



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

2022

Ron DeSantis
Governor

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State Surgeon General

March 31st, 2022

Table of Contents

| | |
|--|----|
| Overview of CHIP and Annual Review Meeting..... | 1 |
| Progress and Revisions..... | 5 |
| HE 3.5.1 | 5 |
| AC 1.2.1 | 6 |
| AC 2.1.2 | 7 |
| AC 5.1.2 | 8 |
| AC 5.2.2 | 9 |
| AC 5.4.1 | 10 |
| AC 5.4.2: | 11 |
| AC 6.1.2 | 12 |
| AC 6.3.1 | 13 |
| CD 1.2.1 | 14 |
| CD 1.2.2 | 15 |
| MCH 1.2.3 | 16 |
| ISV 1.2.1 | 17 |
| ISV 1.2.2 | 18 |
| ISV 1.2.3 | 19 |
| ISV 1.4.3 | 20 |
| CDET 1.5.1 | 21 |
| Trend and Status Descriptions | 22 |
| CHIP 2019-2024 Objective Matrix..... | 23 |
| Accomplishments..... | 71 |
| Conclusion..... | 73 |
| Appendices..... | 74 |
| Appendix A: Annual CHIP Review Meeting Agenda..... | 75 |
| Appendix B: Annual CHIP Review Meeting Sign-In Sheet | 77 |
| Appendix C: Annual CHIP Review Meeting Minutes..... | 79 |
| Appendix D: Comprehensive List of Community Partners..... | 83 |
| Appendix E: 2021 Virtual Community Health Improvement Plan Meeting Report..... | 84 |

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Florida Department of Health

Miami-Dade County

Introduction

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

This is the 2022 annual review report for the 2019-2024 Miami-Dade County Community Health Improvement Plan (CHIP). The Florida Department of Health in Miami-Dade County has provided administrative support, data collection and tracking, and preparation of this annual report. This annual report will review the 2019-2024 strategic priority areas and recent revisions as well as share the status of the CHIP indicators.

Overview of CHIP and Annual Review Meeting

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. 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 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, 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 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. Tamia 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 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 policies, systems, 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.

**Community Health Improvement Plan (CHIP) 2019-2024
Priority Areas and Goals**

| Strategic Priorities | Goals |
|--|---|
| Health Equity | Improve service linkage to encourage equity. |
| | Provide access to quality educational services. |
| | Improve community involvement. |
| | Improve access to affordable and quality housing. |
| Access to Care | 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. |
| | 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. |
| Chronic Disease | Reduce chronic disease morbidity and mortality. |
| | Increase access to resources that promote healthy behaviors including access to transportation, healthy food options and smoke and nicotine-free environments. |
| | Increase the percentage of children and adults who are at a healthy weight. |
| | Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors. |
| Maternal Child Health | Reduce the rates of low-birth-weight babies born in Miami-Dade. |
| | Reduce maternal and infant morbidity and mortality. |
| | Increase trauma informed policies, systems, and environmental changes and support for programming. |
| | Generational and family support in maternal child health. |
| Injury, Safety, and Violence | Prevent and reduce illness, injury, and death related to environmental factors. |
| | Build and revitalize communities so that people have access to safer and healthier neighborhoods. |
| | Minimize loss of life, illness, and injury from natural or man-made disasters. |
| | Anti-Violence Initiatives/ Prevent and reduce unintentional and intentional injuries. |
| Communicable Diseases/ Emergent Threats | Prevent and control infectious diseases. |
| | Provide equal access to culturally competent care. |

Progress and Revisions

Strategic Issue Area #1: Health Equity

The strategic area of Health Equity aims to address the changes needed to increase affordable housing availability, healthier food options, and Age-Friendly shared use paths. It also focuses on adopting resolutions that reduce tobacco use and promote and advance health equity throughout the community. This is done through quality educational services, health service linkage, and affordable housing.

Goal 3: Improve community involvement.

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

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.](#)

Key Partners: Private providers, the hospital infections control practitioners (ICPs), the Community Health Care Centers, Hospitals, Miami Children Hospital, Baptist Hospital, Jackson Memorial Hospital, Diagnostic TB Lab, Community support groups, General practitioners, Nonprofit organizations, Community sport groups, Physical activity providers, Community Health Care centers, Federally Qualified Health Care Centers, Community Centers, Local businesses, Recreational Parks, Miami Dade County office of Community Advocacy, Ryan White Parts A and B, the University of Miami, faith-based organizations, Switchboard of Miami and the Children's Trust.

| Revisions | | | | | | |
|---|--|--------------------------------------|--|--|--------------------------------------|--|
| Revised objective number N/A | Revised objective language By September 30, 2024, increase the number of Journey to Wellness Prescriptions provided to the community from 12,000 to 15,500. | Revised objective baseline 12,000 | | Revised objective target value 15,500 | Revised objective target date N/A | |
| Rationale | | | | | | |
| Rationale for revisions or deletions The previous objective required data updates to be in the percentage form, but the FDOH-MDC programs that participated in reporting on this objective were reporting their data in the form of a count. This objective was revised to provide clearer baseline and target goals and allow for accurate representation of the data being gathered. | | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

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

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 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.

Key Partners: Florida Department of Health in Miami-Dade County, FQHCs, Hospitals, Schools, community health clinics, faith-based organizations, Mobile Mammography Vans, and private diagnostic centers.

| Revisions | | | | | |
|--|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2020, DOH Miami-Dade will use the Florida Health Charts as a mechanism to obtain standardized data for chronic disease and this data will be used to support the Community Health Assessment and the development of the CHIP Indicators. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective verbiage was revised to clarify the goal. This objective is now being measured as No=0 and Yes=1, which still aligns with the data that was previously collected. | | | | | |

Strategic Issue Area #2: Access to Care

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

Strategy 1: The BRFSS 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 and share results with the community.

AC 2.1.2: By September 30, 2024, DOH Miami-Dade will increase the number of indicators from 7 (2019) to 10 in the Community Health Assessment (CHA) to assure it addresses the needs of adults aged 65 and older.

Key Partners: Florida Department of Health in Miami-Dade County, Office of Community Health and Planning, and MAPP Steering Committee (Alliance for Aging, University of Miami, United Way, The Children's Trust, Health Council of South Florida, and Department of Children and Families.)

| Revisions | | | | | | |
|--|---|-----------------------------------|--|---------------------------------------|--------------------------------------|--|
| Revised objective number N/A | Revised objective language By September 30, 2024, DOH Miami-Dade will increase the number of indicators from 7 (2019) to 10 in the Community Health Assessment (CHA) to assure it addresses the needs of adults aged 65 and older. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A | |
| Rationale | | | | | | |
| Rationale for revisions or deletions The change that was made was from 65 and above to 65 and older. This objective’s verbiage was revised to improve language. | | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment and early linkage to address cognitive disorders.

Strategy 1: Improve community resources and services available to serve residents working through mental health or behavioral health concerns.

AC 5.1.2: By September 30, 2024, DOH Miami-Dade will increase the number of mental health trainings it hosts and are open to the public from 0 (2019) to 2.

Key Partners: 211 Miami, Alliance for Aging, Ambetter, American Heart Association, AmeriHealth Caritas Florida, Banyan Health Systems, Barry University, Colgate Bright Smiles Bright Futures, Community Care Plan, Community Health of South Florida, Consortium for a Healthier Miami-Dade, Epilepsy Florida, Farmshare, Feeding South Florida, Florida Department of Health in Miami-Dade County, Health Council of South Florida, Healthy Start Coalition of South Florida, Hope for Miami, Humana, Liberty Dental, Miami-Dade AHEC, Miami-Dade County, Molina Healthcare, Sanitas Medical Center, South Dade One Voice Community Coalition, Thriving Mind South Florida, University of Central Florida, University of Miami Area Health Education Center, and West Kendall Baptist Florida.

| Revisions | | | | | | |
|---|---|-----------------------------------|--|---------------------------------------|--------------------------------------|--|
| Revised objective number N/A | Revised objective language By September 30, 2024, DOH Miami-Dade will increase the number of mental health trainings it hosts and are open to the public from 0 (2019) to 2. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A | |
| Rationale | | | | | | |
| Rationale for revisions or deletions This objective was revised to clarify the type and source of the mental health trainings that are hosted and offered. | | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment and early linkage to address cognitive disorders.

Strategy 2: Increase the number of pregnant women in treatment for opioid disorders.

AC 5.2.2: By September 30, 2024 reduce the number of newborns experiencing neonatal abstinence syndrome from 3.5 per 10,000 live births (2018) to 3.0 per 10,000 live births.

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

| Revisions | | | | | |
|---|--|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, reduce the number of newborns experiencing neonatal abstinence syndrome from 3.5 per 10,000 live births (2018) to 3.0 per 10,000 live births. | Revised objective baseline 3.5 | | Revised objective target value 3.0 | Revised objective target date N/A |
| Rationale | | | | | |
| <p>Rationale for revisions or deletions This objective was revised to change the baseline and target values. The values were changed from percentages to a rate (per 10,000). The rate is a more accurate unit of measurement for this given objective.</p> | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment, and early linkage to address cognitive disorders.

Strategy 4: Increase the number of resources and support groups that are available to residents.

AC 5.4.1: By September 30, 2020, increase from 0 (2019) to 1 the number of local resources tab on the Consortium for a Healthier Miami-Dade webpage that highlights local resources available for suicide prevention and education.

Key Partners: Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade County

| Revisions | | | | | |
|--|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2020, increase from 0 (2019) to 1 the number of local resources tab on the Consortium for a Healthier Miami-Dade webpage that highlights local resources available for suicide prevention and education. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to clarify that the local resources tab would be on the Consortium for a Healthier Miami-Dade webpage only. | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment and early linkage to address cognitive disorders.

Strategy 4: Increase the number of resources and support groups that are available to residents.

AC 5.4.2: By September 30, 2024, increase from 0 (2019) to 5 the number of Consortium partners that promote awareness for suicide prevention.

Key Partners: Consortium for a Healthier Miami-Dade partners. (*Note: These Consortium partners are being determined and identified that work with high-risk populations in Miami-Dade County that have higher rates of suicide who provide services to this population.)

| Revisions | | | | | |
|--|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, increase from 0 (2019) to 5 the number of Consortium partners that promote awareness for suicide prevention. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| <p>Rationale for revisions or deletions This revision for this objective focused on the actions of the Consortium partners who promote awareness. Instead of their suicide awareness being promoted to identified high-risk populations in Miami-Dade County that have higher rates of suicide, the awareness is promoted to the general population.</p> | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 6: Increase awareness of Alzheimer’s and related Dementias.

Strategy 1: Strengthen local networks that support Alzheimer’s initiatives.

AC 6.1.2: By September 30, 2024, increase the number of collaborations with partners from 1 (2019) to 2 to develop policies, systems, and environmental changes that will have a positive impact on the needs of older adults.

Key Partners: Florida Department of Health in Miami-Dade County, Office of Community Health & Planning, Consortium for a Healthier Miami-Dade, and the Consortium’s Elder Issues Committee, Miami-Dade Age-Friendly Initiative, AARP Florida, Alliance for Aging, Alzheimer’s Association, Health Foundation of South Florida, Miami-Dade County, Miami-Dade Transportation Planning Organization, United Way of Miami-Dade, Urban Health Partnerships, Miami-Dade County Office of the Mayor’s Initiative on Aging, West Kendall Baptist Hospital, Epilepsy Florida, Miami-Dade Area Health Education Center, Inc., and WellMed.

| Revisions | | | | | |
|---|--|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, increase the number of collaborations with partners from 1 (2019) to 2 to develop policies, systems, and environmental changes that will have a positive impact on the needs of older adults. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective’s verbiage was revised to clarify the goal of the objective is to increase the number of collaborations. | | | | | |

Strategic Issue Area #2: Access to Care

The Access to Care strategic area focuses on health information technology, efficient public health systems, and planning and assessing processes that maximize partnerships and expertise in a community. The specific focus areas are immigrant access to care, awareness of Alzheimer’s and related dementias, social and mental health, opioid treatment, and cognitive disorders. This strategic issue area emphasizes the importance of linkage to services and quality education.

Goal 6: Increase awareness of Alzheimer’s and related Dementias.

Strategy 3: Work to ensure that those diagnosed with ADRD’s are protected.

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.

Key Partners: Florida Department of Health in Miami-Dade County, Office of Community Health & Planning, Consortium for a Healthier Miami-Dade, and the Consortium’s Elder Issues Committee, Miami-Dade Age-Friendly Initiative, AARP Florida, Alliance for Aging, Alzheimer’s Association, Health Foundation of South Florida, Miami-Dade County, Miami-Dade Transportation Planning Organization, United Way of Miami-Dade, Urban Health Partnerships, Miami-Dade County Office of the Mayor’s Initiative on Aging, West Kendall Baptist Hospital, Epilepsy Florida, Miami-Dade Area Health Education Center, Inc., and WellMed.

| Revisions | | | | | |
|---|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language 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. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to clarify that the goal of the objective is to increase the number of collaborations. | | | | | |

Strategic Issue Area #3: Chronic Disease

The Chronic Disease strategic issue area focuses on reducing chronic disease morbidity and mortality. This is achieved by increasing access to resources that promote healthy behaviors, increasing the number of people at a healthy weight, and assuring adequate funding to control disease, reduce morbidity and mortality due to chronic illness, and improve the overall health status of the community.

Goal 1: Reduce chronic disease morbidity and mortality.

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 percentage of women 50-64 older in Miami-Dade who received a mammogram in the past year from 1,480 (2019) to 2,000.

Key Partners: Federally Qualified Health Centers, hospitals, Community Based Providers

| Revisions | | | | | |
|--|---|-------------------------------------|--|---|--------------------------------------|
| Revised objective number N/A | Revised objective language 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. | Revised objective baseline 1,480 | | Revised objective target value 2,000 | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to change the baseline and target values. The values were changed from percentages to a count. The count is a more accurate unit of measurement due to the nature of the data collection. | | | | | |

Strategic Issue Area #3: Chronic Disease

The Chronic Disease strategic issue area focuses on reducing chronic disease morbidity and mortality. This is achieved by increasing access to resources that promote healthy behaviors, increasing the number of people at a healthy weight, and assuring adequate funding to control disease, reduce morbidity and mortality due to chronic illness, and improve the overall health status of the community.

Goal 1: Reduce chronic disease morbidity and mortality.

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

CD 1.2.2: By September 30, 2024, increase the percentage of women 18 years of age and older who received a Pap test in the past year from 600 (2019) to 1,000.

Key Partners: Federally Qualified Health Centers, hospitals, Community Based Providers

| Revisions | | | | | |
|--|--|-----------------------------------|--|---|--------------------------------------|
| Revised objective number N/A | Revised objective language CD 1.2.2: By September 30, 2024, increase the number of women 18 years of age and older who received a Pap test in the past year from 600 (2019) to 1,000. | Revised objective baseline 600 | | Revised objective target value 1,000 | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to change the baseline and target values. The values were changed from percentages to a count. The count is a more accurate unit of measurement due to the nature of the data collection. | | | | | |

Strategic Issue Area #5: Maternal Child Health

The Maternal Child Health strategic area focuses on improving maternal and child health by reducing the rates of low birthweight born babies, reduce overall maternal and infant mortality and morbidity, increase trauma-informed changes and programming, and provide generational support.

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

Strategy 2: Leverage resources to enhance family planning and related education to sustain short inter-pregnancy intervals at a low level.

MCH 1.2.3: By September 30, 2024, reduce the rate of live births to mothers aged 15-19 from 5.6 per 1,000 Miami-Dade females to 4.6 per 1,000 Miami-Dade females.

Key Partners: Foster Care, Community organizations, Healthy Start Coalition of Miami-Dade DOH-Miami-Dade Family Planning Clinic. All providers, including health educators at schools, assist in reducing this countywide statistic.

| Revisions | | | | | | |
|--|--|-----------------------------------|--|---------------------------------------|--------------------------------------|--|
| Revised objective number N/A | Revised objective language By September 30, 2024, reduce the rate of live births to mothers aged 15-19 from 5.6 per 1,000 Miami-Dade females to 4.6 per 1,000 Miami-Dade females. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A | |
| Rationale | | | | | | |
| Rationale for revisions or deletions This objective was revised to clarify that the baseline and target values are rates (per 1,000) and not percentages. | | | | | | |

Strategic Issue Area #5: Injury, Safety, and Violence

The Injury, Safety, and Violence strategic issue area focuses on reducing injury, illness, and death due to environmental factors or due to natural or man-made disasters. This strategic area also addresses anti-violence initiatives and works to build and revitalize communities in order to provide communities with safer and healthier neighborhoods.

Goal 1: Prevent and reduce illness, injury, and death related to environmental factors

Strategy 2: Decrease child injury from motor vehicle crashes.

[ISV 1.2.1: By September 30, 2024, DOH will continue to participate in the Injury Prevention Coalition meetings and report quarterly.](#)

Key Partners: N/A

| Revisions | | | | | |
|---|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, DOH will continue to participate in the Injury Prevention Coalition meetings and report quarterly. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to change the goal of the objective given that the reports from the previous form of the objectives were not aligning with the measures. | | | | | |

Strategic Issue Area #5: Injury, Safety, and Violence

The Injury, Safety, and Violence strategic issue area focuses on reducing injury, illness, and death due to environmental factors or due to natural or man-made disasters. This strategic area also addresses anti-violence initiatives and works to build and revitalize communities in order to provide communities with safer and healthier neighborhoods.

Goal 1: Prevent and reduce illness, injury, and death related to environmental factors

Strategy 2: Decrease child injury from motor vehicle crashes.

ISV 1.2.2: [By September 30, 2024, maintain the number of Fatal Traumatic Brain Injuries under age 1, 3 Year Rolling Rates, in Miami-Dade to be 0 \(2017-2019\).](#)

Key Partners: Miami-Dade County Public Schools, Healthy Start Coalition, Early Learning Coalition, Children’s Trust

| Revisions | | | | | |
|---|--|---------------------------------|--|-------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, maintain the number of Fatal Traumatic Brain Injuries under age 1, 3-Year Rolling Rates, in Miami-Dade to be 0. | Revised objective baseline 0 | | Revised objective target value 0 | Revised objective target date N/A |
| Rationale | | | | | |
| <p>Rationale for revisions or deletions This objective was rephrased to include the frequency of reporting periods. The baseline was reduced to 0 because the goal of the objective is to maintain this measure at 0.</p> | | | | | |

Strategic Issue Area #5: Injury, Safety, and Violence

The Injury, Safety, and Violence strategic issue area focuses on reducing injury, illness, and death due to environmental factors or due to natural or man-made disasters. This strategic area also addresses anti-violence initiatives and works to build and revitalize communities in order to provide communities with safer and healthier neighborhoods.

Goal 1: Prevent and reduce illness, injury, and death related to environmental factors

Strategy 2: Decrease child injury from motor vehicle crashes.

ISV 1.2.3: By September 30, 2024, reduce the number of Fatal Traumatic Brain Injuries among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade from 3 (2019) to 1.

Key Partners: Miami-Dade County Public Schools, Healthy Start Coalition, Early Learning Coalition, Children’s Trust

| Revisions | | | | | |
|---|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, reduce the number of Fatal Traumatic Brain Injuries among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade from 3 (2019) to 1. | Revised objective baseline N/A | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was rephrased to include the frequency of reporting periods. | | | | | |

Strategic Issue Area #5: Injury, Safety, and Violence

The Injury, Safety, and Violence strategic issue area focuses on reducing injury, illness, and death due to environmental factors or due to natural or man-made disasters. This strategic area also addresses anti-violence initiatives and works to build and revitalize communities in order to provide communities with safer and healthier neighborhoods.

