



**Miami-Dade County**  
**Community Health Improvement Plan**  
**Annual Progress Report**  
July 2017 - June 2018



# 2017-2018: MIAMI-DADE COUNTY CHIP ANNUAL REPORT

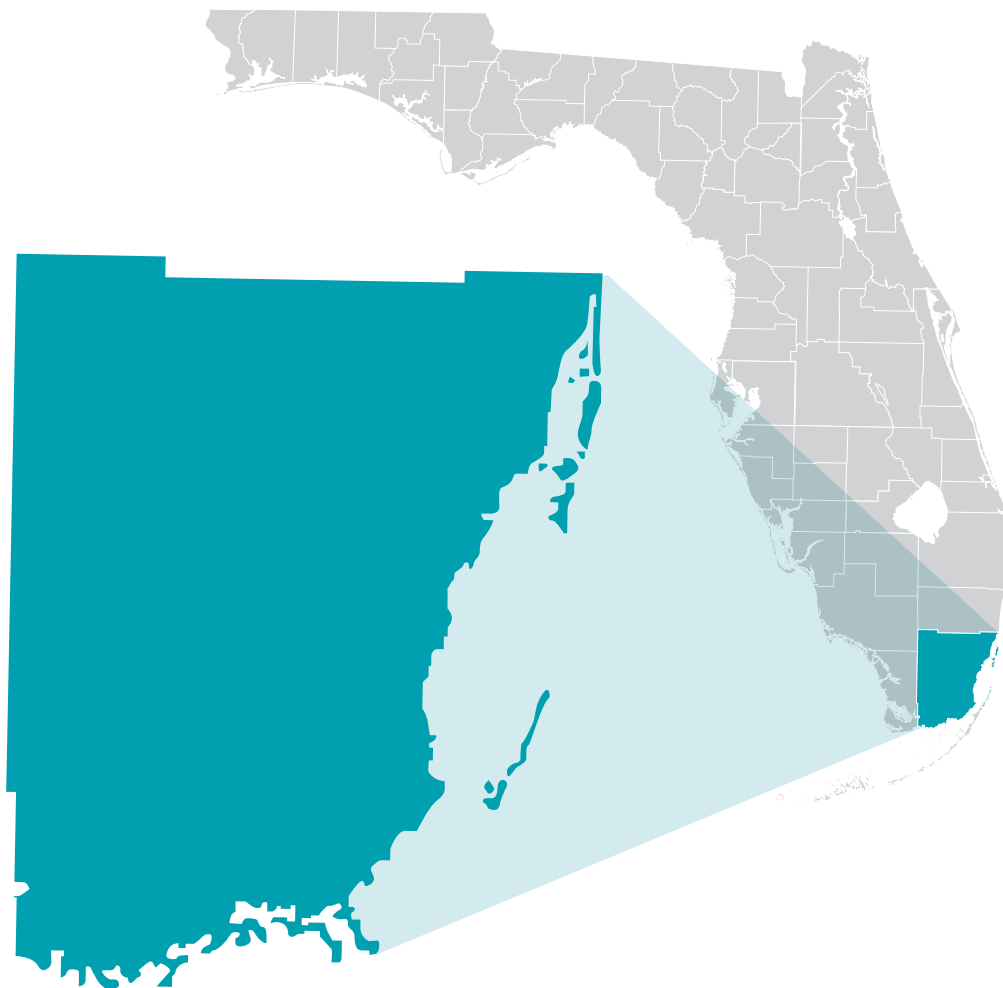
---

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

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

### VISION

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



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

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

# TABLE OF CONTENTS

---

3	INTRODUCTION
4	OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
5	SUMMARY AND KEY FINDINGS
6	CHIP IMPLEMENTATION & MONITORING
7	MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIP PROCESS
8	UNIFIED COMMUNITY HEALTH IMPROVEMENT EFFORTS
9	ACCOMPLISHMENTS
10	CHIP STRATEGIC PRIORITIES
14	STRATEGIC PRIORITY 1: HEALTH PROTECTION
15	INDICATOR STATUS MAP
19	STRATEGIC PRIORITY 2: ACCESS TO CARE
21	INDICATOR STATUS MAP
22	STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION
25	INDICATOR STATUS MAP
26	STRATEGIC PRIORITY 4: COMMUNITY REDEVELOPMENT & PARTNERSHIPS
28	INDICATOR STATUS MAP
29	STRATEGIC PRIORITY 5: HEALTH FINANCE & INFRASTRUCTURE
30	INDICATOR STATUS MAP
31	CONCLUSION

