2%	↓	↑	29.8%	Needs improvement	No

## STRATEGIC PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS

Health care and health-related information must be provided in a manner that is culturally sensitive. Community partnerships are critical to synergize community planning activities so that they positively change the natural and built environment and ultimately improve population health.



### GOALS:

- Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals
- Build and revitalize communities so people can live healthy lives
- Provide equal access to culturally and linguistically competent care
- Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians

## STRATEGIC PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS

### INDICATOR CR1.2.2 # OF PRESENTATIONS AND TECHNICAL ASSISTANCE PROVIDED BY THE HEALTH AND THE BUILT ENVIRONMENT COMMITTEE OF THE CONSORTIUM TO PROMOTE HEALTH-RELATED CONVERSATIONS ABOUT HEALTH BENEFITS WITHIN THE VARIOUS COMMUNITIES OF MIAMI-DADE



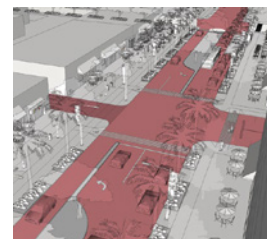
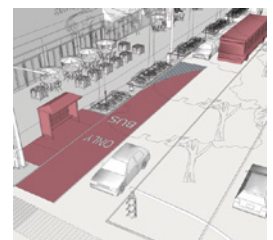
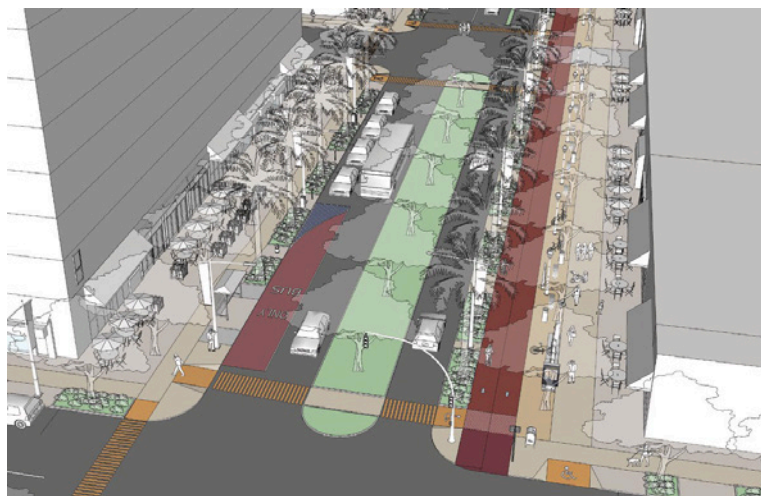
**OPPORTUNITY:** In 2016, the Consortium for A Healthier Miami-Dade’s, Health and the Built Environment (HPDP) Committee conducted 20 presentations on Active Design Miami, which is a set of policy and design strategies for creating healthier streets, open spaces, and buildings. In 2017, the Committee’s focus was on three initiatives: Active Design Miami, Complete Streets Guidelines and Park 305 mobile web application. The Committee continued its efforts to educate the planners, government officials and other key partners on the correlation between health and the built environment by conducting 40 presentations to the community.

**IMPACT:** Miami-Dade County and ten of its municipalities adopted the Active Design Strategies: City of Miami, Miami Beach, South Miami, Miami Lakes, Coral Gables, Aventura, Sweet Water, Village of Pinecrest and Key Biscayne, as well as the Town of Surfside. In addition, the Complete Streets Guidelines which was created under the Partnership to Improve Community Health (PICH) was adopted by Miami-Dade County. Further, the Park 305 mobile web application that promotes physical activity through health messaging was launched during this period.

**CONTRIBUTORS:** Consortium for A Healthier Miami-Dade’s, Health and the Built Environment Committee, Active Design Miami, Active Design Advisory Council, Miami-Dade County, Miami-Dade County Parks Recreation & Open Spaces and Neat Streets Miami.

**ACTION:** The HPDP Committee participated and provided education on Active Design, Complete Streets Guidelines and Park 305 mobile web application via Fit City 4, the Leaf Summit, Fit Nation Exhibit and monthly committee meetings. The Consortium for A Healthier Miami-Dade, Health and the Built Environment committee acted as a platform for collaboration and also in sharing partner’s expertise to work towards the common goal; to educate and create awareness of healthy community design.

**VALUE:** A health community design promotes physical activity, improves air quality, lower the risk of injuries, increase social connection and sense of community and also reduce contributions to climate change. Adoption and implementation of the guidelines will improve the Miami-Dade County’s built environment, consequently impacting the health and well-being of the community.