Goal 1: Prevent and reduce illness, injury, and death related to environmental factors

Strategy 4: Reduce the drowning injuries and associated hospitalizations for Miami-Dade County.

ISV 1.4.3: By September 30, 2024, maintain the number of deaths from drowning among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade below 2.

Key Partners: N/A

| Revisions | | | | | | |
|---|--|------------------------------------|--|-------------------------------------|--------------------------------------|--|
| Revised objective number N/A | Revised objective language By September 30, 2024, maintain the number of deaths from drowning among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade below 2. | Revised objective baseline 2.59 | | Revised objective target value 2 | Revised objective target date N/A | |
| Rationale | | | | | | |
| Rationale for revisions or deletions This objective was rephrased to include the frequency of reporting periods. The baseline was reduced to 2 because the goal of the objective is to maintain this measure at 2. | | | | | | |

Strategic Issue Area #6: Communicable Disease and Emergent Threats

The Communicable Disease and Emergent Threat strategic issue area focuses on preventing and controlling infectious diseases as well as providing equal access to culturally competent care.

Goal 1: Prevent and control infectious diseases

Strategy 5: Focus HIV prevention efforts in communities and areas with higher rates of HIV transmission.

CDET 1.5.1: By September 30, 2024, reduce the number of new HIV infections in Miami-Dade from 1,181 (2019) to 973 to be at or below the national and state averages per year with focus on the elimination of racial and ethnic disparities in new HIV infections.

Key Partners: FDOH, CBO’s, Faith Based Organizations, CDC, Colleges and Universities, community leaders and government officials

| Revisions | | | | | |
|--|--|-------------------------------------|--|---------------------------------------|--------------------------------------|
| Revised objective number N/A | Revised objective language By September 30, 2024, reduce the number of new HIV infections in Miami-Dade from 1,181 (2019) to 973 to be at or below the national and state averages per year with focus on the elimination of racial and ethnic disparities in new HIV infections. | Revised objective baseline 1,181 | | Revised objective target value N/A | Revised objective target date N/A |
| Rationale | | | | | |
| Rationale for revisions or deletions This objective was revised to change the baseline value. The previous value was from data reports from 2017. Now that 2019 reports are available, the baseline is more accurate. | | | | | |

Trend and Status Descriptions

*Trend Descriptions:

- ▲ = Data trend is upward and in the desired direction for progress
- ▼ = Data trend is downward and in the desired direction for progress
- ▲ = Data trend is upward and in the undesired direction for progress
- ▼ = Data trend is downward and in the undesired direction for progress

**Status Descriptions:

- **On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time.
- **Not on Track** = Objective progress is below expectations at this point in time
- **Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- **Completed** = Objective has been completed or has been met and the target date has passed.
- **Not Completed** = Objective has not been completed or has not been met and the target date has passed.

CHIP 2019-2024 Objective Matrix

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

The Florida Department of Health in Miami-Dade County implemented the new reporting system Cascade. Historical data from the previous reporting system, Clear Impact, was imported in Quarter 4 of FY 2020-2021 and reporting in Cascade began in Quarter 1 of FY 2021-2022. This new reporting system is now used to track and monitor the status of the CHIP.

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. A diverse group of partners were represented at the 2021 Virtual Annual Community Health Improvement Plan Meeting. 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 group were reviewed two health equity objectives, and attendees shared 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.

Please see Appendix A for the community meeting agenda, sign-in sheet, results from the interactive activities, and full outline of materials used for the day including presentations.

Strategic Priority: Health Equity

Goal 1: Improve service linkage to encourage equity

Progress: The overall progress of this goal is On Track. All three objectives under this goal have already been fully met. One of the objectives have a deadline that has already passed, and two objectives have an upcoming deadline.

How Targets Were Monitored: The Florida Department of Health consists of several programs, each serving their own role in the CHIP. Each quarter, a CHIP liaison from each program is tasked with entering the quarterly data and providing updates to the CHIP Monitoring and Evaluation Committee. Any topics of concerns or updates to be addressed are discussed quarterly by the Monitoring and Evaluation Committee. Additionally, the Consortium for a Healthier Miami-Dade has seven committees of which each liaison and set of community partners are actively searching for new community-based organizations to partner with.

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

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
|---|----------|---|--------|--------------------|-------|-----------|
| 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. | 0 | This objective is complete. The health equity pre-training is fully developed and has been distributed several times as part of the Department’s internal health equity training. Currently, the training is on hold due to COVID-19 restrictions. | 1 | September 30, 2022 | ▲ | On Track |
| HE 1.1.2: By September 30, 2024, increase from 0 (2019) to 1 the number of health equity training and post-tests that can be implemented with all DOH Miami-Dade employees and shared with external partners through media postings, consortium meetings, and trainings. | 0 | This objective is complete. The health equity training and post-tests are fully developed and have been used several times. Currently, the training and post-tests are on hold due to COVID-19 restrictions. | 1 | September 30, 2024 | ▲ | On Track |
| 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 social determinants of health (SDOH). | | | | | | |
| HE 1.2.1: By September 30, 2020, increase the number of committee work plans from 0 (2019) to 6 that incorporate Social Determinants of Health (SDOH), health equity, and cultural | 0 | All Consortium committees continue to use their 2019-2024 committee workplans. Committees are reviewing progress and adjusting as needed to make sure all | 6 | September 30, 2020 | ▲ | Completed |

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| competency components to assist with implementation of policy, systems and environmental changes in the community. | | activities are met by the target goal date. The due date of this objective has passed, and it was fully met. | | | | |
| Goal 2: Provide access to quality of educational services | | | | | | |
| Progress: The overall progress for this goal is On Track. There is one objective under this goal that is on track to being completed by the target deadline. The other two objectives in this goal are on track to meeting the target, but the deadline has already passed. Both of these objectives are still being monitored. | | | | | | |
| How Targets Were Monitored: These objectives are reported on by the various CHIP liaisons per program. The liaisons are monitoring the health data being distributed, | | | | | | |
| 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. | | | | | | |
| 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. | 0 | This objective is on track to be completed by its due date. Every quarter, committees identify which partners are actively doing work that addresses the social determinants of health. Once identified, the partner provides examples of program and initiatives from their organization that promote health equity. In the past year, 17 new organizations have partnered with the Consortium. | 5 | September 30, 2024 | ▲ | On Track |
| 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. | | | | | | |
| 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. | 0 | This objective is reported on by 9 programs per measure, and 8 of the programs have completed their target by the deadline. One program is still tracking their metrics until the target deadline is reached. This objective was impacted by COVID-19 along with new guidelines and restrictions limiting outreach. | 5 | September 30, 2021 | ▲ | Not Completed |
| 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 | 0 | This objective is reported on by 8 programs per measure, and 6 of the programs have completed their target by the deadline. | 2 | September 30, 2021 | ▲ | Not Completed |

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| by collaborating on distributing or broadcasting educational materials from 0 (2019) to 2. | | Two programs are still tracking their metrics until the target deadline is reached. This objective was impacted by COVID-19 along with new guidelines and restrictions limiting outreach. | | | | |
| Goal 3: Improve Community Involvement | | | | | | |
| Progress: There are 6 objectives under this goal. Of the six, four objectives are on track to be completed by their target deadline and two are not on track. These objectives are being monitored closely to assess limitations. | | | | | | |
| How Targets Were Monitored: The Department of Health and Consortium for a Healthier Miami-Dade both actively look for new partnership opportunities within the community. Additionally, the FDOH conducted a community scan to determine areas of improvement that partner organizations can use to implement policy, systems, and environmental changes. | | | | | | |
| Strategy 1: Promote awareness and education in the community by working with community-based organizations to highlight opportunities to improve economic stability. | | | | | | |
| 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. | 0 | The FDOH continues to support meeting from the Consortium for a Healthier Miami-Dade that are to continuously expand health equity throughout the community. In the past year, the FDOH held its first Health Equity Office Advisory committee meeting with various community stakeholders. | 2 | September 30, 2024 | ▲ | On Track |
| Strategy 2: Work with Miami-Dade County Public Schools to review strategies in place to improve graduation rates for Miami-Dade’s vulnerable population. | | | | | | |
| 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 that are in place that encourage increased graduation rates for vulnerable students and students with disabilities. | 0 | There were 9 organizations that do work to increase graduation rates identified in the past year. There were also 5 best practices identified that were designed to improve graduation rates and support students with disabilities. | 3 | September 30, 2024 | ▲ | On Track |
| Strategy 3: Support partners in creating opportunities to increase access to adequate food and access to physical activity. | | | | | | |

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|---|--------|--|--------|--------------------|---|--------------|
| <p>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.</p> | 2 | <p>The Consortium’s Health and the Built Environment committee continue to meet on a bi-monthly basis to discuss progression of the workplan and collaboration opportunity. The committee has also implemented an Underline Workgroup that is designed to discuss progress of the Underline and determine if a PSE change can be developed from this work. Currently, no PSEs have been developed but 14 collaborative organizations have been identified.</p> | 4 | September 30, 2024 | ▲ | On Track |
| <p>Strategy 4: Develop a process to integrate mental health awareness activities into the community.</p> | | | | | | |
| <p>HE 3.4.1: By September 30, 2024 increase the number of mental health providers from 0 (2019) to 10 that participate with the Consortium for a Healthier Miami-Dade.</p> | 0 | <p>This objective is not reported to be on track to be completed by its target deadline, but it continues to be monitored and efforts are being made to get the measures back on track. Currently, there are 3 partners who are active mental health care providers.</p> | 10 | September 30, 2024 | ▲ | Not On Track |
| <p>HE 3.4.2: By September 30, 2024, increase community-based partnerships from 6 (2019) to 50 by enrolling new Consortium partners that are rooted in the provision of health care services.</p> | 6 | <p>This objective is not reported to be on track to be completed by its target deadline, but it continues to be monitored and efforts are being made to get the measures back on track. Currently, there are 7 partners who provide health care services.</p> | 50 | September 30, 2024 | ▲ | Not On Track |
| <p>Strategy 5: Maintain partnerships with local Federally Qualified Health Centers (FQHC) and community-based medical providers that provide primary care interventions to the community.</p> | | | | | | |
| <p>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.</p> | 12,000 | <p>Four programs report on this objective, and it is reported to be on track. Of the four programs, 3 of them are meeting expected targets and 1 is behind. Programs provide referrals to their clients who have a variety of health concerns that cannot be</p> | 15,500 | September 30, 2024 | ▲ | On Track |

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| | | addressed through their programmatic services. | | | | |
| Goal 4: Improve access to affordable and quality housing. | | | | | | |
| Progress: There is one objective under this goal, and that objective’s target has been surpassed. The objective will continue to be monitored until its target deadline. | | | | | | |
| How Targets Were Monitored: The objective is being measured by reviewing existing PSEs and Health and the Built Environment committee partners who can implement SPE changes. | | | | | | |
| Strategy 1: Support partners in creating opportunities to reduce the number of households with higher housing cost burdens. | | | | | | |
| HE 4.1.1: By September 30, 2024, increase from 5 (2019) to 7 the number of PSE changes that will be in place with Miami-Dade County organizations to support shared use paths for all populations with considerations given for modes of transportation, mobility level, and age. | 5 | This objective’s target has been met. In the past year, 27 organizations have partnered with the Health and the Built Environment committee to implement PSE changes, and there have been 15 PSE changes in the beginning phases. | 7 | September 30, 2024 | ▲ | On Track |

Strategic Priority: Access to Care

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

Progress: There are three objectives under goal 1. One objective, which has been fully met, has a deadline that already passed. This objective has been marked as complete and is no longer being monitored. The remaining two objectives are on track to be completed by the deadline.

How Targets Were Monitored: Measures under this strategy were monitored using data from FL Health CHARTS, which is a tool to gather and examine standardized data for chronic disease. The measures pertaining to activities by the Consortium for a Healthier Miami-Dade were reported on by the respective committee liaison.

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

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
|---|----------|---|--------|--------------------|-------|----------|
| AC 1.1.1: By September 30, 2024, increase the number of plans from 0 (2019) to 1 that will be devised as to the most effective way to update community resources in collaboration with community partners. | 0 | Each DOH program has reported that they continue to monitor their communication plan. While the objective is being met, programs will continue to monitor this objective until its target due date. | 1 | September 30, 2024 | ▲ | On Track |

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

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| AC 1.2.1: By September 30, 2020, DOH Miami-Dade will use the Florida Health Charts as a mechanism to obtain standardized data for chronic disease and this data will be used to support the Community Health Assessment and the development of the CHIP Indicators. | 0 | This objective has been fully met by all reporting parties. Family Planning, Breast and Cervical Cancer, and the Office of Community Health and Planning all continue to use FL Health CHARTS to monitor health reports. | 1 | September 30, 2020 | ▲ | Completed |
|--|---|--|---|--------------------|---|-----------|

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

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|--|---|--|---|--------------------|---|----------|
| AC 1.3.1: By September 30, 2024, develop and maintain quarterly updates on the use of the Consortium's Executive Board work plan used to track and evaluate community progress. (0=No, 1=Yes) | 0 | The Executive Board continues to use the developed 2019-2024 workplan to address each strategic priority area in the CHIP. The Executive Board reviews this quarterly, and this objective is being met. It will continue to be monitored until its target deadline is reached. | 1 | September 30, 2024 | ▲ | On Track |
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Goal 2: Integrate planning and assessment process to maximize partnerships and expertise of a community in accomplishing its goals

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| Progress: There are two objectives under this goal, and both are on track to completion. Both objectives are fully being met but will continue to be monitored until their target due date. | | | | | | |
| How Targets Were Monitored: The measures in this goal were monitored through reports from the Consortium liaisons and social media postings. | | | | | | |
| Strategy 1: The BRFSS 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 and share results with the community. | | | | | | |
| AC 2.1.1: By September 30, 2024, DOH Miami-Dade will increase the number of messages from 205 (2019) to 265 disseminated to the community related to assessment results, health promotion, programming and best practices for the community that could improve the health of the community and its residents. | 205 | There have been a cumulative of 276 social media posts on the Consortium’s Facebook, Instagram, and Twitter platforms. Every quarter, the Consortium liaison reports on the number of communication materials that are published. | 265 | September 30, 2024 | ▲ | On Track |
| AC 2.1.2: By September 30, 2024, DOH Miami-Dade will increase the number of indicators from 7 (2019) to 10 in the Community Health Assessment (CHA) to assure it addresses older adults needs aged 65 and older. | 7 | There have been 11 indicators made that address older adults needs aged 65 and older. | 10 | September 30, 2024 | ▲ | On Track |
| Goal 3: Promote an efficient public health system for Miami-Dade County. | | | | | | |
| Progress: This goal has three objectives of which one is on track to being complete by the target deadline and two are not on track. These objectives will continue to be monitored for improvements. | | | | | | |
| How Targets Were Monitored: The WFD committee reviews a Training Needs Assessment yearly and collaborates with an external partner to schedule trainings. Additionally, the DOH works collaboratively with local colleges and universities to host interns, and the number of partners and universities is monitored by QPE. | | | | | | |
| Strategy 1: Follow the Workforce Development Plan produced by DOH and implement it locally and encourage additional training and education. | | | | | | |
| 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. | 0 | In Q4 (2020-2021) there were 4 trainings about Mindfulness, Grant Training, First Aid Training, and Domestic Violence Training. In Q1 (2021-2022), there was an Active Shooter training in collaboration with Sweet Water Police Department. In the most recent quarter, Q2 (2021-2022), there were no new active trainings. | 2 | September 30, 2024 | ▼ | Not On Track |

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| Strategy 2: Develop a process to collect performance data relative to significant activity in mobilizing partnerships. | | | | | | |
| AC 3.2.1: By September 30, 2024, DOH Miami-Dade will increase the number of opportunities for graduate students to develop practical application skills through structured internships and other strategies from 14 (2020) to 16. | 14 | During the start of the COVID-19 pandemic, due to office closures, the DOH was not accepting any new internship applications. However, within the past quarter, 18 new interns have been placed with employees from DOH serving as their preceptors. | 16 | September 30, 2024 |  | On Track |
| AC 3.2.2: By September 30, 2024, the percentage of employees who have had an Employee Development Plan completed during their performance appraisal will increase from 63.4% (2019) to 73.4%. | 63.4% | Per reports from the Workforce Development (WFD) Committee, this data is no longer being collected. The WFD Committee voted to remove the Personal Development Plan (PDP) component of the annual survey sent to all staff. | 73.4% | September 30, 2024 |  | Not On Track |
| Goal 4: Immigrant access to health care and community-based services. | | | | | | |
| Progress: Three out of the four objectives under this goal are on track to meeting their target by the deadline. One objective is falling behind expected progress and is moving in the opposite direction of desired progress. | | | | | | |
| How Targets Were Monitored: Targets in this goal are monitored by their respectively assigned program. WIC and Dental keep a record of the services that are provided by their program to their clients. | | | | | | |
| Strategy 1: Ensure that the population in Miami-Dade County have access to needed food services to maintain a healthy weight regardless of immigration status. | | | | | | |
| AC 4.1.1: By September 30, 2024, increase the number from 173,757 (2019) to 191,132 of community-based providers that offer services or education related to the consumption of healthy foods. | 173,757 | In the past year, the DOH WIC program has provided a total of 319,182 services to their clients. This is an increase of 63.35% since last year and exceeds the expected target. | 191,132 | September 30, 2024 |  | On Track |
| AC 4.1.2: By September 30, 2024, collaborate with the U.S. Dept. of Agriculture, Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) to decrease the percentage of WIC children 2 years and older who are overweight or at risk of being overweight from 29.4% (2019) to 28.0%. | 29.4% | In the past year, childhood overweight and obesity rates have increased. At the start of the COVID-19 pandemic, the rate was 29.7%. The current rate is 32.52% with a 2-point decrease since the last quarter's report. | 28.0% | September 30, 2024 |  | Not On Track |

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| AC 4.1.3: By September 30, 2024, increase the monthly number of targeted low-income populations under the age of 21 receiving dental services in Miami-Dade from 201 (2020) to 220. | 201 | Three new childcare sites were added to the Seals on Wheels dental program, and this helped increase the number of children receiving dental health services to 941. This exceeds the expected target. | 220 | September 30, 2024 | ▲ | On Track |
| AC 4.1.4: By September 30, 2024, increase the number of targeted low-income populations over the age of 21 receiving dental services in Miami-Dade from 701 (2020) to 715. | 701 | In the number of dental services to the adult population (over 21 years old) slightly increased from the previous quarter due to an increase in appointment capacity in the dental clinic. Approximately 1,500 people received dental services, which exceeds the expect target. | 715 | September 30, 2024 | ▲ | On Track |
| Strategy 2: Educate the immigrant community to be health champions for themselves, their families, and their communities. | | | | | | |
| AC 4.2.1: By September 30, 2024, increase partnerships from 3 (2020) to 5 with organizations that provide services to the immigrant population to provide education and information on available community services or resources. | 3 | WIC, Family Planning, HIV/AIDS, and Immunizations all report on this indicator. The programs have reported that they continue to form partnerships with community and governmental organizations to target the farm worker population. | 5 | September 30, 2024 | ▲ | On Track |
| Goal 5: Improve access to community services that promote improvement in social and mental health, opioid treatment, and early linkage to address cognitive disorders. | | | | | | |
| Progress: This goal consists of 10 objectives of which 7 are on track to being completed by their target deadline, one has already met its target, and two are not on track to meeting their deadline. All active indicators continue to be monitored. | | | | | | |
| How Targets Were Monitored: The targets in this goal are monitored by the respective program liaisons and the Consortium for a Healthier Miami-Dade. All programs keep record of activities that are offered to the community on their behalf and continue to put forth efforts to expand their reach across the county. | | | | | | |
| Strategy 1: Improve community resources and services available to serve residents working through mental health or behavioral health concerns. | | | | | | |
| AC 5.1.1: By September 30, 2024, increase the number of licensed mental health counselors in Miami-Dade County for both adults and children from 1,363 (2018-2019) to 1,463. | 1,363 | There are 1,479 licensed mental health counselors in Miami-Dade County for FY 2020-2021. This number is representative of professionals or facilities within a geographic area helps to focus on the availability of health care and its quality. | 1463 | September 30, 2024 | ▲ | On Track |