# INTRODUCTION

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

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

## 2017-2018 ANNUAL PROGRESS REPORT

This is the annual review report for the 2013-2018 Miami-Dade County CHIP. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Miami-Dade County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report. The activities, accomplishments, and collaborative efforts of the Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) and community partners are reflected within the report.

This document serves as a progress review of strategic health indicators, strategies that were developed and activities that have been implemented. The report makes use of Strategic Priority Status Maps to identify the health issues that need more focused attention. Data for strategic health indicators are monitored to inform of the effectiveness of interventions and the contributions of community stakeholders.



A community health improvement plan is a community-owned plan. This is not a plan for just one agency, but is representative of the local public health system.

# OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

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

The CHIP is aligned with national and state public health practices using Healthy People 2020 and the State Health Improvement Plan (SHIP) as a model. The plan identifies high-impact strategic issues and desired health and public health system outcomes to be achieved by the coordinated activities of the partners who provide input. Miami-Dade County's CHIP addresses five key health priorities: Health Protection, Access to Care, Chronic Disease, Community Redevelopment, and Health Finance and Infrastructure.

All CHIP goals, objectives, strategies, and performance indicators can be accessed at [www.HealthyMiamiDade.org/resources/community-health-improvement-plan/](http://www.HealthyMiamiDade.org/resources/community-health-improvement-plan/).

## ROLE OF THE FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY

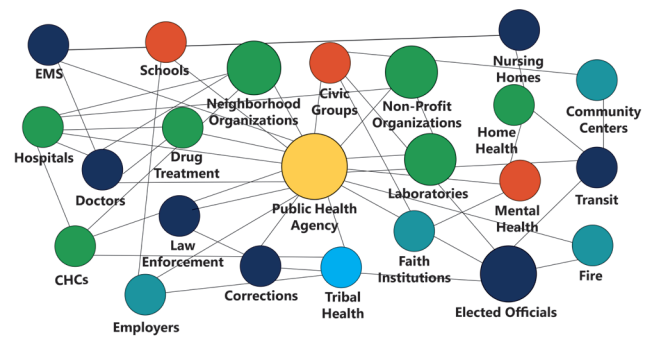
The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) works to support and strengthen policies, systems, and environments to improve population health. DOH-Miami-Dade bears statutory responsibility for protecting the public's health and its staff has worked to initiate the CHIP and convene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

## ROLE OF THE COMMUNITY

DOH-Miami-Dade is only one part of the public health system. Other agencies including non-governmental organizations, institutions and informal associations play critical roles in creating conditions in which people can be healthy. The CHIP can be used by public health system partners as a reference for decision making and a basis for designing programs. Organizations can align strategic priorities to have lasting health impacts.

The CHIP is meant to be a living document rather than an end point, and it reflects a commitment of partners and stakeholders to coordinate and address shared issues in a systematic and accountable way. The CHIP enables loosely-networked system partners to coordinate for more efficient, targeted and integrated health improvement efforts. Developing the CHIP has served as a catalyst for moving diverse groups and sectors toward a common health agenda.

Given the substantial number of actors involved in community health efforts, the CHIP aids in executing a local population health strategy. The ongoing process of implementing the CHIP brings together public health system partners on a consistent basis to review progress toward meeting identified goals.