ACTIVE DESIGN MIAMI

# INDICATOR STATUS MAP



## HEALTH PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
<b>GOAL 1: INTEGRATE PLANNING AND ASSESSMENT PROCESSES TO MAXIMIZE PARTNERSHIPS AND EXPERTISE OF A COMMUNITY IN ACCOMPLISHING ITS GOALS.</b>										
CR1.1.2	Plan with action steps by the Consortium's Health & the Built Community that will increase awareness and opportunity for the built environment to impact behavior developed (Yes=1/No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
CR1.2.2	Number of presentations and technical assistance provided by the Health and the Built Environment Committee of the Consortium to promote health-related conversations about health benefits within the various communities of Miami-Dade	2014	2016	6#	20#	↑	↑	4#	Improved	Yes
CR1.2.4	Number of municipalities that have complete street policies	2013	2016	0#	1#	↑	↑	34#	Improved	No
CR1.3.1	Health impact assessments conducted by two municipalities	2014	2016	0#	0#	↑	↔	2#	No significant difference	No
CR1.3.4	Policy for incorporating assessments into the operations of the Florida Department of Health in Miami-Dade County programs created	2013	2014	0#	0#	↑	↔	1#	No significant difference	No
<b>GOAL 2: BUILD AND REVITALIZE COMMUNITIES SO PEOPLE CAN LIVE HEALTHY LIVES.</b>										
CR2.1.6	Strategy that will support older adults to age in place with the best quality of life written	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>GOAL 3: PROVIDE EQUAL ACCESS TO CULTURALLY AND LINGUISTICALLY COMPETENT CARE.</b>										
CR3.1.1	Health Impact Assessment training conducted (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes

**Complete Streets Design Guidelines**

Kinley+Horn



## STRATEGIC PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE

Performance measurement, continuous improvement, accountability and sustainability of the public health system can help ensure that our population is served efficiently and effectively. Highly functioning data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats and for crafting policies and programs to address them.



### GOALS:

- Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians
- Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases, and improve the health status of residents and visitors
- Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida
- Promote an efficient and effective public health system through performance management and collaboration among system partners

## STRATEGIC PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE

### INDICATOR HI 4.3.1 – PUBLIC HEALTH SYSTEM ASSESSMENT WITH RESULTS INDICATING MODERATE TO SIGNIFICANT ACTIVITY IN MOBILIZING PARTNERSHIPS (Y=1/N=0)



**OPPORTUNITY:** Every five years, the Local Public Health System Assessment (LPHSA) is completed to identify system strengths and weaknesses and to ensure that the local public health system has the necessary infrastructure to effectively provide essential public health services.

**IMPACT:** In 2017, the LPHSA assessment was completed and Essential Service 4 Mobilizing Partnerships received an overall performance ranking score of 72.9% which represents Significant Activity. This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The result indicates that members of the local public health system work together to: follow an established process for identifying key constituents related to overall public health interests and particular health concerns; encourage constituents to participate in Community Health Assessment planning and improvement efforts; maintain a complete and current directory of community organizations; create forums for communication of public health issues; establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community; establish a broad-based community health improvement committee; and assess how well community partnerships and strategic alliances are working to improve community health.

**CONTRIBUTORS:** Members of the local public health system which include health, transportation, housing, environmental, and non-health related groups, and community members.

**ACTION:** The local public health system actively identifies and involves community partners—the individuals and organizations with opportunities to contribute to the health of communities. The local public health system manages the process of establishing collaborative relationships among these and other potential partners. Groups within the system communicate well with one another, resulting in a coordinated, effective approach to public health, so that the benefits of public health are understood and shared throughout the community. The local public health system encourages individuals and groups to work together so that community health may be improved. Public, private, and voluntary groups—through many different levels of information sharing, activity coordination, resource sharing, and in-depth collaborations—strategically align their interests to achieve a common purpose. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others and strengthen the local public health system as a whole.

**VALUE:** By effectively mobilizing community partnerships, the local public health system is able to identify and solve health problems, convene and facilitate partnerships among groups and associations (including those not typically considered to be health related), undertake defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs, and build a coalition to draw on the full range of potential human and material resources to improve community health.