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| | | This indicator will continued to be monitored quarterly using Florida Health Charts. | | | | |
| AC 5.1.2: By September 30, 2024, DOH Miami-Dade will increase the number of mental health trainings it hosts and are open to the public from 0 (2019) to 2. | 0 | The FDOH with the Consortium for a Healthier Miami-Dade hosted the 2nd Annual Bounty of Health Drive-Thru Food Distribution. Approximately 320 families were served through Farm Share food and educational items. The DOH partnered with over 20 community organizations that donated educational materials and promotional items. | 2 | September 30, 2024 | ▲ | On Track |
| AC 5.1.3: By September 30, 2024, increase the number of people that are educated about cognitive disorders including Alzheimer’s and other forms of age-related dementias by increasing community involvement in events where outreach materials are distributed from 3 (2019) to 12. | 3 | The Community Health Assessment Team has reached a total of 40,670 people through their community education efforts. Though this exceeds our target goal, the team continues to monitor their progress. | 12 | September 30, 2024 | ▲ | On Track |
| Strategy 2: Increase the number of pregnant women in treatment for opioid disorders. | | | | | | |
| AC 5.2.1: By September 30, 2024, increase the number of determined baseline measures for the number of newborns experiencing neonatal abstinence syndrome from 0 (2019) to 1. | 0 | As of 2019, the NAS birth defect annual rate in Miami-Dade County is 3.0 per 10,000 live births. As of 2020, there are 7 Early Steps Clients Experiencing Neonatal Abstinence Syndrome (NAS). Data were supplied by Florida Early Steps. The efforts of the department are to work to decrease the number of NAS infants in Miami-Dade County. Other data sources like the Florida Perinatal Quality Collaborative (FPQC) are being researched to ensure this is the most accurate source to set a baseline number for our goal. | 1 | September 30, 2024 | ▲ | On Track |

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| <p>AC 5.2.2: By September 30, 2024, reduce the number of newborns experiencing neonatal abstinence syndrome from 3.5 per 10,000 live births (2018) to 3.0 per 10,000 live births.</p> | <p>3.5</p> | <p>During this quarter, October 1, 2021 to December 31, 2021, the number of newborns experiencing neonatal abstinence syndrome (NAS) in Miami-Dade County was 9 (2019) infants. The current Neonatal Abstinence Syndrome Annual Rate in Miami-Dade County is 3 per 10,000 live births as of 2019 for this indicator. This data has changed significantly from the last quarter. This goal has been met this quarter but will continued to be monitored.</p> | <p>3.0</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |
| <p>Strategy 3: Ensure a properly trained DOH and Community workforce as it relates to how to recognize signs of substance abuse, overdose and how to administer naloxone.</p> | | | | | | |
| <p>AC 5.3.1: By September 30, 2024, DOH Miami-Dade will ensure that the number of licensed and field-based DOH staff that are trained in how to administer naloxone increases from 14 (2019) to 75.</p> | <p>14</p> | <p>Currently, there are 101 employees who have been trained to administer naloxone. The Doh continues to monitor this indicator.</p> | <p>75</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |
| <p>AC 5.3.2: By September 30, 2024, increase the number of campaigns aimed at raising awareness of substance abuse and local resources available from 0 (2019) to 2.</p> | <p>0</p> | <p>In the past year, 10 social media posts related to opioid use disorder and encouraging tobacco cessation, preventing secondhand exposure and educating on the harms of tobacco and nicotine use effects among pregnant and postpartum women and resources were created for awareness and education on this topics. These posts were created and shared on the Consortium for a Healthier Miami-Dade's Facebook, Instagram, and Twitter pages.</p> | <p>2</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |
| <p>AC 5.3.3: By September 30, 2024, increase from 0 (2019) to 1 the number of CEU conferences that provide education to the community on the prevention of substance</p> | <p>0</p> | <p>During this year, there was not a CEU conference hosted to provide education to the community on the prevention of substance abuse disorders, community impact and service availability for</p> | <p>1</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>Not On Track</p> |

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| abuse disorders, community impact and service availability for treatment. | | treatment. This year, all in-person Consortium events continue to be hosted virtually due to COVID-19. This goal will be completed no later than the target deadline. | | | | |
| Strategy 4: Increase the number of resources and support groups that are available to residents. | | | | | | |
| AC 5.4.1: By September 30, 2020, increase from 0 (2019) to 1 the number of local resources tab on the Consortium for a Healthier Miami-Dade webpage that highlights local resources available for suicide prevention and education. | 0 | This indicator accomplished its target goal by its set deadline and is no longer being reported on. | 1 | September 30, 2020 | ▲ | Completed |
| AC 5.4.2: By September 30, 2024, increase from 0 (2019) to 5 the number of Consortium partners that promote awareness for suicide prevention. | 0 | OCHP continues to brainstorm a strategy on how to address and how to identify and increase the number of Consortium partners that provide services mental health services. There will be new updates on the strategy on how to increase the number of Consortium partners that provide services mental health services. This goal will be met no later than the target deadline. | 5 | September 30, 2024 | ▼ | Not On Track |
| Goal 6: Increase awareness of Alzheimer's and related Dementias. | | | | | | |
| Progress: There are 9 objectives under this goal. There is one objective marked as not on track to meeting it's target by the deadline and it is not progressing at all. There are 8 objectives that have already met their target goal but will continue to be monitored until the target deadline. | | | | | | |
| How Targets Were Monitored: The targets under this goal were monitored by the respective Elder Issues committee and liaison. This goal focuses on awareness of Alzheimer's disease and related dementias (ADRDs). The Elder Issues committee has developed a workplan that aligns with this CHIP goal. All committee members are responsible for the progression and report of these objectives. | | | | | | |
| Strategy 1: Strengthen local networks that support Alzheimer's initiatives. | | | | | | |
| AC 6.1.1: By September 30, 2024, increase from 0 (2019) to 1 collaboration with healthcare systems to advance the Age Friendly Initiative within their organization. | 0 | The Consortium EI committee actively meets every month to discuss their workplan activities. Though this goal has | 1 | September 30, 2024 | ▲ | On Track |

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| | | been met, it will continue to be monitored until the target deadline. | | | | |
| AC 6.1.2: By September 30, 2024, increase the number of collaborations with partners from 1 (2019) to 2 to develop policies, systems, and environmental changes that will have a positive impact on the needs of older adults. | 1 | The Consortium EI committee has reported 15 new member organizations in the past quarter. The committee continues to invite new partners, and this indicator will continue to be monitored until its target deadline. | 2 | September 30, 2024 | ▲ | On Track |
| AC 6.1.3: By September 30, 2024, increase the rate of compliance for facilities with older adults regulated by DOH/Environmental Health (EH) from 90% (2019) to 92.4%. | 90% | As of January 1, there are 880 facilities in Miami-Dade County that are considered homes for older adults and are inspected by the Florida Department of Health annually. October 1 marked the beginning of the new contract year. As of January 1, 356 routine inspections were completed out of a total of 880 facilities in this category. 40.5% of facilities were inspected and therefore, the target of 25% was exceeded. This was done despite low staffing levels in the program. | 92.4% | September 30, 2024 | ▼ | Not On Track |
| AC 6.1.4: By September 30, 2024, maintain the inspection rates for EH complaints associated with facilities with older adults regulated by DOH/EH at 100% (2019). | 100% | Compliant investigations are conducted within 48 hours of receipt of complaint. This indicator will continue to be monitored until its target deadline. | 100% | September 30, 2024 | ▲ | On Track |
| Strategy 2: Increase local resources for caregivers and increase the use of best practices in the field of Alzheimer's and Dementias. | | | | | | |
| AC 6.2.1: By September 30, 2024, DOH Miami-Dade will increase from 0 (2019) to 1 the number of education programs, health services, or messaging campaigns targeted for older adults. | 0 | The EI committee did implement at least one new educational program for older adults. This indicator will continue to be monitored until its target deadline. | 1 | September 30, 2024 | ▲ | On Track |
| AC 6.2.2: By September 30, 2024, increase the number of evidence-based programs or existing toolkits that can be used in the community to improve understanding for | 0 | The Elder Issues (EI) and Health Promotion Disease Prevention (HPDP) continue to promote the use of the ADRDs one-page trilingual tool created and translated in | 1 | September 30, 2024 | ▲ | On Track |

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| Alzheimer's Disease and Related Dementias (ADRDs) from 0 (2019) to 1. | | previous quarters to raise awareness and improve understanding in the community. OCHP and CHAT continue distributing ADRDs materials including the trilingual tool to clients encountered in the community. The Alzheimer's Association continues offering virtual programming for the community and to support caretakers of persons with ADRDs. This indicator will continue to be monitored until its target deadline. | | | | |
| AC 6.2.3: By September 30, 2024, the Elder Issues Committee will increase the number of activities from 0 (2019) to 2 that are related to Alzheimer's Disease and Related Dementias (ADRD's) in its workplan. | 0 | The EI committee did include at least two activities related to ADRDs in its workplan. This indicator will continue to be monitored until its target deadline. | 2 | September 30, 2024 | ▲ | On Track |
| Strategy 3: Work to ensure that those diagnosed with ADRD's are protected. | | | | | | |
| 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. | 7 | The EI committee has collaborated with 15 agencies to increase the number of policies and programs in place to protect individuals with ADRD. This indicator will continue to be monitored until its target deadline. | 9 | September 30, 2024 | ▲ | On Track |
| AC 6.3.2: By September 30, 2024, increase from 0 (2019) to 10 the number of events where information is provided to the community on program availability that protects at-risk populations. | 0 | There have been a total of 81 events in which presentations were given to the community. This indicator will continue to be monitored for progress. | 10 | September 30, 2024 | ▲ | On Track |

Strategic Priority: Chronic Disease

Goal 1: Reduce chronic disease morbidity and mortality.

Progress: there are 14 objectives under goal 1. Of these, four objectives are on track to being completed by their target deadline and are trending in the appropriate direction. Ten of the objectives are not on track to being met by their target deadline, but two are trending in the desired direction. All objectives will continue to be monitored until their target deadline is reached and target goal is met.

How Targets Were Monitored: These targets were monitored using data from the FL Health CHARTS, Florida Youth Tobacco Survey, Electronic Health Records, and the Behavioral Risk Factor Surveillance System.

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

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
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| CD 1.1.1: By September 30, 2024, increase from 12 (2019) to 15 the number of strategies for promoting clinical practice guidelines through partner networks. | 12 | DOH-Miami-Dade continued using the following four strategies to help promote clinical practice guidelines and resources with partner networks: websites, emails, and press releases. | 15 | September 30, 2024 | ▼ | Not On Track |

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

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| 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. | 1,480 | In the past fiscal year, there have been 359 screening mammograms completed. This objective will continue to be monitored through electronic health record data. | 2,000 | September 30, 2024 | ▼ | Not On Track |
| CD 1.2.2: By September 30, 2024, increase the number of women 18 years of age and older who received a Pap test in the past year from 600 (2019) to 1,000. | 600 | In the past fiscal year, there have been 65 pap smears completed. This objective will continue to be monitored through electronic health record data. | 1,000 | September 30, 2024 | ▲ | Not On Track |

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.

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| CD 1.3.1: By September 30, 2024, increase the percentage of Miami-Dade adults who had a cholesterol screening in the past two years 69% (2019) to 72%. | 69% | The Family Planning program continues to collect lipid panels in all four sites to screen for cardiovascular disease and associated risk factors. The FL Charts shows the current data as 85.4%. | 72% | September 30, 2024 | ▲ | On Track |
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| CD 1.3.2: By September 30, 2024, reduce current smoking rates among Miami-Dade adults from 12.3% (2016) to 10.5%. | 12.3% | The Behavioral Risk Factor Surveillance System (BRFSS) is a national survey that provides specific data about health and wellness risk behaviors, including the current smoking rate among Miami-Dade County adults. For this indicator, 12.0% of adults reported they currently smoke. | 10.5% | September 30, 2024 | ▲ | Not On Track |
| CD 1.3.3: By September 30, 2024, reduce current cigarette use among Miami-Dade's youth, ages 11–17 from 2.3% (2018) to 1.9%. | 2.3% | The Florida Youth Tobacco Survey provides data on tobacco use and exposure to secondhand smoke amongst middle and high school students in Miami-Dade County. For this indicator, 2.10% of teens reported they currently use cigarettes. This is the most up to date value from the data released in 2020. | 1.9% | September 30, 2024 | ▼ | On Track |
| CD 1.3.4: By September 30, 2024, increase the number of committed never smokers among Miami-Dade's youth ages 11-17 from 86.8% (2018) to 88%. | 86.8% | The Florida Youth Tobacco Survey provides data on tobacco use and electronic cigarette use amongst middle and high school students in Miami-Dade County. For this indicator, 83.50% of teens reported they are committed never smokers. This is the most up to date value from the data released in 2020. | 88% | September 30, 2024 | ▼ | Not On Track |
| CD 1.3.5: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who have used smokeless tobacco from 0.8% (2018) to 0.5%. | 0.8% | The Florida Youth Tobacco Survey provides data on tobacco use and electronic cigarette use amongst middle and high school students in Miami-Dade County. For this indicator, 1.90% of teens reported using smokeless tobacco. This is the most up to date value from the data released in 2020. | 0.5% | September 30, 2024 | ▼ | Not On Track |
| CD 1.3.6: By September 30, 2024, decrease the percentage of Miami-Dade teens (11-17) who | 2.0% | For this indicator, 0.70% of youth reported smoking a cigar in the last 30 days. This is the most up to date value | 1.5% | September 30, 2024 | ▲ | On Track |

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| have smoked a cigar in the last 30 days from 2.0% (2018) to 1.5%. | | from the data released in 2020. With the ongoing presence of the COVID-19 pandemic and its variants, Miami-Dade County Public Schools continues to be impacted. | | | | |
| CD 1.3.7: By September 30, 2024, decrease the percentage of students that report they live with someone who smokes cigarettes from 20.7% (2018) to 19%. | 20.7% | According to the 2020 Florida Youth Tobacco Survey, 16.9% of Miami-Dade County students reported living with someone who smokes cigarettes. | 19% | September 30, 2024 | ▼ | On Track |
| CD 1.3.8: By September 30, 2024, reduce the percentage of Miami-Dade students (11-17) who have been exposed to secondhand smoke in the last 30 days from cigarette or electronic vapor product from 49.5% (2018) to 48%. | 49.5% | According to the 2020 Florida Youth Tobacco Survey, 49.5% of Miami-Dade students have been exposed to secondhand smoke from cigarette and e-cigarette products in the last 30 days. Due to the ongoing COVID-19 pandemic, in-person meetings and presentations are still being held virtually, but staff and partners use these platforms and social media to spread awareness to the Miami-Dade County community about the dangers of tobacco use. | 48% | September 30, 2024 | ▼ | Not On Track |
| CD 1.3.9: By September 30, 2024, reduce the percentage of youth aged 11-17 who have used an electronic cigarette or vaping product from 15.2% (2018) to 15.0%. | 15.2% | According to the 2020 FYTS, 15.7% of Miami-Dade youth reported using e-cigarettes and other vaping products. Throughout the quarter, Miami-Dade SWAT youth used social media and several recruitment efforts to educate their peers about the harms from using these products and the cessation resources available to help smokers quit. | 15% | September 30, 2024 | ▼ | Not On Track |
| CD 1.3.10: By September 30, 2024, reduce the percentage of adults over age 18 who have used an electronic cigarette or vaping product from 2.3% (2016) to 2.1%. | 2.3% | According to the 2019 BRFSS, 3.8% of Miami-Dade County adults reported using e-cigarettes and other vaping products. Due to the ongoing COVID-19 pandemic, | 2.1% | September 30, 2024 | ▼ | Not On Track |

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| | | in-person meetings and presentations are still being held virtually. Staff and partners are continuing to educate the community about the dangers of these products and spread awareness about the benefits of living a tobacco-free lifestyle. In addition, information about the cessation resources available to those who wish to quit are also provided. | | | | |
| CD 1.3.11: By September 30, 2024, DOH Miami-Dade will maintain the number of educational campaigns it undertakes on the harms of vaping among youth and adults at 1 (2019) educational campaign. | 1 | The Florida Department of Health has continued its COVID-19 and tobacco marketing campaign, highlighting the risks of tobacco use and COVID, the steps to take if one suspects they may have coronavirus, as well as the resources available to those who wish to quit smoking. In addition, SWAT has continued the promoting tobacco-free lifestyles, which bring awareness about harmful effects and addiction to tobacco and nicotine products with the Not a Lab Rat Campaign. | 1 | September 30, 2024 | ▲ | On Track |
| Goal 2: Increase access to resources that promote healthy behaviors including access to transportation, healthy food options and smoke and nicotine-free environments. | | | | | | |
| Progress: There are six objectives under this goal, of which three are on track to making their goal by the target deadline. Three objectives are not on track to meeting their goal by the target deadline and one is trending in the opposite desired direction. | | | | | | |
| How Targets Were Monitored: The DOH programs, including WIC and School Health, have CHIP liaisons responsible for providing quarterly reports for their assigned objectives. These individual programs collect data on their programs' activities. | | | | | | |
| Strategy 1: Increase access to healthier food options through program expansion, educational campaigns, and identification of best practices. | | | | | | |
| CD 2.1.1: By September 30, 2024, DOH Miami-Dade will expand opportunities to purchase | 106,002 | Since March 2020 when COVID began, quarterly services have dropped slightly, despite increased participation. However, | 114,482 | September 30, 2024 | ▼ | Not On Track |

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| healthy food for users of WIC and SNAP from 106,002 (FFY 2019) to 114,482. | | unduplicated count remains stable. Clients are being automatically issued benefits remotely for 1 month which is likely impacting participation. Majority of services are being provided virtually over the phone, and on occasion, this has created some difficulty reaching clients on the day of their appointment, therefore impacting the unduplicated count. The unduplicated count for the WIC clients in the most recent quarter was 61,206. Data for SNAP recipients are not included in this indicator. | | | | |
| CD 2.1.2: By September 30, 2024, decrease the percentage of Miami-Dade adults who are overweight from 38.7% (2016) to lower than 35.9%. | 38.7% | The most recent data available online for 2019 is 34.7% on Florida Health CHARTS. | 35.9% | September 30, 2024 | ▲ | On Track |
| CD 2.1.3: By September 30, 2024 decrease the percentage of students who are obese from 15.4% (2018) to 13.9%. | 15.4% | Data from Florida Charts (2020) reveals that the percentage of students who are obese among all middle and high school is 13.9%. | 13.9% | September 30, 2024 | ▲ | On Track |
| CD 2.1.4: By September 30, 2024, decrease the percentage of students who are overweight from 16.9% (2018) to 16.5%. | 16.9% | The school health program conducted BMI screenings to 50% of the students enrolled in Miami - Dade County Public schools to identify overweight students indicated by BMI calculations to provide lifestyle modification education. | 16.5% | September 30, 2024 | ▲ | On Track |
| Strategy 2: Develop a community awareness campaign on the importance of breastfeeding, lactation policy and employee right to pump until child is 1-year-old. | | | | | | |
| CD 2.2.1: By September 30th, 2024, increase the percentage of WIC Women who initiate breastfeeding from 86.5% (2019) to 96%. | 86.5% | Currently, the ever-breastfed rate is, 88.1%. Miami-Dade WIC currently exceeds the state rate for breastfeeding initiation and duration and these numbers continue to improve every fiscal year. | 96% | September 30, 2024 | ▲ | Not On Track |