Public Health System Diagram



## DID YOU KNOW?

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

## SUMMARY & KEY FINDINGS

In 2017-2018, the Miami-Dade County community worked to further implement the Community Health Improvement Plan (CHIP). Through the CHIP's collaborative nature, key public health concerns were addressed. The following goals were improved during this past year:

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



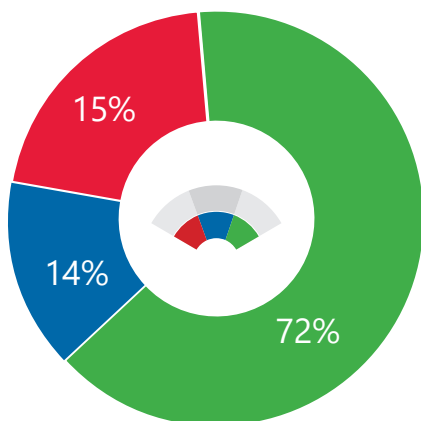
### QUICK FACTS:

- **5 strategic priority areas**
- **19 community health goals**
- **96 strategic health indicators tracked**
- **72% of indicators improved**
- **15% of indicators need improvement**
- **14% of indicators saw no significant difference in improvement**

### HEALTH INDICATORS

The annual review report serves as a progress review of strategic health indicators. Indicators are specific, measurable targets created to track health change over time. A total of 96 strategic health indicators were tracked in the CHIP this year. Indicators are used to assess the health of the community, facilitate collaboration across sectors, and motivate action at the local level to improve the health of Miami-Dade County residents.

#### STATUS OF HEALTH INDICATORS



- Health indicators improved since 2013
- Health indicators in need of improvement
- Health indicators saw no significant difference in improvement

#### HEALTH PROTECTION

27 out of 34 indicators improved since 2013

#### ACCESS TO CARE

14 out of 16 indicators improved since 2013

#### CHRONIC DISEASE PREVENTION

12 out of 22 indicators improved since 2013

#### COMMUNITY REDEVELOPMENT & PARTNERSHIPS

5 out of 7 indicators improved since 2013

#### HEALTH FINANCE & INFRASTRUCTURE

11 out of 17 indicators improved since 2013

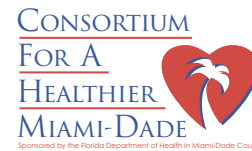
# CHIP IMPLEMENTATION & EVALUATION

## CONSORTIUM FOR A HEALTHIER MIAMI-DADE

The Consortium for A Healthier Miami-Dade is an initiative involving the organizations and entities that contribute to public health in the community. These organizations are dedicated to creating healthy places for residents to live, learn, work and play. Collaboration through the Consortium and other community coalitions are the driving forces in implementing the Miami-Dade County CHIP and improving health outcomes.

The Consortium is comprised of seven committees focused on specific key areas of health: Children Issues/Oral Health, Elders Issues, Worksite Wellness, Health Promotion and Disease Prevention, Health and the Built Environment, Tobacco-Free Workgroup, and Marketing and Membership. Each committee is tasked with initiatives that require collaboration, time, and dedication on behalf of members and organizations.

Committee efforts are guided by work plans aligned with the Consortium Strategic Plan, State Health Improvement Plan (SHIP), and the Community Health Improvement Plan (CHIP). Committees meet on a monthly or bi monthly basis to discuss pressing health issues and collaborate on initiatives to promote and improve the health of the community. Members are expected to actively participate in the meeting by contributing to the committee initiatives and the progress of the committee work plan.



**Community members interested in making the vision of “Healthy Environment, Healthy Lifestyles, Healthy Community” a reality in Miami-Dade County can become a member of the Consortium by visiting: [www.HealthyMiamiDade.org/membership](http://www.HealthyMiamiDade.org/membership).**

## CHIP MONITORING AND EVALUATION COMMITTEE

Recognizing the need to develop a comprehensive method to measure objectives and evaluate the implementation of the CHIP, DOH-Miami-Dade developed the CHIP Monitoring and Evaluation Committee in 2015. The committee consists of representation from all DOH-Miami-Dade programs and serves as the department’s internal approach to ensure that CHIP goals and indicators are frequently monitored.

Committee members meet on a quarterly basis to monitor the CHIP performance scorecard, review and assign action items, and report on program indicators. During these meetings, the committee identifies strategies that are considered to be successful and indicators that are below target. The periodic check-ins allow members to discuss the challenges that they are facing and what can be done to overcome those challenges. The work of the committee is vital in monitoring the progress the CHIP.