# INDICATOR STATUS MAP



## HEALTH PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE CHIP MEASURES PROGRESS EVALUATION

Reflects data as of June 2017

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal Reached? (Yes/No)
									No significant difference	
									Needs improvement	
<b>GOAL 1: USE HEALTH INFORMATION TECHNOLOGY TO IMPROVE THE EFFICIENCY, EFFECTIVENESS AND QUALITY OF PATIENT CARE COORDINATION, PATIENT SAFETY AND HEALTH CARE OUTCOMES FOR ALL FLORIDIANS</b>										
HI 1.1.1	Miami-Dade health care providers registered to exchange data by using direct secured messaging (Y=1/N=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.1.2	Florida Department of Health in Miami-Dade County Information Technology direct secured messaging participants sent a transaction at least one time in the last month (Y=1/N=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.1.3	Miami-Dade organizations actively sharing data daily through the Florida Health Information Exchange (Y=1/N=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.2.6	Florida Department of Health (DOH) in Miami-Dade County clinical providers using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination (Y=1/N=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
<b>GOAL 2: ASSURE ADEQUATE PUBLIC HEALTH FUNDING TO CONTROL INFECTIOUS DISEASES, REDUCE PREMATURE MORBIDITY AND MORTALITY DUE TO CHRONIC DISEASES AND IMPROVE THE HEALTH STATUS OF RESIDENTS AND VISITORS</b>										
HI 2.2.1	Sample budget requests in the standard legislative budget format completed (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 2.3.1	Central Office rule revision recommendations followed from the fee system to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 2.3.2	Florida Department of Health in Miami-Dade County documented fee analysis (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 2.3.3	Florida Department of Health in Miami-Dade County non-clinical program offices documented a fee analysis or fee adjustment process to better align fees with actual cost (Y=1/N=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
<b>GOAL 3: ATTRACT, RECRUIT AND RETAIN A PREPARED, DIVERSE AND SUSTAINABLE PUBLIC HEALTH WORKFORCE IN ALL GEOGRAPHIC AREAS OF FLORIDA</b>										
HI 3.1.2	Florida Department of Health in Miami-Dade County and Florida Public Health Training Centers produced a plan to collaboratively address identified training gaps, using data from the needs assessment (Y=1/N=0)	2013	2016	0	0	↑	↑	0	No significant difference	No
HI 3.2.2	Florida Department of Health in Miami-Dade County developed a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies (Y=1/N=0)	2013	2016	0	0	↑	↑	0	No significant difference	No
HI 3.4.3	Florida Department of Health in Miami-Dade County employee mentoring and succession planning programs established (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 3.4.4	Florida Department of Health in Miami-Dade County Employee Development Plan increased (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>GOAL 4: PROMOTE AN EFFICIENT AND EFFECTIVE PUBLIC HEALTH SYSTEM THROUGH PERFORMANCE MANAGEMENT AND COLLABORATION AMONG SYSTEM PARTNERS</b>										
HI 4.1.2	Community Health Improvement Plan (CHIP) fully aligned with State Health Improvement Plan (SHIP) (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.2	Public health system assessment with results indicating moderate to significant activity in mobilizing partnerships (Y=1/N=0)	2013	2017	0	1	↑	↑	1	Improved	Yes
HI 4.3.4	Florida Department of Health in Miami-Dade County accredited by the Public Health Accreditation Board (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.8	Florida Department of Health in Miami-Dade County Strategic Plan fully aligned with Community Health Improvement Plan (CHIP) (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.9	Performance management data system is operational (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes



## COMPLETED INDICATORS



**Let's work to make Miami-Dade County the healthiest it can be.**

## COMPLETED INDICATORS

The 2015-2016 CHIP Annual Report conveyed the progress of over 130 community health indicators. After careful review of the goals, objectives, strategies and measures, completed indicators were removed from the CHIP. The following indicators reached or surpassed objective targets and were marked as completed.