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| | | Locally, we have implemented several strategies that have influenced these indicators. | | | | |
| CD 2.2.2: By September 30, 2024, increase the percentage of WIC women who are breastfeeding (any amount/partially or exclusively) their infant at 6 months of age from 45.5% (2019) to 55.5%. | 45.5% | Currently, 47.4% of infants of 26 weeks or older are being breastfed. Breastfeeding rates may have been impacted during the pandemic (March 2020 - present) due to a reduction in services, inability to provide breastfeeding education and counseling in person, and general fears and misconceptions about breastfeeding during COVID. | 55.5% | September 30, 2024 | ▲ | Not On Track |
| Goal 3: Increase the percentage of children and adults who are at a healthy weight | | | | | | |
| Progress: There are three targets under goal 3, of which one is meeting its desired target by the deadline. However, the remaining two objectives are not on track and are not trending in the desired direction. | | | | | | |
| How Targets Were Monitored: The objectives under this goal are aligned with the activities of the Health and Built Environment committee. The Health and the Built Environment liaison is responsible for monitoring and reporting of these activities focused on Active Design. The reports include information gathered from the bi-monthly committee meetings. | | | | | | |
| Strategy 1: A plan will be developed to allow for the adoption of Complete Streets Policy and Active Design Miami Guidelines in Miami-Dade. | | | | | | |
| CD 3.1.1: By September 30, 2024, increase the number of municipalities that have adopted Complete Streets policies from 1 (2017) to 3. | 1 | There was no progress made on increasing the number of municipalities who have adopted complete Street Guidelines during this quarter. The HBE committee is working to identify action steps and priority projects and this activity is a part of this plan. This will need to be further discussed by the Fit City event workgroup. | 3 | September 30, 2024 | ▼ | Not On Track |
| CD 3.1.2: By September 30, 2024, increase the number of municipalities that have adopted Active Design Miami Guidelines from 11 (2019) to 13. | 11 | There was no progress made on increasing the number of municipalities who have adopted Active Design Miami guidelines. The HBE committee is working to identify action steps and priority | 13 | September 30, 2024 | ▼ | Not On Track |

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| | | projects and this activity is a part of this plan. The committee has created a workgroup for planning a future Fit City event. As planning continues for the event, this will need to be discussed by the committee on how they want to include in the event and how they will increase the number of municipalities to participate in this programming. | | | | |
| CD 3.1.3: By September 30, 2024, work with local stakeholders to increase the number of identified best practices that encourage connectivity to parks, public transportation systems, or walking paths from 0 (2019) to 3. | 0 | There was progress made on working with local stakeholders from the Health and Built Environment Committee to identify three best practices that encourage connectivity to parks, public transportation systems, and walking paths. The HBE committee continues to meet virtually and is working on work plan activities that need to be met sooner but are currently developing which initiatives they will begin to work on based on the members' feedback. During this quarter, the HBE committee Fit City and Underline Workgroups both met to continue to discuss their action plan and alignment with the HBE workplan. Additionally, the Miami Center for Architecture and Design has been contracted to continue to further advance this objective. | 3 | September 30, 2024 | ▲ | On Track |

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.

Progress: There are four objectives under goal 4. All objectives are trending in the desired direction, but two are on track to meeting their target by the deadline and two are not on track to meeting their target by the deadline.

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| How Targets Were Monitored: The DOH monitors these targets through their own data systems. Currently, the DOH is investigating implementation of a new system that is being used by multiple community providers which would allow for a seamless exchange of patient health information. | | | | | | |
| Strategy 1: A process will be developed between Miami-Dade organizations to ensure collaboration in electronic data sharing. | | | | | | |
| 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). | 2 | Since the InContext/Health Information Exchange platform requires multi-layers of configuration and provider types need to be linked, the State Health Office has started investigating using Carequality, this platform is currently utilized by several community providers to exchange patient health information. | 8 | September 30, 2024 | ▲ | On Track |
| 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 daily basis through the Florida Health Information Exchange (FHIE). | 2 | Since the InContext/Health Information Exchange platform requires multi-layers of configuration and provider types need to be linked, the State Health Office has started investigating using Carequality, this platform is currently utilized by several community providers to exchange patient health information. | 6 | September 30, 2024 | ▲ | On Track |
| CD 4.1.3: By September 30, 2024, increase the number from 0 (2019) to 1,500 Miami-Dade health care providers that will be registered to exchange data by using direct secured messaging. | 0 | Since the InContext/Health Information Exchange platform requires multi-layers of configuration and provider types need to be linked, the State Health Office has started investigating using Carequality, this platform is currently utilized by several community providers to exchange patient health information. | 1,500 | September 30, 2024 | ▲ | Not On Track |
| CD 4.1.4: By September 30, 2024, increase the percentage of active participants from 0% (2019) to 40% in DOH Miami-Dade Information Technology direct secured messaging will have sent a transaction at least one time in the last month. | 0 | During the most recent quarter, a total of 9,161 DOH Miami-Dade clients were offered access codes to activate their patient portal accounts. Two thousand and thirty-two (2,032) activated their accounts, which is 22% of clients offered access codes. | 40% | September 30, 2024 | ▲ | Not On Track |

Strategic Priority: Maternal Child Health

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

Progress: There are a total of 6 objectives under goal 1. There are a total of 4 objectives under this goal that are currently on track and trending in the desired direction to be met. There are a total of 2 objectives under this goal that are currently not on track that are trending in the undesired direction for progress to being met.

How Targets Were Monitored: The DOH programs, including Family Planning and the Office of Community Health and Planning, have CHIP liaisons responsible for providing quarterly reports for their assigned objectives. These individual programs collect data on their programs and community partner activities. For this goal, the Healthy Baby Taskforce Partners and the Florida Department of Health in Miami-Dade County, Office of Community Health and Planning, HIV/STD, Family Planning, DOH-Miami-Dade WIC program, Healthy Start Coalition of Miami-Dade, ICU Baby, Jasmine Project, Jessie Trice Community Healthy System, University of Miami, Florida International University, Tree of Life Parenting Center, and Sunshine Health are all community partners that participate and contribute to the objectives under this goal to reduce the rates of low-birth-weight babies born in Miami-Dade.

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

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
|---|----------|---|--------|--------------------|-------|--------------|
| MCH 1.1.1: By September 30, 2024, work to reduce the black infant mortality rate in Miami-Dade from 10.8 (2018) to 10.0 per 1,000 live births. | 10.8 | Currently, the most recent data available on Florida Health CHARTS shares 2020 data for the black infant mortality rate in Miami-Dade is 11.0 per 1,000 live births. This objective is currently behind target and has slightly increased. The Healthy Baby Taskforce and its partners are actively working to decrease the current black infant mortality rate in Miami-Dade County. They are also working to reduce the racial disparity in infant mortality by focusing on a social determinants of health approach with evidence-based interventions to close the gap among the Non-Hispanic Black and Non-Hispanic White infants | 10.0 | September 30, 2024 | ▲ | Not On Track |
| MCH 1.1.2: By September 30, 2024, reduce the infant mortality rate in Miami-Dade from 4.6 (2018) to 4.0 per 1,000 live births. | 4.6 | Currently, the most recent data available on Florida Health CHARTS shares 2020 data for the infant mortality rate in Miami-Dade is 4.1 | 4.0 | September 30, 2024 | ▼ | On Track |

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| | | per 1,000 live births. This objective is on track to being met. The Healthy Baby Taskforce and its partners are actively working to decrease the current infant mortality rate in Miami-Dade County. | | | | |
| MCH 1.1.3: By September 30, 2024, increase from 0 (2019) to 1 an educational campaign that provides education and information on safe sleep practices and risk factors that increase the risk of infant mortality to the community. | 0 | The Healthy Baby Taskforce and its partners conducted in FY 2021-2022 two virtual baby safe sleep focus group discussions to help us identify and understand parents' cultural beliefs about safe sleep in Miami-Dade County. The focus group discussions were promoted among the Taskforce partners and shared throughout the community. As a follow-up to the discussions, each participant was mailed safe sleep materials and a resource guide. Educational materials and resources continue to be shared this quarter that provides education and information on safe sleep practices and risk factors that increase the risk of infant mortality to the community was shared via social media on the Consortium platforms. Additionally, the <i>Pregnancy and Beyond: A Social Media Toolkit</i> which includes a Safe Sleep section in the toolkit for community partners to share with their clients continues to be supported and used by community partners. Lastly, the CDC and NIH's Safe Sleep Campaign continue to serve as a resource to increase awareness and educate the community on safe sleep via the Consortium's social media pages. | 1 | September 30, 2024 |  | On Track |
| Strategy 2: Leverage resources to enhance family planning and related education to sustain short inter-pregnancy intervals at a low level. | | | | | | |

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| <p>MCH 1.2.1: By September 30, 2024, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 29.4% (2019) to 28%.</p> | <p>29.4%</p> | <p>Currently, the most recent data available on Florida Health CHARTS shares 2020-year data is 30.1% of births with inter-pregnancy intervals of less than 18 months. The Family Planning Program continues to provide contraceptive options and preconception counseling which includes counseling on baby spacing of at least 18 months between pregnancies.</p> | <p>28%</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>Not On Track</p> |
| <p>MCH 1.2.2: By September 30, 2024, decrease the percentage of Miami-Dade teen births, ages 15–19, that are subsequent (repeat) births from 14.1% (2019) to 13.1%.</p> | <p>14.1%</p> | <p>Currently, the most recent data available on Florida Health CHARTS shares 2020-year data is 11.5 % rate of repeat birth to mothers ages 15-19. The Family Planning program continues to make contraceptive services a priority for teens. This is accomplished by providing services confidentially. Counseling includes abstinence, safe sex, contraceptive use, and baby spacing.</p> | <p>13.1%</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>On Track</p> |
| <p>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 1000 Miami-Dade females.</p> | <p>5.6</p> | <p>Currently, the most recent data available on Florida Health CHARTS shares 2020-year data that the rate of live births to mothers aged 15-19 years old in Miami-Dade is 5.0 per 1,000 Miami-Dade females. The downward trend is positive. The Family Planning program is focusing efforts on preventing teen pregnancy by providing confidential services to teens.</p> | <p>4.6</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>On Track</p> |

Goal 2: Reduce maternal and infant morbidity and mortality.

Progress: There are a total of 3 objectives under goal 2. Two of the three objectives are meeting its desired target by the deadline. However, one of the objectives are not on track and are not trending in the desired direction.

How Targets Were Monitored: The targets under this goal are monitored by the Family Planning Program’s CHIP liaison who is responsible for providing quarterly reports for their assigned objectives. This program collects data on their program’s services and community partners activities to reduce maternal and infant morbidity and mortality. The community partners who contribute to this progress include the Healthy Start Coalition of Miami-Dade, the Consortium for Healthy Miami-Dade, March of Dimes, Federally Qualified Health Centers (FQHCs), Jackson Memorial Hospital, and private OB/GYN offices.

| Strategy 1: Create an educational campaign about healthy pregnancy that targets Black/Other Non-white races in Miami-Dade. | | | | | | |
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| MCH 2.1.1: By September 30, 2024, reduce the percentage of maternal deaths per 100,000 live births in Miami-Dade from 12.9 (2018) to 12.0. | 12.9 | Currently, the most recent data available on Florida Health CHARTS shares 2020-year data that the rate of maternal deaths in Miami-Dade is currently 21.7 per 100,000 live births. The Florida City clinic continuous to provide prenatal services to its residents. In addition, all Family Planning clinics provide emergency Medicaid to eligible women to receive prenatal care services for healthier maternal outcomes. | 12.0 | September 30, 2024 | ▲ | Not On Track |
| Strategy 2: Develop a process to promote essential health services for pregnant women in Miami-Dade. | | | | | | |
| MCH 2.2.1: By September 30, 2024, increase from 0 (2019) to 1 the number of baseline data measures for women who received preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider in Miami-Dade prior to having a live birth. | 0 | The Family Planning program conducts preconception education and counseling as well as a prenatal risk assessment on every client to identify risk factors associated with poor birth outcomes. Clients are referred for services in order to address risk factors. During this recent quarter, there were 480 initial and annual Family Planning visits who received preconception counseling. A baseline has been determined in the Family Planning program that every client who visits for an initial or annual exam receives pre-conception counseling. This data is gathered from the Family Planning monthly business report. | 1 | September 30, 2024 | ▲ | On Track |
| MCH 2.2.2: By September 30, 2024, increase from 0 (2019) to 1 the number of baseline data measures for men who receive preconception education and counseling regarding lifestyle behaviors and prevention strategies from a health care provider in Miami-Dade prior to fathering a child. | 0 | During this recent quarter, there were 3 males seen through the Family Planning program. A strategy has been developed to determine a baseline for this objective. Males that are seen by the Family Planning program will be counted toward this goal as receiving pre-conception counseling. Initial and annual | 1 | September 30, 2024 | ▲ | On Track |

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| | | exams conducted in the Family Planning program are a way of tracking this measure. Males that are seen by the Family Planning program will be counted toward this goal as receiving pre-conception counseling. Initial and annual exam conducted in the family planning program are a way of tracking this measure. | | | | |
| Goal 3: Increase trauma informed policies, systems, and environmental changes and support for programming. | | | | | | |
| Progress: There are a total of 4 objectives under goal 3. Two of the three objectives are on track to meeting its desired target by the deadline. However, two of the objectives are not on track and one of the objectives is not trending in the desired direction and the other is trending in the desired direction to make progress towards the target goal. | | | | | | |
| How Targets Were Monitored: The objectives under this goal are aligned with the activities of the Children Issues Oral Health committee and the Office of Community Health and Planning’s CHIP liaison. The Children Issues Oral Health committee liaison is responsible for monitoring and reporting of these activities focused on the Adverse Childhood Experiences. The reports include information gathered from the monthly committee meetings. The OCHP liaison reports on program and partner updates as they relate to community service and resources, community partners, and community events that are trying to 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. | | | | | | |
| MCH 3.1.1: By September 30, 2024, increase the number of plans from 0 (2019) to 1 that will be devised as to the most effective way to update community resources in collaboration with community partners. | 0 | This objective is performing as expected as there has been a plan devised as to the most effective way to update community resources in collaboration with community partners. During Quarter 2 (2021-2022), the Children Issues Oral Health Committee Chair and Vice-Chair presented the approved QR code resource flyer to the Executive Board. The innovative design and approach were shared with the Executive Board to begin dissemination and outreach to the community. The committee wanted to design a resource tool that could be shared with community partners and shared with community members to link them to | 1 | September 30, 2024 | ▲ | On Track |

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| | | resources for their family and children. This flyer links families and children to services for five different categories. These include Family Economic Support Programs, Nutrition Resources, Clinical and Mental Health Services, Parenting Support, and Special Topics. In the Office of Community Health and Planning (OCHP) through the Consortium for a Healthier Miami-Dade they work towards being a catalyst to sustainable change through policy, systems, and environmental changes through the strategic health priority areas of the Community Health Improvement Plan. This plan will continue to be monitored and developed accordingly with community partners. This goal will be met no later than September 30, 2024. | | | | |
| MCH 3.1.2: By September 30, 2024, increase number of presentations on Adverse Childhood Experiences (ACEs) and plan of care from 0 (2019) to 3. | 0 | Currently, there has been no presentations on the Adverse Childhood Experiences (ACEs). The Children Issues Committee is planning to host an ACEs presentation at their January and March 2022 meetings. This will be an opportunity to learn more and host a future forum on this topic. In addition, through the Healthy Happens Here webinar series there are plans to host an ACEs presentation too. This goal will be met and completed no later than the target goal end date of September 30, 2024. | 3 | September 30, 2024 | ▼ | Not On Track |
| 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. | | | | | | |
| MCH 3.2.1: By September 30, 2024, the Florida Department of Health in Miami-Dade will develop a map of areas within the county | 0 | This objective is performing as expected and on track to being met. The Office of Community Health and Planning (OCHP) in | 1 | September 30, 2024 | ▲ | On Track |

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| <p>where there are shortages of primary medical care, dental and mental health providers from 0 (2019) to 1 maps.</p> | | <p>partnership with the Health Council of South Florida in June of 2020 conducted the Environmental Public Health Tracking Project. This was a GIS map analysis of birth outcomes with environmental and socio-economic factors for the southern region of Miami-Dade County. This report has been shared on the Consortium's website along with a community resource map. A plan is further being developed by the Florida Department of Health in Miami-Dade to develop a map of areas within the county where there are shortages of primary medical care, dental and mental health providers. The OCHP has hired a Biostatistician and is currently working to create GIS maps related to the social determinants of health to identify gaps in care. This goal will be met no later than September 30, 2024. Additionally, during this quarter, it was discussed this quarter as OCHP begins to expand and do targeted outreach in specific community areas by zip code, we would like to provide local resources in that community that would link them back to healthcare services and resources that would have an impact on their social determinants of health to increase the quality of life in these areas.</p> | | | | |
| <p>MCH 3.2.2: By September 30, 2024, the Florida Department of Health in Miami-Dade County will increase the number community events from 0 (2019) to 50 events where resources that address mental health, opioid addiction, or childhood trauma are shared.</p> | <p>0</p> | <p>Overall, to date there has been a total of 3 community events that have been supported where resources that address mental health, opioid addiction, or childhood trauma have been shared. These events included a Virtual Mental Health Forum that was hosted on</p> | <p>50</p> | <p>September 30, 2024</p> | <p></p> | <p>Not On Track</p> |

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| | | Tuesday, May 18 th , 2021, the 2 nd Annual Bounty of Health Virtual Education Series hosted on Wednesday, November 17 th , 2021, and the 2 nd Annual Bounty of Health Drive-Thru Food Distribution event. | | | | |
| Goal 4: Generational and family support in Maternal Child Health. | | | | | | |
| Progress: There are a total of 2 objectives under goal 4. The first objective under this goal is currently on track and exceeding expectations at this point in time. The second objective under this goal is currently not on track but the data trend is upward and in the desired direction for progress to be met. | | | | | | |
| How Targets Were Monitored: The DOH programs, including Women, Infants and Children (WIC), Family Planning and the Office of Community Health and Planning, have CHIP liaisons responsible for providing quarterly reports for their assigned objectives. These individual programs collect data on their programs and community partner activities. For this goal, the Healthy Baby Taskforce Partners, Early Learning Coalition of Miami-Dade, Early Headstart/ Headstart programs, Healthy Start Coalition of Miami-Dade, ICU Baby, Jasmine Project, Live Healthy Miami Gardens, Jessie Trice Community Healthy System, University of Miami, Florida International University, Tree of Life Parenting Center, and Sunshine Health are all community partners that participate and contribute to support generational and family support in maternal child health in Miami-Dade County. | | | | | | |
| Strategy 1: Continue to provide information on the Safe Sleep Campaign targeting minorities in Miami-Dade County. | | | | | | |
| MCH 4.1.1: By September 30, 2024, increase the number of different series of culturally competent educational materials distributed 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 0 (2019) to 10. | 0 | This objective is currently on track and surpassing the target. The DOH-Miami-Dade WIC Program, Family Planning Program, and the Office of Community Health Planning report on this indicator on behalf of our community partners. This quarter a total of 96,697 culturally competent educational materials were distributed 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. | 10 | September 30, 2024 | ▲ | On Track |
| 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 | 35,266 | This objective is currently behind the baseline and target data. The DOH-Miami-Dade WIC Program, Family Planning Program, and the Office of Community Health Planning report on this indicator on behalf of our community partners. To date a total of 13,357 culturally | 38,792 | September 30, 2024 | ▲ | Not on Track |

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| contribute to a reduction of infant mortality from 35,266 (2019) to 38,792. | | 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 | | | | |
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Strategic Priority: Injury, Safety, and Violence

Goal 1: Prevent and reduce illness, injury, and death related to environmental factors.