### COMMITTEE MEMBER FEEDBACK

**“Great way to learn what activities are occurring and what are the priorities of each program.”**

**“This is our method to review the current status of indicators and learn about each of the other program indicators.”**

## MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS PROCESS

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

The process consists of four separate assessments: The Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and the Community Health Status Assessment. The four assessments help determine the health status, health needs and health inequities among Miami-Dade County residents. Individually, the assessments yield in-depth analyses of factors and forces that affect population health. Taken together, the four assessments create a comprehensive view of health and quality of life in Miami-Dade County, and constitute the Miami-Dade County Community Health Assessment.

Through the MAPP framework, organizations, groups and individuals are given the opportunity to convene and provide input that helps to create and implement a community health improvement plan. As a result of this process, the local public health system works collaboratively, collects and uses local data, sets health priorities, and designs and evaluates public health interventions that address the community's health, assets and needs.



**The 2012-2013 MAPP report which informed the 2013-2018 CHIP can be accessed at [www.HealthyMiamiDade.org](http://www.HealthyMiamiDade.org).**



### DID YOU KNOW?

**Three cycles of the Mobilizing for Action through Planning and Partnerships (MAPP) process have been completed in Miami-Dade County since 2008.**

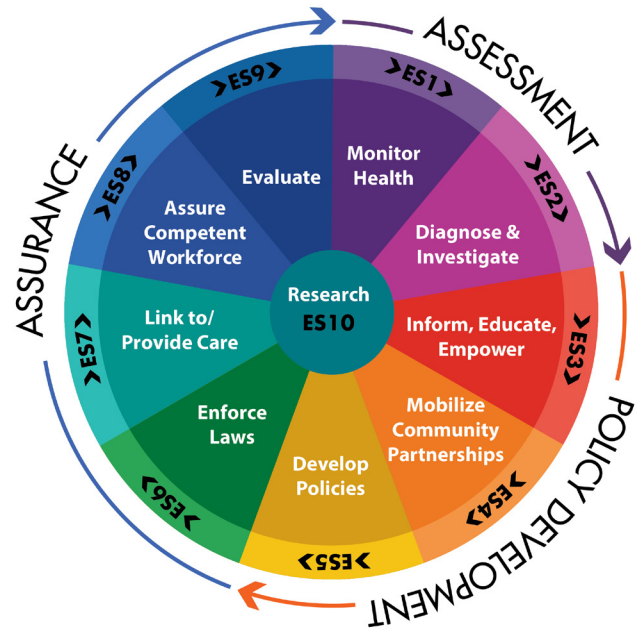


# UNIFIED COMMUNITY HEALTH IMPROVEMENT EFFORTS

Comprehensive community health assessment and health improvement planning are the foundations for improving and promoting healthier communities. DOH-Miami-Dade completes a Community Health Assessment every five years because it is the foundation on which the 10 essential services of the local public health system are built.

As a result of the Patient Protection and Affordable Care Act, community health needs assessments and implementation strategies were newly required of tax-exempt hospitals. Changes in legislation required that not-for-profit hospitals explicitly and publicly demonstrate community benefit by conducting a Community Health Needs Assessment at least once every three years and adopting an implementation strategy to meet the identified community health needs.

The vision of the local public health system is for a unified community health improvement framework supporting multiple stakeholders. The vision would result in multiple public health partners heading towards the same direction by referencing one Community Health Assessment and one Community Health Improvement Plan. The Florida Department of Health in Miami-Dade County seeks to continue working with community hospitals to engage in collaborative and strategic community improvement planning.



**The vision of the local public health system is for a unified community health improvement framework supporting multiple stakeholders.**



## ACCOMPLISHMENTS

---

### IMPROVING BREASTFEEDING RATES IN THE NON-HISPANIC BLACK COMMUNITY IN MIAMI-DADE COUNTY

Throughout the United States, breastfeeding initiation rates are significantly lower in the non-Hispanic Black population than other race/ethnicities. This trend is mirrored in Miami-Dade County. In June 2017, only 75.3% of non-Hispanic black mothers initiated breastfeeding with their infants, as compared to 82.2% for non-Hispanic whites, and 85.6% for Hispanics. According to WIC data, the breastfeeding initiation rate for non-Hispanic Black infants at the Liberty City WIC clinic in June 2017 was 68.7%. The Liberty City clinic represents some of the lowest rates amongst all 16 WIC service locations in the county.