CHIP indicator #	Indicator	Explanation
<b>HEALTH PROTECTION</b>		
HP 1.4.3	Plan, protocols and procedures for enhanced surveillance and real-time data reporting developed (Yes=1/No=0)	Completed as of 2014
HP 2.1.2	Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) implemented (Yes=1/No=0)	Completed as of 2015
<b>ACCESS TO CARE</b>		
AC 2.1.3	Information obtained from the State on barriers for scope of practice, licensure and credentialing processes	Completed as of 2014
AC 2.1.4	Map of areas within the county where there are shortages of primary medical care, dental or mental health providers developed (Yes=1/No=0)	Completed as of 2014
AC 4.1.1	Community Health Improvement Plan released (Yes=1/No=0)	Completed as of 2014
AC 4.4.2	FL City developed a plan to have fluoridated water (Yes=1/No=0)	Completed as of 2014
<b>CHRONIC DISEASE PREVENTION</b>		
CD 1.1.1	Process develop to collect data on the number of health care providers who calculate and document body mass (Yes=1/No=0)	Completed as of 2015
CD 1.1.2	Process developed to collect data on the number of health care providers who provide counseling or education (Yes=1/No=0)	Completed as of 2014
CD 1.3.3	Developed a standard methodology for identifying food deserts within Miami-Dade-County (Yes=1/No=0)	Completed as of 2014
CD 1.3.6	Model policy developed (Yes=1/No=0)	Completed as of 2014
CD 3.3.2	DOH-Miami-Dade implemented HMS Electronic Health Record evidence based practice guidelines (Y=1/N=0)	Completed as of 2014
<b>COMMUNITY REDEVELOPMENT AND PARTNERSHIPS</b>		
CR 1.1.2	Plan will be devised with action steps by the Consortium's Health & the Built Community (Yes=1/No=0)	Completed as of 2015
CR 1.3.4	Policy created for incorporating assessments into the operations of the DOH-Miami-Dade programs (Yes=1/No=0)	Completed as of 2014
CR 2.1.6	Strategy that will support older adults to age in place with the best quality of life (Yes=1/No=0)	Completed as of 2014
CR 2.2.2	Developed process for obtaining data on student's mode of transportation (Yes=1/No=0)	Completed as of 2015
CR 3.1.1	Health Impact Assessment Training conducted (Yes=1/No=0)	Completed as of 2014
<b>HEALTH FINANCE AND INFRASTRUCTURE</b>		
HI 1.2.3	DOH-Miami-Dade prescriptions transmitted electronically (Yes=1/No=0)	Completed as of 2016
HI 1.2.5	Certified electronic health record launched (Yes=1/No=0)	Completed as of 2014
HI 1.3.1	DOH-Miami-Dade laboratories electronically submitting reportable laboratory results (Yes=1/No=0)	Completed as of 2016
HI 3.1.1	DOH-Miami-Dade produced the next workforce development needs assessment for public health professionals (Yes=1/No=0)	Completed as of 2016
HI 3.3.1	Strategies developed (Yes=1/No=0)	Completed as of 2016
HI 3.4.3	Employee mentoring and succession planning programs established (Yes=1/No=0)	Completed as of 2014
HI 4.1.1	Community Health Improvement Plan (CHIP) developed for 2013-2018 (Yes=1/No=0)	Completed as of 2014
HI 4.1.2	Community Health Improvement Plan (CHIP) fully aligned with State Health Improvement Plan (SHIP) (Yes=1/No=0)	Completed as of 2014
HI 4.3.1	Public health system assessment (Yes=1/No=0)	Completed as of 2014
HI 4.3.3	Strategic Plan, Community Health Needs Assessment (CHNA), and Community Health Improvement Plan (CHIP) produced (Yes=1/No=0)	Completed as of 2014
HI 4.3.4	DOH-Miami-Dade accredited by PHAB (Yes=1/No=0)	Completed as of 2014
HI 4.3.7	DOH-Miami-Dade team members sent to DOH Practice Management Institute training (Yes=1/No=0)	Completed as of 2014
HI 4.3.8	Strategic Plan fully aligned with Community Health Improvement Plan (CHIP) (Yes=1/No=0)	Completed as of 2014
HI 4.3.9	Performance management data system is operational (Yes=1/No=0)	Completed as of 2014

## NEXT STEPS

The Community Health Improvement Plan (CHIP) serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. Progress will be evaluated on an ongoing basis through quarterly reports and quarterly discussion by community partners. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

In 2017, the Florida Department of Health in Miami-Dade County embarked on a new cycle of Community Health Planning by reconvening the Mobilizing for Action through Planning and Partnerships (MAPP) process. The four assessments completed through the MAPP process will be vital in the development of the new 2019-2024 CHIP. Building on the accomplishments made in the previous five years, the 2019 CHIP will expand the partnership network committed to improving public health and quality of life in Miami-Dade County and address the health issues identified through the four MAPP assessments.

Miami-Dade County is at a critical juncture in public health as significant health challenges rise and persist: the opioid epidemic, Zika virus, HIV epidemic, limited access to care, health and socioeconomic disparities, mental health, and the prevalence of obesity, chronic disease, nicotine use, and many others. The local public health system must continue to join forces and make a concerted effort to strengthen capacity and impact to advance health equity and make significant strides to improve, promote and protect health. Through partnerships, public health goals will be more likely to be reached and meaningful changes and healthier living standards for residents will be created.



### TIMELINE:

- August 2017 – August 2018: Community Health Assessment Process
- September-December 2018: Community Health Improvement Plan Process
- January 2019-December 2024: New Community Health Improvement Plan



### DID YOU KNOW?

The State Health Improvement Plan (SHIP) is a statewide plan for public health system partners and stakeholders to improve the health of Floridians. The SHIP informs the local CHIP. The comprehensive state health assessment (SHA) was conducted this year to identify the most important health issues affecting Floridians. The five-year priorities based upon the health issues and strategic opportunities identified in the SHA will soon be released in the 2017-2021 plan. To learn more, visit [www.floridahealth.gov](http://www.floridahealth.gov).



**MIAMI-DADE COUNTY  
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)  
OUR COLLABORATIVE PLAN TO IMPROVE COMMUNITY HEALTH  
AND QUALITY OF LIFE IN MIAMI-DADE COUNTY**