Progress: There are a total of 12 objectives under goal 1. There are a total of 9 objectives under this goal that are on track and trending in the desired direction to be met. There are total of 3 objectives under this goal that are currently not on track and two of these have no progress made yet.

How Targets Were Monitored: The DOH programs, including Environmental Health, Epidemiology, and the Office of Community Health and Planning, have CHIP liaisons responsible for providing quarterly reports for their assigned objectives. These individual programs collect data on their programs and community partner activities that work to prevent and reduce illness, injury, and death related to environmental factors.

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

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
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| ISV 1.1.1: By September 30, 2024 DOH Miami-Dade will increase the number of social media campaigns from 0 (2019) to 2 that promote best practices for teen drivers. | 0 | There has been no update or progress made on this objective. This objective is currently pending community partners and a DOH program as a responsible party to work on these efforts together. This goal will be met and completed no later than the target goal end date of September 30, 2024. | 2 | September 30, 2024 | ▼ | Not on Track |

Strategy 2: Decrease child injury from motor vehicle crashes.

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| ISV 1.2.1: By September 30, 2024, DOH will continue to participate in the Injury Prevention Coalition meetings and report quarterly. | 0 | This objective is currently on track. During Quarter 2 (2021-2022), 82.75% was reported for this indicator of attending the Injury Prevention Coalition meetings. DOH staff has been trying to attend most meetings to provide information to our community partners. | 1 | September 30, 2024 | ▲ | On Track |
| ISV 1.2.2: By September 30, 2024, maintain the number of Fatal Traumatic Brain Injuries under age 1, 3 Year Rolling Rates, in Miami-Dade to be 0 (2017-2019). | 0 | This objective is currently on track and is at 0. The Florida Department of Health in Miami-Dade County's Epidemiology Team continues to closely monitor any trauma related death cases through attending death review committee meetings. They also work to provide | 0 | September 30, 2024 | ▼ | On Track |

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| | | necessary information to our community too. | | | | |
| ISV 1.2.3: By September 30, 2024, reduce the number of Fatal Traumatic Brain Injuries among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade from 3 (2019) to 1. | 3 | This objective is currently on track and is at 1. The Florida Department of Health in Miami-Dade County's Epidemiology Team continues to closely monitor any trauma related death cases through attending death review committee meetings. | 1 | September 30, 2024 | ▼ | On Track |
| Strategy 3: Reduce and track the number of falls and injuries. | | | | | | |
| ISV 1.3.1: By September 30, 2024, DOH Miami-Dade will work with the Elder Issues Committee and the Mayors Initiative on Aging to increase meeting with providers in the community that provide education to the elder population on fall prevention from 1 (2019) to 3. | 1 | The Consortium's Elder Issues (EI) and Health Promotion Disease Prevention (HPDP) committees host virtual monthly meetings. The Elder Issues committee continues to collaborate with local partners to identify and strengthen allocated services and resources for the elder population by information sharing and partner updates at meetings and via emails. A total of forty-one (41) email blasts were sent to EIC member listserv with news, services and/or resources related to the elder population, including five (5) related to ADRD's and resources for this target population from several partner organizations. They also continue to have regular provider and partner presentations at both of the committees' virtual meetings, but none on the topic of unintentional falls. | 3 | September 30, 2024 | ▲ | On Track |

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| <p>ISV 1.3.2: By September 30, 2024, maintain completion of annually updated data sources in the Florida Injury Surveillance Data System and disseminate annual injury data report at 100% (2019).</p> | <p>100%</p> | <p>This objective is currently on track. During Quarter 2 (2021-2022), it was reported an epidemiologist completed the data analysis with the available raw county data. The results will be posted on our website.</p> | <p>100%</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |
| <p>Strategy 4: Reduce the drowning injuries and associated hospitalizations for Miami-Dade County.</p> | | | | | | |
| <p>ISV 1.4.1: By September 30, 2024, DOH Miami-Dade will work to increase both local media and social media messages from 0 (2019) to 2 to educate the community about water safety and to share information on local swim classes.</p> | <p>0</p> | <p>There has been no update or progress made on this objective. This objective is currently pending community partners and a DOH program as a responsible party to work on these efforts. This goal will be met and completed no later than the target goal end date of September 30, 2024.</p> | <p>2</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>Not on Track</p> |
| <p>ISV 1.4.2: By September 30, 2024, reduce the number of hospitalizations for near drowning, ages 1-5 in Miami-Dade from 8 (2018) to 6.</p> | <p>8</p> | <p>During Quarter 2 (2021-2022), there has been an update from Tallahassee on the data for this measure. This update included the number is too small to include and it is also important to note this cannot be tracked due to patient confidentiality. The information was updated on Florida Health Charts with data sharing there has been less than 5 hospitalizations for near drowning, ages 1-5 in Miami-Dade. This will need to be included for revision in the next submission for the new CHIP if this is still a community concern.</p> | <p>6</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>On Track</p> |
| <p>ISV 1.4.3: By September 30, 2024, maintain the number of deaths from drowning among children aged 1-5, 3 Year Rolling Rates, in Miami-Dade below 2.</p> | <p>2.59</p> | <p>Currently, this objective is below 2. It was recommended by the Epidemiology team to refocus this objective's age group to be 0-4 years old to match the indicators in Florida Health Charts. They</p> | <p>2</p> | <p>September 30, 2024</p> | <p>▼</p> | <p>On Track</p> |

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| | | will continue to closely monitor the data and provide it to our community partners. | | | | |
| Strategy 5: Ensure that all Miami-Dade public water systems are in compliance with public health standards. | | | | | | |
| ISV 1.5.1: By September 30, 2024, increase from 98.7% (2019) to 100% the number of public water systems that have no significant health drinking water quality problems. | 98.7% | This objective is currently on track at 100%. During Quarter 2 (2021-2022), out of 249 systems, there are currently no public water systems with significant drinking water quality problems. This objective is met by monitoring compliance of public water systems in Miami-Dade County. If a water system does not meet standards, 30-days are given for corrective action and if non-compliance continues then the case is sent to the Legal Department. | 100% | September 30, 2024 | ▲ | On Track |
| Strategy 6: Ensure adequate budget and staffing to fully implement the environmental public health regulatory programs. | | | | | | |
| 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%. | 77.25% | During Quarter 2 (2021-2022), it was shared October 1, 2021 marks the beginning of the new contract year for environmental health inspections. As of January 1, 2021, a target of 22.5% is expected however 17.63% was achieved. The target was not met due primarily to the number of vacancies. As of 1/12/2022, there are 17 vacant positions in Environmental Health. These vacancies include key positions in which staff require certification in order to complete inspections. The Environmental Health will continue to work with Team Member Services to fill all vacant positions in a timely manner. In addition, supervisors will work closely | 90% | September 30, 2024 | ▲ | Not on Track |

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| | | with their staff to ensure inspections are appropriately prioritized. | | | | |
| 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. | 100% | This objectives target continues to be achieved. The strategy for this objective is to prevent the spread of disease of environmental origin in Miami-Dade County. The Florida Department of Health Division of Environmental Health continues to monitor investigation of complaints received from the public in a timely manner. | 100% | September 30, 2024 | ▲ | On Track |
| Goal 2: Build and revitalize communities so that people have access to safer and healthier neighborhoods. | | | | | | |
| Progress: There are a total of 2 objectives under goal 2. The first objective under this goal is currently on track and trending in the desired direction. The second objective under this goal is not on track and no progress has been made yet. | | | | | | |
| How Targets Were Monitored: The objectives under this goal are aligned with the activities of the Health and Built Environment committee. The Health and the Built Environment liaison is responsible for monitoring and reporting of these activities focused on Active Design. The reports include information gathered from the bi-monthly committee meetings. | | | | | | |
| Strategy 1: Develop resources and training materials on the topic of Health and the Built Environment in addition to identifying speakers who can provide education and community awareness. | | | | | | |
| ISV 2.1.1: By September 30, 2024, the Consortium for a Healthier Miami-Dade will 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. | 0 | There was progress made on working with local stakeholders from the Health and Built Environment Committee (HBE) identifying at least three best practices 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. The HBE committee continues to meet virtually and is working on work plan activities that need to be met sooner but are currently developing which initiatives they will begin to work on based on the | 3 | September 30, 2024 | ▲ | On Track |

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| | | member’s feedback. During Quarter 2 (2021-2022), the HBE committee's workgroups have met to continue to plan their workplans and alignment with the HBE and CHIP plans. This goal will be met no later than the target end goal date of September 30, 2024. | | | | |
| Strategy 2: Use evidence-based interventions as a means to reduce community violence. | | | | | | |
| ISV 2.2.1: By September 30, 2024 DOH Miami-Dade will increase partnerships with local municipal law enforcement agencies from 0 (2019) to 2 to better understand local interventions that are used to curb violence in the community and determine how the DOH can assist in violence reduction strategies. | 0 | There has been no update or progress made on this objective. This objective is currently pending community partners and a DOH program as a responsible party to work on these efforts. This goal will be met and completed no later than the target goal end date of September 30, 2024. | 2 | September 30, 2024 |  | Not on Track |
| Goal 3: Minimize loss of life, illness, and injury from natural or man-made disasters. | | | | | | |
| Progress: There are a total of 3 objectives under goal 3. There are a total of 2 objectives under this goal that are on track and trending in the desired direction to be met. There is one objective under this goal that is currently not on track due to the COVID-19 pandemic and the increased emergency response to this pandemic. | | | | | | |
| How Targets Were Monitored: The Public Health Preparedness (PHP) program for the Florida Department of Health in Miami-Dade County has a CHIP liaison responsible for providing quarterly reports for their assigned objectives. This program collects data on their program’s activities that aid to minimize the loss of life, illness, and injury from natural or man-made disasters. | | | | | | |
| Strategy 1: Develop a method to ensure surge capacity to meet the needs of all hazards. | | | | | | |
| ISV 3.1.1: By September 30, 2024, achieve and maintain DOH Miami-Dade Public Health Preparedness Strategic Plan alignment with Florida Public Health and Health Care Preparedness Strategic Plan at 100% (2019). | 100% | The All Hazards Emergency Operations Plan was updated and submitted as of December 2021 and was designed to be in alignment with all DOH-Miami-Dade plans. The DOH Miami-Dade Public Health Preparedness Strategic Plan is in alignment with the Florida Public Health | 100% | September 30, 2024 |  | On Track |

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| | | and Health Care Preparedness Strategic Plan. | | | | |
| 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. | 100% | Currently, this objective is behind and not on track since 2020 from the COVID-19 onset in Miami-Dade County, Florida Health in Miami-Dade County has coordinated and/or staffed COVID-19 testing sites, disseminated preventive measures and disease-related information throughout the community, and lastly distributed and provided the COVID-19 vaccines to our local partners, providers and most importantly our patients. Due to the ongoing response, our Agency will not be able to provide a thorough AAR/IP until operations cease. | 100% | September 30, 2024 | ▼ | Not on Track |
| Strategy 2: Prepare the public health and health care system for all hazards, natural or man-made. | | | | | | |
| ISV 3.2.1: By September 30, 2024, increase the number of community sectors, in which DOH Miami-Dade partners participate in significant public health, medical, and mental or behavioral health-related emergency preparedness efforts or activities from 20 (2019) to 30. | 20 | In 2020, the Florida Department of Health worked with State, County, and Municipal governments and other organizations to bring testing to Miami-Dade County. DOH served as a liaison and subject matter experts at major test sites including Hard Rock Stadium, Marlins Park, and Miami Beach Convention Center. DOH was part of Unified Command at Holy Family Catholic Church in the City of North Miami. Additionally, DOH repurposed an HIV mobile unit (bus) to bring testing to migrant and other underserved communities, including Everglades | 30 | September 30, 2024 | ▲ | On Track |

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| | | <p>Farm Village, Costa Farms, Costa Farms, Homestead Housing Authority, Brooks Tropicals, Costa Farms, Nature's Way, R. Plants, Kimsue Foliage, Robert is Here, Hanck Nurseries, Florida Indoor, Mixed Greens, Florida Tuxedo Plants, Homestead Housing Authority – Redlands, Centro Campesino, Homestead Housing Authority - Harvest University of Florida, IFAS, Tropical Research and Education Center, Farm Bureau, Homestead Police Athletic League, and American Friends Volunteers. In 2021, DOH opened three vaccination sites in the immunization clinics at Health District Center, West Perrine, and Little Haiti. DOH is supporting vaccine efforts at additional sites including West Dade Clinic, City of Sweetwater, Hialeah Gardens Library, and City of Miami Springs. Additionally, DOH has maintained continued daily outreach vaccine events. Such events have taken place at many hotels throughout the City of Miami Beach as well as outreach events at City of Medley, City of Hialeah, City of Hialeah Gardens, and Surfside among vaccine activities in other municipalities. Vaccine outreach events have also included private businesses, including the largest employers in the agricultural community to include Costa Farms, Pure Beauty Farms, Nature's Way, and</p> | | | | |
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| | | others. Lastly, DOH has served as the Local Distribution Site to provide COVID-19 vaccines to all vaccination sites, strike teams, local governments, medical providers, and ambulatory services that administered vaccines in Miami-Dade County, with the exception of local hospitals which received supplies directly. | | | | |
| Goal 4: Anti-Violence Initiatives/prevent and reduce unintentional and intentional injuries. | | | | | | |
| Progress: There are a total of 3 objectives under goal 4. All objectives under this goal are trending in the undesired direction. Two of these objectives have currently made no progress. | | | | | | |
| How Targets Were Monitored: The Florida Department of Health’s Epidemiology program has a CHIP liaison responsible for providing quarterly reports for their assigned objectives. This program collects, analyzes, and monitors county data to share with the community on how to 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. | | | | | | |
| 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. | 5.08 | Currently, this objective is not on track and is not trending in the desired direction. For 2020, the rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children was 7.1 per 100,000. | 4.5 | September 30, 2024 | ▲ | Not on Track |
| 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. | 2 | There has been no update or progress made on this objective. This objective is currently pending community partners and a DOH program as a responsible party to work on these efforts. This goal will be met and completed no later than the target goal end date of September 30, 2024. | 4 | September 30, 2024 | ▲ | Not on Track |
| ISV 4.1.3: By September 30, 2024, ensure that DOH Miami-Dade will work with its internal | 0 | There has been no update or progress made on this objective at this time. During Quarter 2 (2021-2022), there | 1 | September 30, 2024 | ▲ | Not on Track |

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| legislative lead to identify policies that impact gun violence. | | were no meetings held with our internal legislative lead. No further updates were provided at this time. This goal will be met and completed no later than the target goal end date of September 30, 2024. | | | | |
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Strategic Priority: Communicable Diseases and Emergent Threats

Goal 1: Prevent and control infectious diseases.

Progress: There are a total of 14 objectives under goal 1. There are a total of 9 objectives under this goal that are currently on track and trending in the desired direction to be met. There are 5 objectives that are currently not on track; 4 of the 5 objectives not on track are trending downward and in the undesired direction for progress. The last goal not on track is currently trending upward and in the desired direction for progress to be met.

How Targets Were Monitored: The Florida Department of Health’s Epidemiology and Immunizations program has a CHIP liaison responsible for providing quarterly reports for their assigned objectives. This program collects, analyzes, and monitors county data to share with the community on how to 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).

| Objectives | Baseline | Performance | Target | Target Date | Trend | Status |
|---|----------|--|--------|--------------------|-------|--------------|
| CDET 1.1.1: By September 30, 2024, increase the percentage of two-year old’s who are fully immunized from 93.1% (2018) to 95% in Miami-Dade. | 93.1% | During Quarter 2 (2021-2022), it was reported 86.3% of two-year olds are fully immunized in Miami-Dade. This data comes from the annual survey. Due to the COVID-19 outbreak, the data was released later. For this objective it was shared working with daycare and health care providers may enhance education for daycare providers in order to improve the rate. | 95% | September 30, 2024 | ▲ | Not on Track |
| CDET 1.1.2: By September 30, 2024 increase the percentage of two-year-old CHD clients that are fully immunized in DOH Miami-Dade from 97.9% (2019) to 99%. | 97.9% | This objective is currently on track. In 2021, 100% of two-year-old CHD clients in DOH-Miami-Dade were fully immunized. In 2020, 97.3% of two-year-old CHD clients in DOH-Miami-Dade were fully immunized. This has | 99% | September 30, 2024 | ▲ | On Track |

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| | | been achieved through follow-up to assure compliance with immunization schedule. This objective will continue to be monitored to assure compliance with the immunization schedule. For children who are not up-to-date on immunizations, begin a follow-up process (call and email guardian) to encourage the guardian to establish an appointment date and time for the child to be immunized. | | | | |
| Strategy 2: Increase awareness of vaccine preventable diseases. | | | | | | |
| CDET 1.2.1: By September 30, 2024, the number of confirmed cases of measles in children under 19 in Miami-Dade will decrease from 3 (2018) to 0. | 3 | Over the last two years there have been 0 confirmed cases of measles in children under 19 years old in Miami-Dade. | 0 | September 30, 2024 | ▼ | On Track |
| CDET 1.2.2: By September 30, 2024 the number of confirmed cases of Haemophilus influenzae type B in children under 19 in Miami-Dade will decrease from 4 (2018) to 0. | 4 | This objective is currently on track. The cases have decreased because of the COVID-19 outbreak and not a lot of travelers. It was reported in Quarter 2 (2021-2022) there were a total of 3 confirmed cases of Haemophilus influenzae type B in children under 19 in Miami-Dade. | 0 | September 30, 2024 | ▼ | On Track |
| CDET 1.2.3: By September 30, 2020, increase the number of determined baseline data measures for HPV vaccination rates from 0 (2020) to 1. | 0 | This objective has not been completed and has not been met and the target date has passed. It was reported there is no data or resources available due to the COVID-19 outbreak. Additionally, clinics are not at full capacity to progress this initiative. This objective will continue to be monitored until met. | 1 | September 30, 2020 | ▼ | Not Completed |
| CDET 1.2.4: By September 30, 2024, increase the HPV vaccination completion rate for children 9-17 years of age from 22.83% (2019) to 25%. | 22.83% | Currently, this objective has not had any progress made yet and is currently trending in the undesired direction. There is currently no data available due to COVID- | 25% | September 30, 2024 | ▼ | Not on Track |