Increasing breastfeeding rates is a long-term goal, and immediate results may not show significant improvement. A Quality Improvement Workgroup from the Florida Department of Health in Miami-Dade County conducted specific activities to impact these rates long-term. The Quality Improvement Workgroup, which consists of representation from the WIC program and Office of Community Health and Planning, assessed and identified inconsistencies in breastfeeding

support, policies, and processes at a Liberty City WIC clinic which may be hindering initiation of breastfeeding.

The Workgroup also identified and assessed beliefs associated with breastfeeding in the Liberty City Community. The reasons for low breastfeeding rates in the Liberty City community are poorly understood. In addition, because the Miami-Dade community is racially and ethnically unique as compared to other communities in the U.S., a thorough assessment of the knowledge, beliefs, and attitudes of the Liberty City neighborhood is essential to understand the reasons behind poor rates in this community.

The Workgroup will continue to work on this quality improvement project next year with the aim of improving breastfeeding initiation rates which may also positively impact duration rates, and infant mortality and morbidity in this vulnerable community.



# CHIP STRATEGIC PRIORITIES

## THE STRATEGIC HEALTH PRIORITIES OF THE CHIP INCLUDE:

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

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

## STRATEGIC PRIORITY 1: HEALTH PROTECTION

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



### GOALS:

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

## STRATEGIC PRIORITY 1: HEALTH PROTECTION

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



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

Miami has a diverse population with substantial HIV/AIDS morbidity. In 2016, Miami ranked number 1 in the nation in new HIV infections.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

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

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

There was a 5.4% decrease in new infections from 2016 to 2017.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

The various initiatives are working because community resources have been leveraged to increase collaboration with community partners, educate the community on the resources available to them, and there has been effective system change.



### INDICATOR HP1.3.5 – PERCENTAGE OF ADAP CLIENTS WITH UNDETECTABLE HIV VIRAL LOAD COUNTS



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

Miami-Dade County has high HIV incidence and prevalence rates.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

As part of the Florida Department of Health response to the HIV/AIDS epidemic, the AIDS Drug Assistance Program (ADAP) Program provides access to medications for eligible clients who meet program requirements. The objective of this program is to reduce viral load and stop HIV transmission to others.

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

The ADAP Program is currently providing services to approximately 5,000 patients on a regular basis. The percentage of clients with an undetectable viral load has remained above 97%.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

A large number of patients in the community comply with the program requirements as a way to get access to life saving medications.

## STRATEGIC PRIORITY 1: HEALTH PROTECTION

### INDICATOR HP1.2.1 – # OF BACTERIAL STD CASES RATE AMONG FEMALES 15-34 YEARS OF AGE



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

The public health concern being addressed is the increase of bacterial STD rates among females ages 15-34 in Miami-Dade County.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

In an effort to improve and reduce the bacterial STD rate among females ages 15-34 in Miami-Dade County, an action was developed to establish new Memorandum of Agreements with various medical facilities, work with high schools that have full clinics to have them provide testing and treatment for students, and provide mobile STD screening and treatment at various high schools in the north and south region of Miami-Dade County. These initiatives have proven to raise awareness and education among our youth to improve their sexual health.

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

Miami-Dade County saw an improvement in bacterial STD cases among females 15-34 years of age. In 2016, we saw 2,355 case rates per 100,000 and in 2017 the case rate reduced to 2,201.8 per 100,000. Females between 15-34 are taking remedial measures with their sexual health and reducing bacterial infection.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

Reducing the bacterial STD rates of females ages 15-34 is pivotal for the community because the impact of health among women has a high cost. Women that are infected and are not treated are at a higher risk of having pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer and different infections that can be transmitted to newborns.



### INDICATOR HP2.2.1 ENSURE THAT 90% OF ILLNESS OUTBREAKS ASSOCIATED WITH A REGULATED FACILITY HAVE AN ASSESSMENT DONE WITHIN 48 HOURS OF INITIAL OUTBREAK REPORT IN MIAMI-DADE



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

The public health problem being addressed is illness outbreaks at DOH-regulated facilities.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

If an individual reports gastrointestinal issues after eating at a DOH-regulated facility, the individual or doctor contacts the Epidemiology program to report the illness, and the Epidemiology program contacts the Environmental Health (EH) program to coordinate a visit. Facilities are evaluated within two days of receiving the complaint to minimize the impact on the public. When the inspector visits the site, they identify and address any problems. The facility is given time to correct violations and the inspector follows up with another inspection to verify that the problem has been addressed adequately and that there is a plan in place to mitigate future outbreaks.

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

This initiative emphasizes the effective coordination of different divisions and agencies to reduce the number of illnesses occurring at a DOH-regulated facility.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

This initiative is education-focused. EH works with facilities to provide guidance and solutions. This initiative works because reporting is simple and can be completed by phone.

# INDICATOR STATUS MAP



## HEALTH PRIORITY 1: HEALTH PROTECTION

Reflects data as of June 2018

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal
									No significant difference	
									Needs improvement	
<b>GOAL 1: PREVENT AND CONTROL INFECTIOUS DISEASES</b>										
HP 1.1.1	Percent of two-year olds immunized	2013	2017	86.5%	89.4%	↑	↑	90.0%	Improved	No
HP 1.1.2	Percent of elderly who have had the flu shot	2010	2016	50.8%	52%	↑	↑	75.0%	Improved	No
HP 1.1.3	Percent of two-year old children immunized by Florida Department of Health in Miami-Dade County clinics	2013	2018	95.0%	98.0%	↑	↑	96.0%	Improved	Yes
HP 1.1.4	Number of confirmed cases of measles in the county	2013	2016	7#	2#	↓	↓	0#	Improved	No
HP 1.1.5	Number of confirmed cases of Haemophilus influenzae type B in children under 19	2013	2016	36#	6#	↓	↓	0#	Improved	No
HP 1.2.1	Number of bacterial STD cases rate among females 15-34 years of age	2012	2017	2,098.8#	2,201.8#	↓	↑	2,091.5#	Needs improvement	No
HP 1.2.3	TB incidence per 100,000 population	2012	2017	6.2	3.6	↓	↓	3.5	Improved	No
HP 1.2.6	Percent of TB cases completing therapy within 12 months	2011	2016	92.1%	96.9%	↑	↑	95.0%	Improved	Yes
HP 1.2.7	Number of enteric disease cases	2011	2015	60.5#	57.6#	↓	↓	51.7#	Improved	No
HP 1.3.1	Reported AIDS rate per 100,000 population	2010	2017	26.5	14.6	↓	↓	20.5	Improved	Yes
HP 1.3.2	Percent of adults <65 who have ever been tested for HIV	2010	2016	54.2%	65.8%	↑	↑	60.0%	Improved	Yes
HP 1.3.3	Percent of newly identified HIV infected persons linked to care within 90 days of diagnosis	2012	2018	66.0%	76.0%	↑	↑	85.0%	Improved	No
HP 1.3.4	Rate of new HIV infections per 100,000 population	2012	2017	49.8	43	↓	↓	45.0#	Improved	Yes
HP 1.3.5	Percent of ADAP clients with undetectable viral load counts	2010	2018	92.8%	97.6%	↑	↑	93%	Improved	Yes
HP 1.4.1	Percent of infectious syphilis treated within 14 days of specimen collection date	2013	2018	85.0%	87%	↑	↑	88.0%	Improved	No
HP 1.4.1	Percent of Florida Department of Health in Miami-Dade County chlamydia cases treated within 14 days of specimen collection date	2013	2018	85%	88%	↑	↑	90%	Improved	No
HP 1.4.2	Percent of timely dissemination of the EPI monthly	2013	2016	100%	100%	↔	↔	100%	No significant difference	Yes
<b>GOAL 2: PREVENT AND REDUCE ILLNESS, INJURY AND DEATH RELATED TO ENVIRONMENTAL FACTORS</b>										
HP 2.1.1	Environmental Public Health Performance assessment completed and an action plan developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HP 2.2.1	Percent of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report	2013	2018	0	100%	↑	↑	90%	Improved	Yes
HP 2.2.3	Number of reported new cases of lead poisoning among children under 72 months of age	2013	2016	43#	43#	↓	↔	40#	No significant difference	No
HP 2.3.1	Percent of public water systems have no significant health drinking water quality problems	2013	2017	0	99%	↑	↑	93.5%	Improved	Yes
HP 2.3.2	Percent of inspections of all other entities with direct impact on public health according to established standards	2014	2017	90#	57%	↑	↓	90%	Needs improvement	No
HP 2.4.1	Number of Health Impact Assessments training conducted	2013	2014	0#	1#	↑	↑	3#	Improved	No