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| | | 19. There is a strategy in place to make progress toward achieving this goal which is to continue increasing HPV vaccination and completion of series during the upcoming months through awareness campaigns about HPV prevention via social media. Awareness campaigns include sharing updated information about HPV vaccines and the promotion of vaccination. | | | | |
| CDET 1.2.5: By September 30, 2024 DOH Miami-Dade will increase from 0 (2019) to 1 the number of social marketing campaigns to provide information to the community on the types and purposes of vaccines. | 0 | Currently, this objective has not had any progress made yet and is currently trending in the undesired direction. | 1 | September 30, 2024 | ▼ | Not on Track |
| CDET 1.2.6: By September 30, 2024, increase the percentage of adults aged 65 and older who have had a flu shot in the last year from 51.9% (2016) to 53.9% in Miami-Dade. | 51.9% | Currently, this objective has not had any progress made yet and is currently trending in the undesired direction. There is currently no updated data available. There is a strategy in place to make progress toward achieving this goal which is to implement outreach events at senior living homes and nursing homes throughout Miami-Dade County to provide education about the flu vaccine, as well as provide free flu vaccines to assisted living residents. | 53.9% | September 30, 2024 | ▼ | Not on Track |
| Strategy 3: Monitor case investigation status and enhance communication with health care providers. | | | | | | |
| CDET 1.3.1: By September 30, 2024, increase the percentage of infectious syphilis treated within 14 days of reporting in Miami-Dade County from 88% (2018) to 90%. | 88% | During Quarter 2 (2021-2022), the STD Program has successfully treated 97% of Miami-Dade County patients diagnosed with infectious syphilis within the target goal of 14 days. Success was in part due to the STD clinicians diagnosing and treating patients at the onset of symptoms and the timely investigation of the Disease | 90% | September 30, 2024 | ▲ | On Track |

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| | | Intervention Specialist (DIS) making immediate contact of clients. This major accomplishment will prevent and control syphilis. | | | | |
| CDET 1.3.2: By September 30, 2024, increase from 0 (2019) to 1 the number of educational campaign's that target high risk populations on the importance of knowing their status, getting tested for STI's, HIV and seeking treatment. | 0 | During Quarter 2 (2021-2022), the STD Program secured funding for release of a congenital syphilis campaign. The campaign was marketed as a Public Service Announcement on Radio Station 96.5 (Power 96), WLQY 1320 Haitian Radio Station, and Mesmerize Point of Care. Ads ran from September through December 2021. The message was tailored to women of child-bearing age to get tested and treated for syphilis before, during, or after pregnancy. | 1 | September 30, 2024 | ▲ | On Track |
| Strategy 4: Monitor case investigation status and enhance communication with health care providers. | | | | | | |
| CDET 1.4.1: By September 30, 2024, decrease the rates of congenital syphilis from 24 (2018) to 14. | 24 | To date there are a total of 10 congenital syphilis cases. During Quarter 2 (2021-2022), the STD Program had a total of 6 congenital cases reported. During this period, the STD program was able to reduce the number of congenital cases reported. The success comes as a result of having an assigned Disease Intervention Specialist (DIS) actively monitors women that are pregnant with syphilis disorder. The Congenital Team ensure that the patient attend prenatal appointments, are treated as well as the pregnant woman partner(s) and that they are retested by 28-32 weeks of gestation. Our assigned DIS has a great relationship with both patients and OB/GYN | 14 | September 30, 2024 | ▼ | On Track |

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| | | providers. Additionally, during this quarter the STD-HIV program Congenital Review Board reviewed four congenital syphilis cases. This review board is a collaborative and solution-based meeting focused on improving our response/interventions to prevent congenital syphilis cases. The members of the board consist of Surveillance Supervisor, Manager, front line Supervisors, management team, STD clinic Director, HIV Peri-natal team, Family Planning Director and representatives, and STD-HIV Regional Consultant. | | | | |
| Strategy 5: Focus HIV prevention efforts in communities and areas with higher rates of HIV transmission. | | | | | | |
| CDET 1.5.1: By September 30, 2024, reduce the number of new HIV infections in Miami-Dade from 1169 (2017) to 973 to be at or below the national and state averages per year with focus on the elimination of racial and ethnic disparities in new HIV infections. | 1169 | This objective is currently on track. In 2020, 813 persons were diagnosed with HIV in Miami-Dade County, a 30% decrease from 2019. In the same year, 303 persons were diagnosed with AIDS, this represents 34.6% decrease since 2016. Decreases should be interpreted with caution due to the impacts of COVID-19; such impacts were the result of decreased testing, reduced provider services hours, and reluctance of clients to risk exposure while getting tested. | 973 | September 30, 2024 | ▼ | On Track |
| CDET 1.5.2: By September 30, 2024, reduce the AIDS case rate in Miami-Dade per 100,000 from 14.3 (2018) to 10. | 14.3 | The current AIDS case rate in Miami-Dade is 10.6 per 100,000 population. This is slightly above the target but trending in the downward desired direction. | 10 | September 30, 2024 | ▼ | On Track |
| Strategy 6: Increase access to care and improve health outcomes for people living with HIV (PLWH). | | | | | | |

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| <p>CDET 1.6.1: By September 30, 2024, increase the percentage from 69.03% (2019) to 85% of newly identified HIV infected persons linked to care within 30 days of diagnosis and are receiving appropriate prevention, care, and treatment services in Miami-Dade.</p> | <p>69.03%</p> | <p>The current percent of newly identified HIV infected persons linked to care within 30 days of diagnosis is 83.5%. The establishment of the Ending the HIV Epidemic (EHE) team has greatly impacted the linkage rate of newly diagnosed HIV positive patients into care. This along with an addition of partners providing Test & Treat/Rapid Access (TTRA) in the community have yielded an increase in the linkage rate for this quarter.</p> | <p>85%</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |
| <p>Goal 2: Provide equal access to culturally competent care.</p> | | | | | | |
| <p>Progress: There are a total of 2 objectives under goal 2. The first objective under this goal is on track and trending in the desired direction to be met. The second objective under this goal that is currently not on track but is trending in the desired direction to be met.</p> | | | | | | |
| <p>How Targets Were Monitored: The Public Health Preparedness (PHP) program for the Florida Department of Health in Miami-Dade County has a CHIP liaison responsible for providing quarterly reports for their assigned objectives. This program collects data on their program's activities that aid to provide equal access to culturally competent care.</p> | | | | | | |
| <p>Strategy 1: Ensure that systems and personnel are available to effectively manage all hazards.</p> | | | | | | |
| <p>CDET 2.1.1: By September 30, 2024, increase the percentage of pre-identified staff covering Public Health and Medical incident management command roles can report to duty within 60 minutes or less from 90% (2018) to 100%.</p> | <p>90%</p> | <p>As of January 2022, there were monthly Everbridge Notification Drills for all staff in incident management command roles in order to better prepare and increase the percentage of acknowledgement within 60 minutes or less. Additionally, this tool will be used to enhance participation in the All-Employee Monthly Drill. This will create a habit and higher expectancy/preparedness from our incident management command staff because they will be receiving 2 alerts on a monthly basis creating a greater habit of response.</p> | <p>100%</p> | <p>September 30, 2024</p> | <p>▲</p> | <p>On Track</p> |

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| <p>CDET 2.1.2: By February 28, 2020, increase and sustain the percentage of DOH-Miami-Dade employees responding to monthly notification drills within an hour from 87% (2019) to 95%.</p> | <p>87%</p> | <p>During Quarter 2 (2021-2022), there was a total of 988 (85.84%) of staff members that responded to the drill within an hour, 4 (0.35%) responded late and 159 (13.81%) did not respond. In comparison from the previous quarter, the participation rate has increased by 3.09%, but the unreachable rate has decreased from 14.96% to 0%.</p> | <p>95%</p> | <p>September 30, 2024</p> | <p></p> | <p>Not on Track</p> |
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Accomplishments

| Goal | Objective | Accomplishment |
|--|--|--|
| <p>Goal 2: Provide access to quality of educational services</p> | <p>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.</p> | <p>Since the start of the CHIP in 2019, we have partnered with 17 new organizations. The strategy used for this measure is each Consortium committee will identify new member organizations that focus on addressing social determinants of health in Miami-Dade County. Once identified, the organizations will provide committee members with examples of programs and initiatives that advance health equity.</p> |
| <p align="center">Why This Accomplishment is Important for Our Community</p> | | |
| <p>This objective aims to 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 by September 30, 2024. This is the first objective under Health Equity goal 2 strategy 1 and is important in providing access to quality educational services. In this strategy, Florida Department of Health staff members guide the Consortium for a Healthier Miami-Dade and work with each of the seven committees to identify community partners that can assist with pinpointing best practices to address health equity.</p> <p>This objective is important for our Community because it helps foster a sense of collaboration among community-based organizations that are aligned with the goals of the Consortium. Since the focus of the objective is centered around work that addresses the social determinants of health, all the organizations that have newly partnered with the Consortium for a Healthier Miami-Dade all share similar missions.</p> | | |

| Goal | Objective | Accomplishment |
|--|---|--|
| <p>Goal 2: Provide access to quality of educational services</p> | <p>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.</p> | <p>The FDOH-MDC programs have adopted new modalities, such as online webinars, to be able to reach a wider audience. The programs maintain continuous dialogue with community partners regarding needs for health information and assisting in providing accurate and up to date information. Materials that are provided can be shared via health fairs, health promotion activities, e-mails, by mail, and other electronic means. Other programs have established a relationship with community partners that work directly with their target population and can help disseminate the health education materials.</p> |

Why This Accomplishment is Important for Our Community

This objective aimed to 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 by September 30th, 2021. This means that this objective is officially complete as of this past quarter. This objective falls under goal 2 strategy 2 and is important in providing access to quality educational services via educational outreach, media support, and community collaboration for promotion of materials and services that improve Health Equity and reduce the prevalence of Social Determinants of Health.

This objective is important for our community because it promotes the dissemination of health education materials within those communities who need it. Because of COVID-19, there was a lack of community events and health fairs where community members could attend to get the health information they sought. However, our FDOH-MDC and collaborating programs found ways to continue to promote and disperse materials to the populations in need.

Conclusion

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

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

Appendices

Please find enclosed the supporting Appendices for the 2022 CHIP Annual Progress Report. These include:

- Appendix A: Annual CHIP Review Meeting Agenda
- Appendix B: Annual CHIP Review Meeting Sign-In Sheet
- Appendix C: Annual CHIP Review Meeting Minutes
- Appendix D: Comprehensive List of Community Partners
- Appendix E: 2021 Virtual Community Health Improvement Plan Meeting Report



Florida Department of Health in **Miami-Dade County**
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

AGENDA

Appendix A: Annual CHIP Review Meeting Agenda

Purpose:

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

| Topic | Time | Lead |
|--|----------------------|------------------------------|
| Call to Order | 10:00-10:05am | Ann-Karen Weller |
| Welcome Message <i>Overview of this year's annual meeting and briefly introduce the Florida Department of Health.</i> | 10:05-10:10am | Dr. Yesenia Villalta |
| Introductory Statement <i>Briefly introduce the Office of Minority Health and Health Equity and the Closing the Gap grant.</i> | 10:10-10:15am | Dr. Owen Quiñonez |
| Overview of Community Health Plans & Development <i>Briefly review the updated MAPP process in alignment with Healthy People 2020 and 2030 with our community plans and orient attendees.</i> | 10:15-10:30am | Candice Schottenloher |
| CHIP Strategic Priority Area Updates <i>Provide a broad overview of each strategic priority area.</i> <ul style="list-style-type: none"> • Health Equity <ul style="list-style-type: none"> ○ Total Objectives: 13 <ul style="list-style-type: none"> ▪ Complete: 1 ▪ On Track: 6 ▪ Behind: 4 ▪ Overdue: 2 • Access to Care <ul style="list-style-type: none"> ○ Total Objectives: 32 <ul style="list-style-type: none"> ▪ On track: 24 ▪ Behind: 8 • Chronic Disease <ul style="list-style-type: none"> ○ Total Objectives: 26 <ul style="list-style-type: none"> ▪ On Track: 11 ▪ Behind: 15 • Maternal Child Health <ul style="list-style-type: none"> ○ Total Objectives: 15 <ul style="list-style-type: none"> ▪ On Track: 8 ▪ Behind: 7 • Injury, Safety, and Violence <ul style="list-style-type: none"> ○ Total Objectives: 20 <ul style="list-style-type: none"> ▪ On Track: 9 ▪ Behind: 11 • Communicable Diseases and Emergent Threats <ul style="list-style-type: none"> ○ Total Objectives: 15 | 10:30-10:45am | Ann-Karen Weller |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

AGENDA

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| <ul style="list-style-type: none"> ▪ On Track: 6 ▪ Behind: 8 ▪ Overdue: 1 | | |
| Health Equity Progress <i>Briefly review the COVID-19 and Health Equity grant strategies and alignment).</i> | 10:45-10:50am | Tamia Medina |
| Success Stories <i>Discuss objectives that have exceeded expectations.</i> <ul style="list-style-type: none"> • HE 2.1.1 • HE 2.2.1 | 10:50-10:55am | Tamia Medina |
| Targeted Areas for Improvement/Activity <i>Discuss objectives that are not meeting expected benchmarks.</i> <ul style="list-style-type: none"> • HE 3.1.1 • HE 3.3.1 | 10:55-11:15am | Dr. Valerie Turner |
| Next Steps <i>Discuss next steps in the development of the Health Equity Office and Advisory Committee.</i> | 11:15-11:25am | Ann-Karen Weller |
| Meeting Evaluation <i>Feedback and suggestions for next the month/quarter review.</i> | 11:25-11:30am | Candice Schottenloher |
| Adjourn | 11:30 am | All |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

SIGN-IN SHEET

Appendix B: Annual CHIP Review Meeting Sign-In Sheet

Purpose:

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

***MEC Members**

| Position | In Attendance | Position | In Attendance |
|------------------------|-----------------------|----------------------------|-------------------|
| Health Officer (Chair) | Yesenia Villalta | MEC Liaison-Administration | Hilda Ortiz |
| MEC Liaison-OCHP | Ann-Karen Weller | MEC Liaison-STD-HIV | Camille Lowe |
| MEC Liaison-OCHP | Candice Schottenloher | MEC Liaison-STD/HIV | Cheryl Hardy |
| MEC Liaison-OCHP | Mayra Garcia | MEC Liaison-STD/HIV | Paulette Philippe |
| MEC Liaison-OCHP | Tamia Medina | MEC Liaison-Preventative | Lenise Banwarie |
| MEC Liaison-OCHP | Valerie Turner | | |

**Note: A quorum of two-thirds of members is required.*

Attendees (e.g., community partners, additional CHD staff)

| Name | Organization | Name | Organization |
|-------------------|----------------------|------------------------|---|
| Laurie Varona | FDOH-MDC | Martine Charles | Alliance for Aging |
| Nelly Hansen-Vik | FDOH-MDC | Franchine Peters | Roxcy Bolton Rape Treatment Center |
| Tenesha Avent | March of Dimes | Tiffany Albury | Health Council of South Florida |
| Islamiyat Adebisi | FDOH-MDC | Pamela Hollingsworth | Early Learning Coalition of Miami-Dade/Monroe |
| Jane Gilbert | Miami-Dade County | Michelle Fundora | Health Choice Network |
| Jennifer Ulysse | The Children's Trust | Maria Carpio | South Florida Behavioral Health Network, Inc. |
| Emily Hahn | FDOH, St. Lucie | Michelle Johnson | Miami Dade County Office of the Mayor |
| Candace Williams | FDOH-MDC | Daria Sims | FDOH-MDC |
| Cristina Brito | United Way Miami | Maria Patricia Moscoso | FDOH-MDC |
| Marlene Rodriguez | Bayview | Rachelle Theodore | Healthy Start Coalition of Miami-Dade |
| Stefanie Myers | FDOH, St. Lucie | Melissa Howard | Florida International University |
| Jillian Garcia | University of Miami | Brittany Allen | Alliance for Aging |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

SIGN-IN SHEET

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| Richard Thurer | University of Miami | Lyda Villamarin | FDOH-MDC |
| Owen Quinonez | FDOH | Peace Nwagbo | UF/IFAS Extension FNP |
| Amaris Cruz | FDOH-MDC | Nicole Marriott | Health Council of South Florida |
| Natouchka Murray | FDOH-MDC | Janiece Davis | Urban Health Partnerships |
| Nedjy Joseph | FDOH-MDC | Stephen Garcia | Common Threads |
| Aliane Douyon | University of Miami | Nikki Chuck | FDOH-MDC |
| Leah Jayanetti | ICU baby | Janicka Harris | Health Council of South Florida |
| Sam Hopwood | Florida Impact | Lourdes Casttaneda | UM AHEC Tobacco Cessation Program |
| Melissa Maytin | FDOH-MDC | Camila Ronderos | Keralty Foundation |
| Alejandro Diaz | Healthy Lottle Havana | Michelle Mejia | West Kendall Baptist Hospital |
| Cheryl Coleman | Faith in Florida | Jamie Forrest | FDOH |
| Ebony Johnson | The Resource Room | Robert Hill | American Heart Association |
| Rosie Ross | FDOH-MDC | Melissa Santiago | American Cancer Society |
| Lacey Craker | University of Miami | Gilda Ferradaz | Dept. of Children and Families |
| Cherlene Floyd | Miami Dade County | Katy Wilhelm | West Kendall Baptist Hospital |
| Lori Hanson | The Children's Trust | Esther McCant | Metro Mommy Agency |
| Laura Jimenez | FDOH-MDC | Barbara Martinez-Guerrero | Dream in Green |
| Manuel Arturo Rojas | FDOH-MDC | Cynthia Lebron | University of Miami |
| Kianna Talley | FDOH-MDC | Lilah Besser | Florida Atlantic University |
| Jessica Mulroy | FDOH-MDC | Adrienne Burke | Miami-Dade County |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

MINUTES

Appendix C: Annual CHIP Review Meeting Minutes

| Speaker | Topic | Discussion |
|------------------------------|---|--|
| Ann-Karen Weller | Call to Order | <p>The meeting was called to order at 10:00 am by Candice Schottenloher, who launched a poll Miami-Dade County’s Comprehensive Development Master Plan (CDMP).</p> <p>Mrs. Weller introduced herself and welcomed everyone. She briefly reviewed the purpose of the meeting—to provide a comprehensive review of the status of the Miami-Dade CHIP and announce the establishment of the new Health Equity Office. Then, Mrs. Weller reviewed the housekeeping items and introduced Dr. Yesenia Villalta.</p> |
| Dr. Yesenia Villalta | Welcome Message <i>Overview of this year’s annual meeting and briefly introduce the Florida Department of Health.</i> | <p>Dr. Villalta reviewed the history of the Miami-Dade County CHIP. She explained the social determinants that impact our health and how they tie into the development and progress of the CHIP. Dr. Villalta also congratulated the Florida Department of Health in Miami-Dade County for being awarded the CDC’s National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities grant. Then, Dr. Villalta introduced Dr. Owen Quinonez.</p> |
| Dr. Owen Quiñonez | Introductory Statement <i>Briefly introduce the Office of Minority Health and Health Equity and the Closing the Gap grant.</i> | <p>Dr. Quinonez introduced the Office of Minority Health and Health Equity (OMHHE) and the Closing the Gap (CTG) grant. He provided a brief history of the OMHHE and its alignment. Then, he reviewed the priority areas of the CTG and provided information regarding CTG funding. Dr. Quinonez also provided updates on Florida state legislature and its new directives.</p> |
| Candice Schottenloher | Overview of Community Health Plans & Development <i>Briefly review the updated MAPP process in alignment with Healthy People 2020 and 2030 with our community plans and orient attendees.</i> | <p>Candice presented and reviewed the Mobilizing through Action Planning and Partnership (MAPP) process in alignment with Health People 2020 and 2030 with the Miami-Dade County CHIP. Candice gave an update on the recently updated MAPP process phases: Build the CHI Foundation, Tell the Community Story, and Continuously Improve the Community.</p> |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

MINUTES

| Speaker | Topic | Discussion |
|-------------------------|---|--|
| Ann-Karen Weller | <p>CHIP Strategic Priority Area Updates <i>Provide a broad overview of each strategic priority area.</i></p> <ul style="list-style-type: none"> • Health Equity <ul style="list-style-type: none"> ○ Total Objectives: 13 <ul style="list-style-type: none"> ▪ Complete: 1 ▪ On Track: 6 ▪ Behind: 4 ▪ Overdue: 2 • Access to Care <ul style="list-style-type: none"> ○ Total Objectives: 32 <ul style="list-style-type: none"> ▪ On track: 24 ▪ Behind: 8 • Chronic Disease <ul style="list-style-type: none"> ○ Total Objectives: 26 <ul style="list-style-type: none"> ▪ On Track: 11 ▪ Behind: 15 • Maternal Child Health <ul style="list-style-type: none"> ○ Total Objectives: 15 <ul style="list-style-type: none"> ▪ On Track: 8 ▪ Behind: 7 • Injury, Safety, and Violence <ul style="list-style-type: none"> ○ Total Objectives: 20 <ul style="list-style-type: none"> ▪ On Track: 9 ▪ Behind: 11 • Communicable Diseases and Emergent Threats <ul style="list-style-type: none"> ○ Total Objectives: 15 <ul style="list-style-type: none"> ▪ On Track: 6 ▪ Behind: 8 • Overdue: 1 | <p>Mrs. Weller reviewed the current progress for each strategic priority area and briefly explained the purpose of each priority area.</p> <p>The goal under Health Equity is to ensure that we improve service linkages to encourage equity. We also would like to provide access to quality educational services, improve community involvement and improve access to affordable and quality housing.</p> <p>Access to Care encompasses all efforts to promote access to comprehensive and quality health care for all Miami-Dade County resident. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing, and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.</p> <p>The Chronic Disease priority area is comprised of objectives devoted to reducing chronic disease morbidity and mortality. Heart disease, stroke, type 2 diabetes, cancer and illnesses related to tobacco use are among the most common health problems affecting people of all ages, socioeconomic statuses and ethnicities.</p> <p>The Maternal Child Health priority area is focused on objectives to improve health outcomes for both infants and mothers. Differences in health outcomes such as infant mortality, by race and ethnicity, can predict future public health challenges for families, communities, and the health care system.</p> <p>For Injury, Safety, and Violence, unintentional injuries such as falls and motor vehicle crashes, and intentional injuries such as intimate partner violence are a major cause of death for people ages 1 to 44; however, most events are predictable and preventable.</p> <p>For Communicable Diseases and Emergent Threats, emergency response preparations account for threats such as infectious diseases, such as COVID-19, and natural disasters, such as hurricanes. There is also an emphasis on providing culturally appropriate educational materials to the public.</p> |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

MINUTES

| Speaker | Topic | Discussion |
|---------------------------|--|--|
| Tamia Medina | Health Equity Progress <i>Briefly review the COVID-19 and Health Equity grant strategies and alignment).</i> | Tamia provided information regarding the new Health Equity Office and its alignment with the newly awarded CDC grant. She reviewed the grant’s Health Equity Strategic Areas 3 and 4. |
| Tamia Medina | Success Stories <i>Discuss objectives that have exceeded expectations.</i> <ul style="list-style-type: none"> • HE 2.1.1 • HE 2.2.1 | Tamia highlighted two Community Health Improvement Plan (CHIP) Health Equity centered objectives that have exceeded expectations. The first was HE 2.1.1, which centered around forming new partnerships with community-based organizations. Since the start of the CHIP, the Consortium for a Healthier Miami-Dade has formed 17 new partnerships. The second success story was HE 2.2.1, which has since been completed. This objective focused on the number of educational materials. This was successful because programs involved in this objective continued their health education tasks throughout the COVID-19 pandemic. |
| Dr. Valerie Turner | Targeted Areas for Improvement/Activity <i>Discuss objectives that are not meeting expected benchmarks.</i> <ul style="list-style-type: none"> • HE 3.1.1 • HE 3.3.1 | <p>Dr. Turner led the deep dive discussion for the following objectives in need of improvement.</p> <p>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.</p> <ol style="list-style-type: none"> 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? <p>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.</p> <ol style="list-style-type: none"> 1. Which key community organizations/stakeholders can help achieve this objective? |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

MINUTES

| Speaker | Topic | Discussion |
|------------------------------|---|--|
| | | <ol style="list-style-type: none"> 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? |
| Ann-Karen Weller | Next Steps <i>Discuss next steps in the development of the Health Equity Office and Advisory Committee.</i> | <p>Mrs. Weller shared the next steps for the CHIP and Health Equity Office. The CHIP revisions and Annual Progress Report are due March 2022. The Health Equity Office, which is through the Office of Community Health and Planning, will develop an Advisory Committee that will work on policy, system, and environmental changes to address the social determinants of health. Then, Mrs. Weller went into detail about each of the five social determinants of health (Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context). She also shared that a Call to Action will be launched to invite select community stakeholders to apply to join the Advisory Committee.</p> |
| Candice Schottenloher | Meeting Evaluation <i>Feedback and suggestions for next the month/quarter review.</i> | <p>Candice shared the meeting evaluation link and summarized the meeting.</p> |
| All | Adjourn | <p>The meeting was adjourned at 11:25 am.</p> |



Florida Department of Health in Miami-Dade County
Annual CHIP Review Meeting
Meeting Location: Virtual Meeting
October 28th, 2021, 10:00 – 11:30 a.m.

Appendix D: Comprehensive List of Community Partners

| Community Partners Represented at the 2021 Annual CHIP Review Meeting | |
|---|---|
| Alliance for Aging | ICU baby |
| American Cancer Society | Keralty Foundation |
| American Heart Association | March of Dimes |
| Bayview | Metro Mommy Agency |
| Common Threads | Miami Dade County |
| Department of Children and Families | Miami Dade County Office of the Mayor |
| Dream in Green | Roxcy Bolton Rape Treatment Center |
| Early Learning Coalition of Miami Dade and Monroe Counties | South Florida Behavioral Health Network, Inc. |
| Faith in Florida | The Children's Trust |
| Florida Department of Health in Miami-Dade County | The Resource Room |
| Florida Department of Health in St. Lucie County | UF/IFAS Extension Family Nutrition Program |
| Florida Impact | UM AHEC Tobacco Cessation Program |
| Florida International University | United Way Miami |
| Health Choice Network | University of Miami |
| Health Council of South Florida | Urban Health Partnerships |
| Healthy Little Havana | West Kendall Baptist Hospital |
| Healthy Start Coalition of Miami-Dade | |



Florida Department of Health in **Miami-Dade County**
Annual CHIP Review Meeting
Meeting Location: **Virtual Meeting**
October 28th, 2021, 10:00 – 11:30 a.m.

Appendix E: 2021 Virtual Community Health Improvement Plan Meeting Report

2021 Virtual Community Health Improvement Plan Meeting Report



October 28, 2021

Date Created: 12/31/21



2021 Annual Community Health Improvement Plan Meeting

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



2021 Annual Community Health Improvement Plan Meeting

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.

The following organizations registered for the event:

| | |
|--|---|
| 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 County | Sapoznik Psychotherapy & Coaching Services |
| Florida Department of Health in St. Lucie County | SFBHN/TMSF |
| Florida Department of Health, Healthiest Weight Florida Program | South Florida Behavioral Health Network, Inc. |
| Florida Dept. of Health- Office of Minority Health & Health Equity | Telemedicine Centers of Florida |



2021 Annual Community Health Improvement Plan Meeting

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: <https://www.healthymiamidade.org/resources/mapp-process/>.

About the Florida Department of Health

The department, nationally accredited by the [Public Health Accreditation Board](#), 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 [@HealthyFla](#) and on [Facebook](#). For more information about the Florida Department of Health please visit www.FloridaHealth.gov.

Connect with us @MakeHealthyHappen   

[Florida Department of Health in Miami-Dade \(floridahealth.gov\)](http://floridahealth.gov) 

Event Flyer



SAVE THE DATE

THURSDAY
OCTOBER

28
2021

ZOOM
PLATFORM

10:00 A.M.-
11:30 A.M

A COMMUNITY UNITED: HEALTH EQUITY IN MIAMI-DADE COUNTY

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 review the Community Health Improvement Plan (CHIP).

This meeting will unite decision makers across multiple disciplines and start the conversation to develop strategic approaches to ensuring equity for all Miami-Dade residents. It is designed to bring community members and organizations together to take a collaborative approach on addressing health disparities and inequities with an all-inclusive method.

[Please click here to register](#)

Video Recording

A recording of this event is available here:

https://www.youtube.com/watch?v=L_Z6RU6wzA4





2021 Annual Community Health Improvement Plan Meeting

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.



2021 Annual Community Health Improvement Plan Meeting

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.

| Topic | Time | Lead |
|---|----------------------|------------------------------|
| Call to Order | 10:00-10:05am | Ann-Karen Weller |
| Welcome Message <i>Overview of this year's annual meeting and briefly introduce the Florida Department of Health.</i> | 10:05-10:10am | Dr. Yesenia Villalta |
| Introductory Statement <i>Briefly introduce the Office of Minority Health and Health Equity and the Closing the Gap grant.</i> | 10:10-10:15am | Dr. Owen Quiñonez |
| Overview of Community Health Plans & Development <i>Briefly review the updated MAPP process in alignment with Healthy People 2020 and 2030 with our community plans and orient attendees.</i> | 10:15-10:30am | Candice Schottenloher |
| CHIP Strategic Priority Area Updates <i>Provide a broad overview of each strategic priority area.</i> <ul style="list-style-type: none"> • Health Equity <ul style="list-style-type: none"> ○ Total Objectives: 13 <ul style="list-style-type: none"> ▪ Complete: 1 ▪ On Track: 6 ▪ Behind: 4 ▪ Overdue: 2 • Access to Care <ul style="list-style-type: none"> ○ Total Objectives: 32 <ul style="list-style-type: none"> ▪ On track: 24 ▪ Behind: 8 • Chronic Disease <ul style="list-style-type: none"> ○ Total Objectives: 26 <ul style="list-style-type: none"> ▪ On Track: 11 ▪ Behind: 15 • Maternal Child Health | 10:30-10:45am | Ann-Karen Weller |



2021 Annual Community Health Improvement Plan Meeting

| | | |
|---|-----------------------------|-------------------------------------|
| <ul style="list-style-type: none"> ○ Total Objectives: 15 <ul style="list-style-type: none"> ▪ On Track: 8 ▪ Behind: 7 ● Injury, Safety, and Violence <ul style="list-style-type: none"> ○ Total Objectives: 20 <ul style="list-style-type: none"> ▪ On Track: 9 ▪ Behind: 11 ● Communicable Diseases and Emergent Threats <ul style="list-style-type: none"> ○ Total Objectives: 15 <ul style="list-style-type: none"> ▪ On Track: 6 ▪ Behind: 8 ▪ Overdue: 1 | | |
| <p>Health Equity Progress <i>Briefly review the COVID-19 and Health Equity grant strategies and alignment).</i></p> | <p>10:45-10:50am</p> | <p>Tamia Medina</p> |
| <p>Success Stories <i>Discuss objectives that have exceeded expectations.</i></p> <ul style="list-style-type: none"> ● HE 2.1.1 ● HE 2.2.1 | <p>10:50-10:55am</p> | <p>Tamia Medina</p> |
| <p>Targeted Areas for Improvement/Activity <i>Discuss objectives that are not meeting expected benchmarks.</i></p> <ul style="list-style-type: none"> ● HE 3.1.1 ● HE 3.3.1 | <p>10:55-11:15am</p> | <p>Dr. Valerie Turner</p> |
| <p>Next Steps <i>Discuss next steps in the development of the Health Equity Office and Advisory Committee.</i></p> | <p>11:15-11:25am</p> | <p>Ann-Karen Weller</p> |
| <p>Meeting Evaluation <i>Feedback and suggestions for next the month/quarter review.</i></p> | <p>11:25-11:30am</p> | <p>Candice Schottenloher</p> |
| <p>Adjourn</p> | <p>11:30 am</p> | <p>All</p> |

PowerPoint slides



A Community United: Health Equity in Miami-Dade County



October 28, 2021

How to Join



Mobile Device

**Preferred method*

www.PollEv.com/DOHOCHP213

OR

Text **DOHOCHP213** to
22333



Computer Browser

Google Chrome

www.PollEv.com/DOHOCHP213

Technical Issues



Please use the chat box or email
Daria.Sims@flhealth.gov or Tamia.Medina@flhealth.gov
if you are experiencing difficulties with the Zoom or Poll
Everywhere platforms.



**A Community United:
Health Equity in Miami-Dade County**



October 28, 2021

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A Community United: Health Equity in Miami-Dade County



October 28, 2021

How to Join



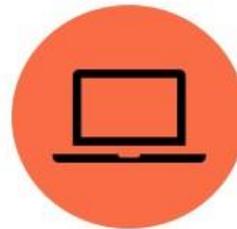
Mobile Device

**Preferred method*

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Everywhere platforms.



**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.



Please use the chat box or email

Daria.Sims@flhealth.gov or

Tamia.Medina@flhealth.gov if you are experiencing difficulties with the Zoom platform.

11

Welcome Message



Dr. Yesenia Villalta
Administrator/Health Officer

12

Guiding Principles



Vision: To be the healthiest state in the nation.



Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.



Purpose: Prevent disease and improve the health of the Miami-Dade county community.

13

Core Values



Innovation



Collaboration



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 [381.7351-381.7356, Florida Statutes](#), 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 [381.735](#), 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.



17

Closing the Gap Priority Areas

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

- 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

18

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 |

19

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.

20

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.

21

County Minority Health Liaison

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?



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



25

The Revised MAPP Assessment



26

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

27

Community Status Assessment

- Replaces the **Community Health Status Assessment**
 - Dropped the term “health” to emphasize the need to go **beyond** health indicators
- New emphasis on
 - Civic participation
 - Predatory lending
 - Mass incarceration

28

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

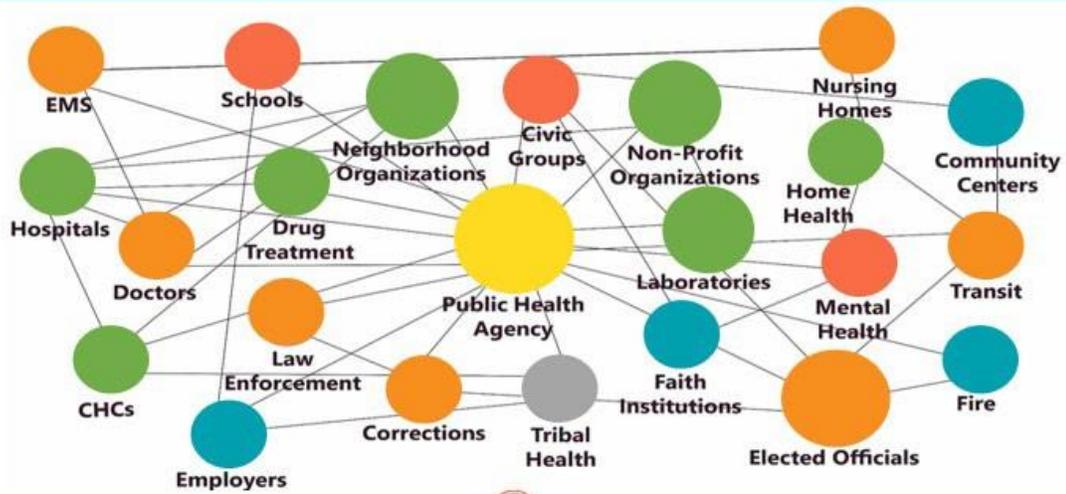
29

Community Health Improvement Plan (CHIP)



30

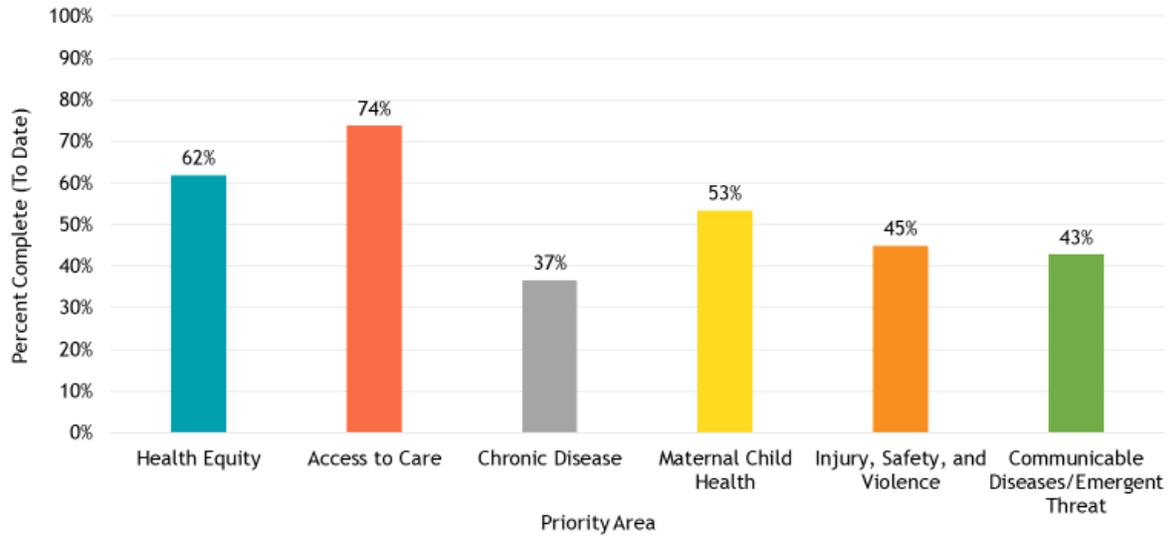
Success & Partnership Development



31

Community Health Improvement Plan Strategic Priority Area Updates

CHIP Completion Rate by Priority Area

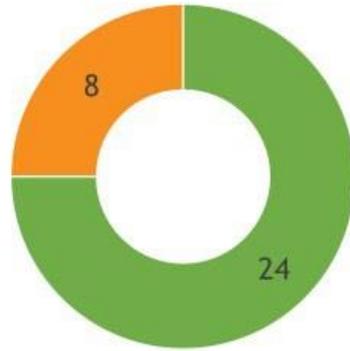


Health Equity



■ Complete ■ On Track ■ Behind ■ Overdue

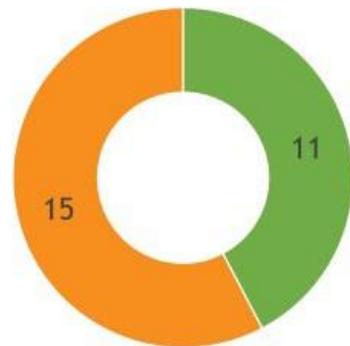
Access to Care



■ On Track ■ Behind

35

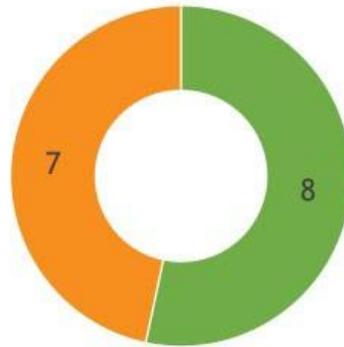
Chronic Disease



■ On Track ■ Behind

36

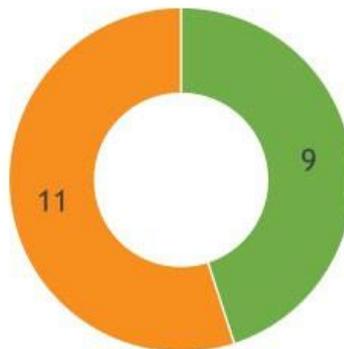
Maternal and Child Health



■ On Track ■ Behind

37

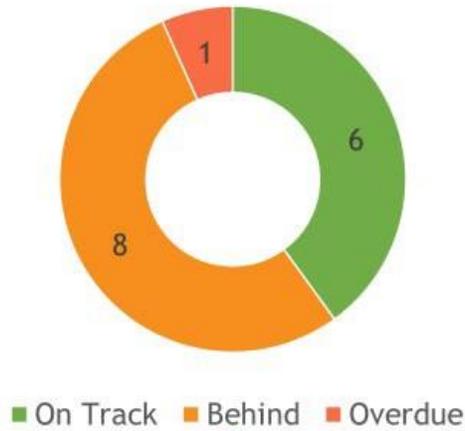
Injury, Safety, & Violence



■ On Track ■ Behind

38

Communicable Disease & Emergent Threats



39

Health Equity Progress



COVID-19 and Health Equity

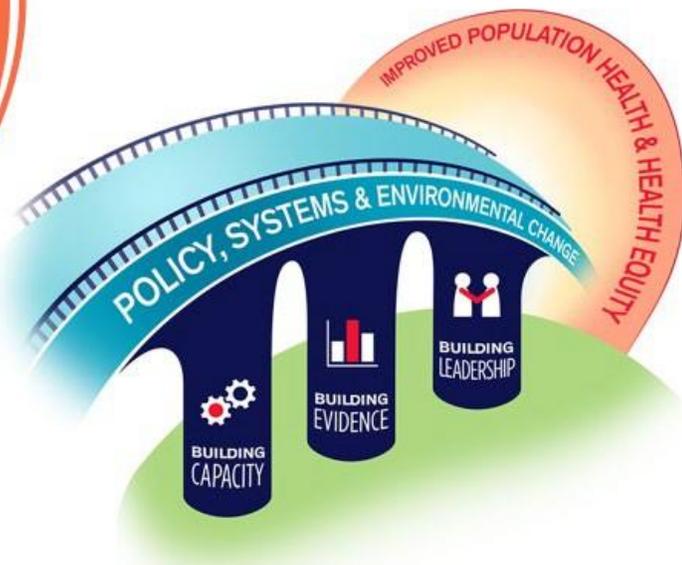


Image source: Policy, Practice, and Prevention Research Center at the University of Illinois Chicago

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

Health Equity: Strategic Area 4

Seeks to mobilize partners and collaborators to advance health equity and address social determinants of health.

- Three activities to increase the number of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities

43

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



46

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.

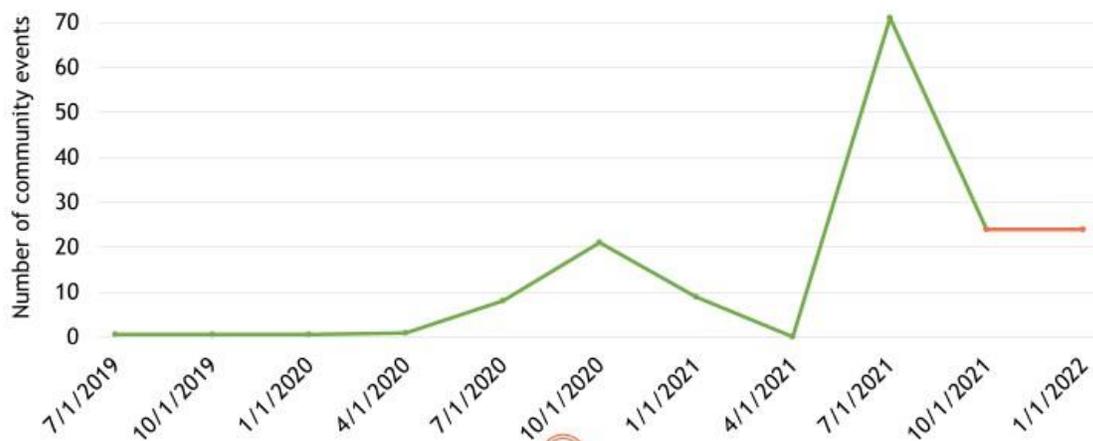
Measure: Number of community-based events that are attended where educational materials for Health Equity are distributed.

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



48

Improvement Areas & Objective Deep Dive

How to Join



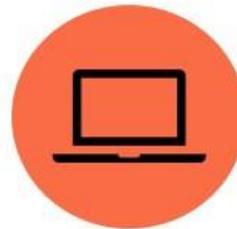
Mobile Device

**Preferred method*

www.PollEv.com/DOHOCHP213

OR

Text **DOHOCHP213** to
22333



Computer Browser

Google Chrome

www.PollEv.com/DOHOCHP213

Technical Issues



Please use the chat box or email
Daria.Sims@flhealth.gov or Tamia.Medina@flhealth.gov
if you are experiencing difficulties with the Zoom or Poll
Everywhere platforms.



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.

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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.

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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





Meeting Evaluation



thank you!



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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



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|--|
| 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 |



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| |
|---|
| 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 |



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| |
|--|
| More financial education in schools and virtually |
| Set up Community advisory boards and develop workshops |
| Trainings |
| Fair |
| Grants |
| Social media engagement |
| Conferences |
| Social Media |
| Health fairs |
| Advisory committees |
| Identify shared priorities |
| Workshops |
| Professional development |
| Community events |
| Networking events |
| Zoom Chat Box Responses |
| Internships |
| Community Events |
| Social Media |
| Total = 46 responses |
| |
| What community events would you find to be the most beneficial during the COVID-19 social climate and how would you implement them? |
| Trains to bring our community to explore our city |
| Utilizing Mindful kids Miami for group mindfulness classes |
| Meditation and yoga outdoors (City of Miramar did this well) |
| Group exercise classes in parks |
| Healthy pop-up stations in neighborhood parks |
| Mobile educational activities or outreach (van or bus possibly) |



2021 Annual Community Health Improvement Plan Meeting

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| 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 |



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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 |



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| |
|---|
| 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) |

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| 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 |

2021 Annual Community Health Improvement Plan Meeting

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| 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 |

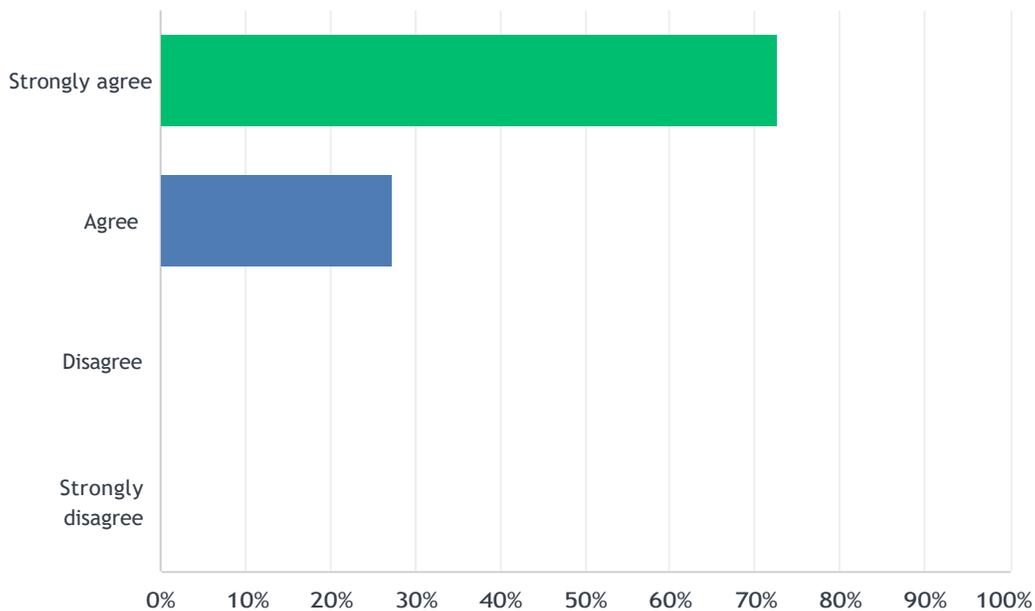
Evaluation Report

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.

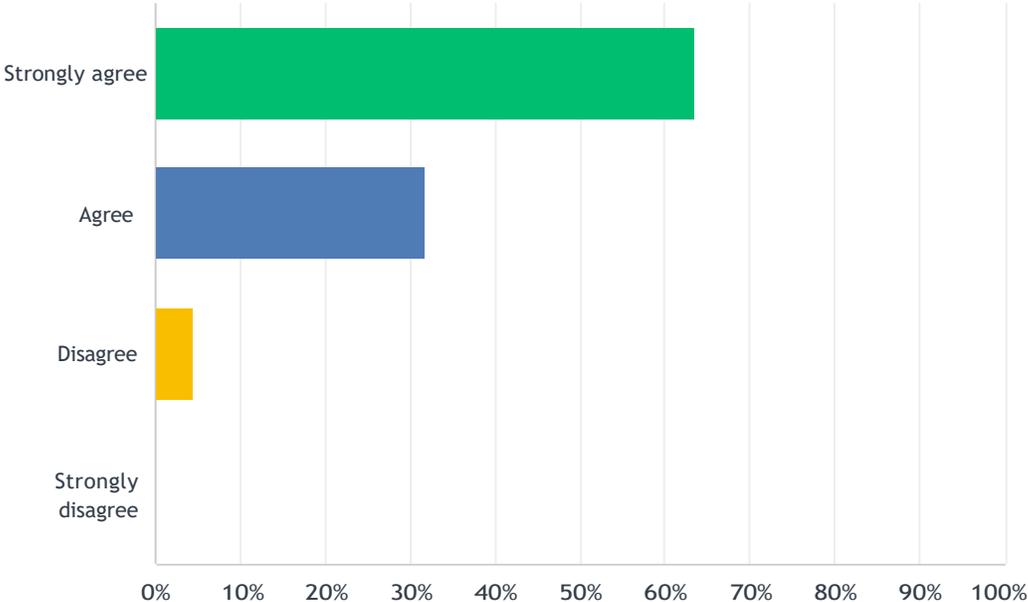
Answered: 22 Skipped: 0



| 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.

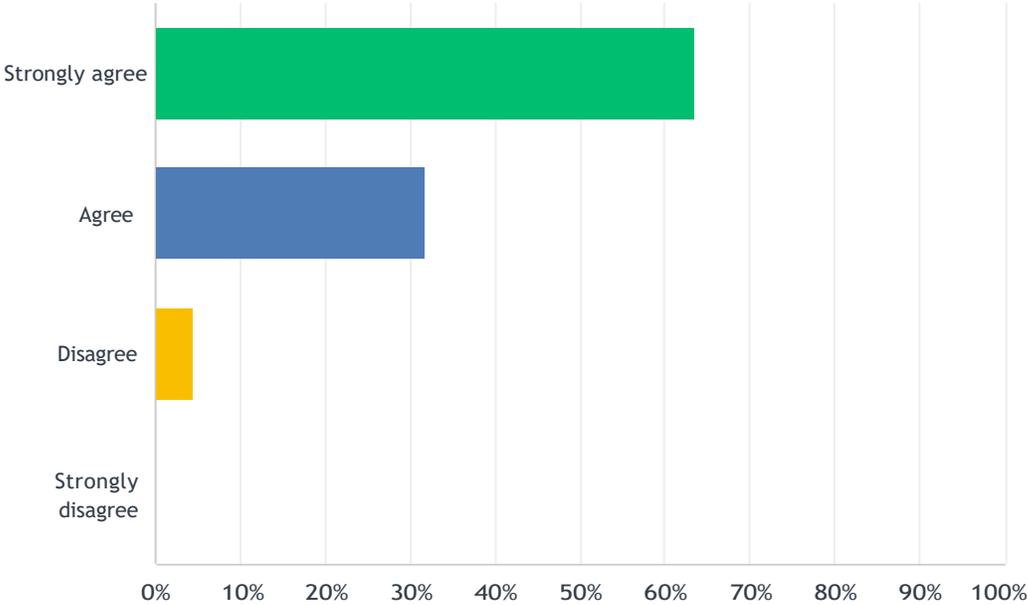
Answered: 22 Skipped: 0



| 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.

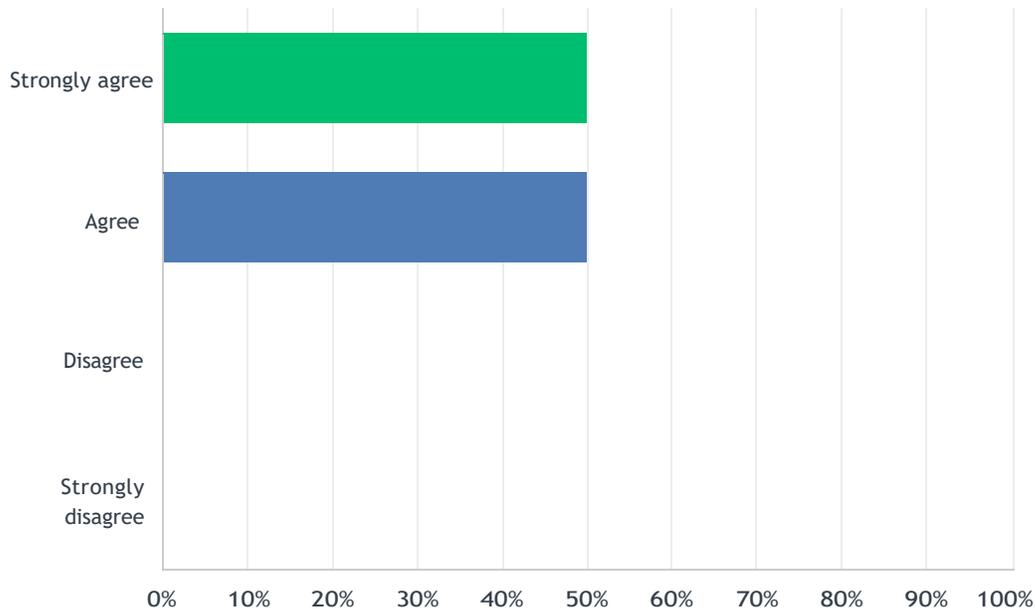
Answered: 22 Skipped: 0



| 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.

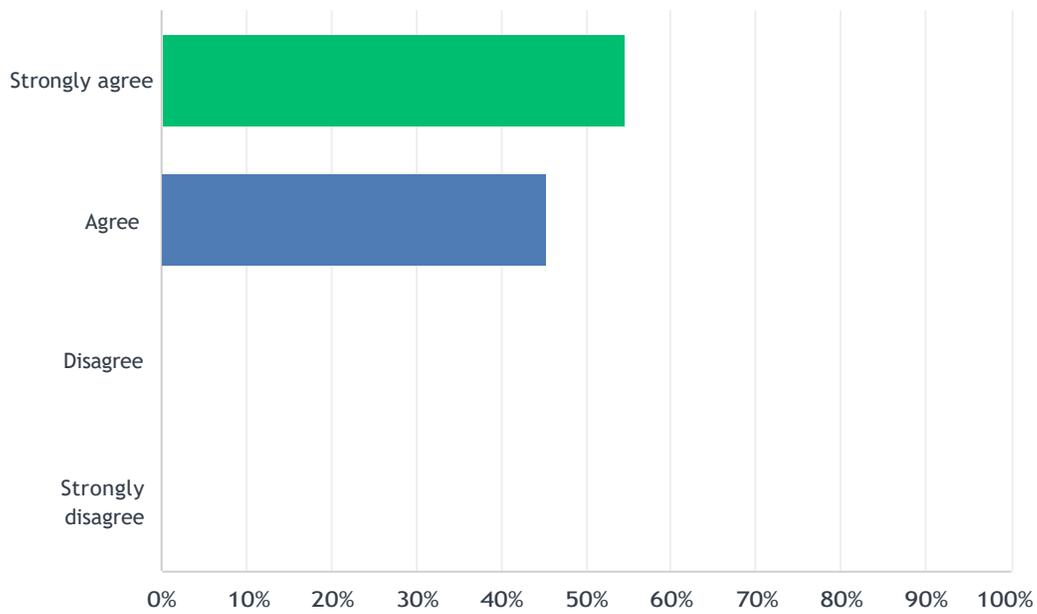
Answered: 22 Skipped: 0



| 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.

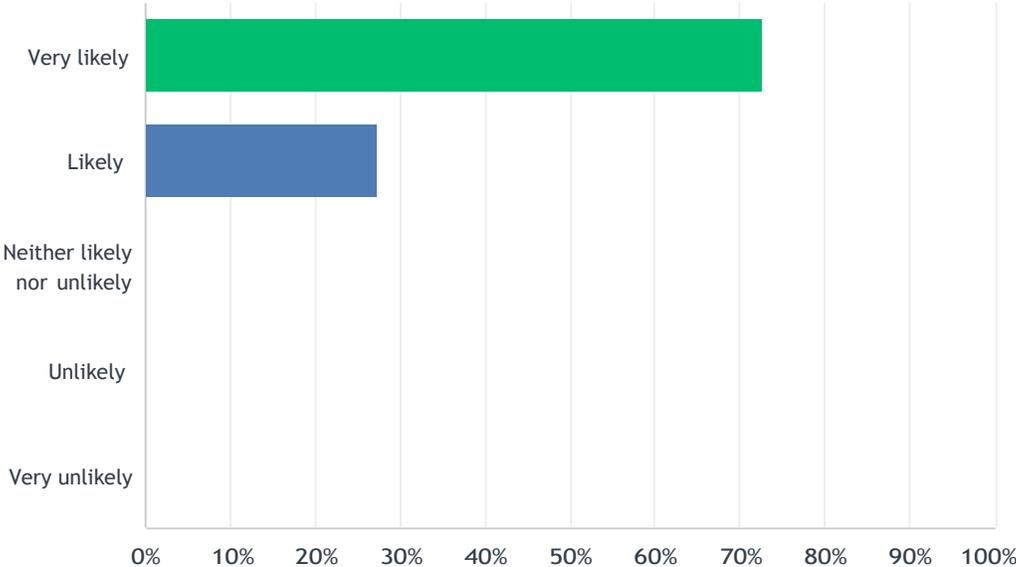
Answered: 22 Skipped: 0



| 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?

Answered: 22 Skipped: 0



| 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? |
|--|
| Responses |
| 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 polling 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 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. |

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.
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.

Evaluation Question Summary Response Rates

| 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% |

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: What was your biggest takeaway from this virtual event? |
|--|
| Responses |
| 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. |

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| 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. |

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| 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 polling 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. |

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| 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. |

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| 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. |



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.