# INDICATOR STATUS MAP



## HEALTH PRIORITY 1: HEALTH PROTECTION

Reflects data as of June 2018

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal
									No significant difference	
<b>GOAL 3: MINIMIZE LOSS OF LIFE, ILLNESS, AND INJURY FROM NATURAL OR MAN-MADE DISASTERS</b>										
HP 3.1.1	After Action Report (AAR) Improvement Plan (IP) completed within 30 days of exercise or real world response (Yes=1/ No=0)	2015	2017	0	1	↑	↑	1	Improved	Yes
HP 3.2.1	Percent of Florida Department of Health in Miami-Dade County employees responding to monthly notification drills within an hour	2015	2018	77.0%	86.0%	↔	↓	100.0%	Improved	No
HP 3.3.1	Percent of All Hazards Preparedness Plan aligned with Florida Public Health and Health Care Preparedness Strategic Plan	2011	2013	100%	100%	↔	↔	100%	No significant difference	Yes
HP 3.6.1	Percent of Incident Command Structure (ICS) Leadership responding to bi-monthly notification drills within 30 minutes	2015	2018	64%	100%	↑	↑	80.0%	Improved	Yes
HP 3.6.2	Number of fully deployable volunteers	2013	2018	448#	656#	↑	↑	1	Improved	Yes
<b>GOAL 4: PREVENT AND REDUCE UNINTENTIONAL AND INTENTIONAL INJURIES</b>										
HP 4.1.1	Rate of deaths from unintentional falls among elderly adults age 65+	2011	2017	4.9	4.4	↓	↓	.8	Improved	Yes
HP 4.1.2	Number of hospitalizations for near drowning, ages 1-4	2011	2015	27#	22#	↓	↑	10#	Improved	No
HP 4.1.2	Number of deaths from drownings, ages 1-4	2010	2016	6#	1#	↓	↓	2#	Improved	Yes
HP 4.1.3	Rate of deaths from all external causes, among resident children ages 0-14	2011	2016	5.6	4.7	↓	↓	5	Improved	Yes
HP 4.2.1	Data sources in the Florida Injury Surveillance Data Report updated and disseminated (Yes=1/No=0)	2013	2015	0	0	↑	↔	1	No significant difference	No
HP 4.3.1	Number of Fatal Traumatic Brain Injuries under age 1	2010	2016	5#	0#	↓	↓	4.5%	Improved	Yes
HP 4.3.1	Number of Fatal Traumatic Brain Injuries, ages 1-5	2010	2016	10#	8#	↓	↓	8#	Improved	Yes



## STRATEGIC PRIORITY 2: ACCESS TO CARE

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



### GOALS:

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



## STRATEGIC PRIORITY 2: ACCESS TO CARE

### INDICATOR AC4.2.4 NUMBER OF CLIENTS RECEIVING DENTAL SERVICES AT SEALS ON WHEELS AND PEÑALVER CLINIC



#### WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:

The public health problem addressed is oral health disparities among the residents of Miami-Dade County. Factors that attribute to this disparity may include patient's limited access to dental healthcare, lack of preventive oral health education, financial limitations, and inadequate knowledge as to where affordable dental services are available in the community.

#### HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:

To increase access to oral health, the Dr. Peñalver Dental Clinic was opened to provide high quality, affordable dental services to the uninsured and underinsured of Miami-Dade County. Patients are referred from the general medicine and pediatric programs from the Dr. Rafael Peñalver Clinic. The Seals on Wheels Dental Program also works closely with the Peñalver Dental Clinic to increase the number of children who have a dental home. Every child that participates in the mobile dental program receives an informational brochure regarding the dental clinic. Parents are given the clinic phone number to schedule an appointment for their unmet dental needs. Consequently, these clients along with their family members were referred to Dr. Rafael Peñalver Dental clinic for comprehensive treatment and established a dental home for their comprehensive dental needs.

#### WHAT WAS THE IMPACT OF THE INITIATIVE?:

Through the Peñalver Dental Clinic and the collaborative efforts of the Seals on Wheels program, along with community partners, many children have begun receiving required restorative dental care through referrals to the Dr. Peñalver Dental Clinic. The goal was to reach 556 clients in 2018, and this goal was surpassed by more than double. A total of 1,201 children and adults were provided services through the dental program.

#### WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:

The initiative is working in the community because strides are being made to make oral health services accessible to all. Through the Seals on Wheels program, we are reaching children at the schools, Early Head Start centers and a Qualified Health Center. In the dental clinic, clients are seen from the WIC program and TB patients referred from Jackson through a collaboration with the DOH-Miami-Dade Tuberculosis program. The dental clinic provides children and adults a place to get their dental service needs met at a location that is close to home and within the same medical building where they have their medical needs addressed.



## STRATEGIC PRIORITY 2: ACCESS TO CARE

INDICATORS AC5.1.2 RATE OF MATERNAL DEATHS PER 100,000 LIVE BIRTHS; 5.2.1 PERCENT OF BIRTHS WITH INTER-PREGNANCY INTERVALS OF LESS THAN 18 MONTHS; 5.3.1 PERCENT OF REPEAT BIRTHS TO TEENS, AGES 15-19; 5.3.2 RATE OF LIVE BIRTHS TO MOTHERS, AGES 15-19



### WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:

The public health problems being addressed directly deal with Access to Care in order to reduce maternal and infant mortality and morbidity. Additionally, these indicators focus on increasing the interval between pregnancies, reducing teen birth rates, and decreasing repeat teen birth rates.

### HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:

DOH-Miami-Dade is a sub-recipient of Title X funding. This funding is specific for services provided in the realm of contraceptives. In the beginning of fiscal year 2018-2019, DOH-Miami-Dade had only 3 family planning clinics. In the past two months of FY 2018-2019, the clinics have increased to a total of 5 family planning clinics. These clinics are located from the northern region of Miami-Dade to Florida City. In order to meet the demand of these services and convenience for the target audience, the program is now offering extended clinic hours during the week as well as on Saturdays.

### WHAT WAS THE IMPACT OF THE INITIATIVE?:

Residents of Miami-Dade County now will have increased access to family planning services. The clinics are conveniently located in areas where public transportation is readily available. Furthermore, family planning clinics now offer extended and weekend hours for working clients. The family planning program objective is to provide convenient, private and cost-effective family planning services. By increasing access to family planning services, the rate of unplanned pregnancies expected to decrease.

### WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:

The initiative was recently implemented. Clinics are located in Little Haiti Health and West Perrine. While this is a relatively new initiative, specific impact has not been measured. Community impact will be reviewed during the next annual report.

## INDICATOR AC5.4.3 INFANT MORTALITY RATE



### WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:

Infant mortality is the death of a child that occurs in the first year of life (or a death between 0 and 364 days). Infant mortality represents a long-standing concern of public health and serves as a key indicator of population health.

### HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:

The Healthy Baby Taskforce is a subcommittee under the Consortium for a Healthier Miami-Dade Children Issues Committee. The Taskforce was established to reduce the maternal and infant morbidity and mortality rate in Miami-Dade County.

### WHAT WAS THE IMPACT OF THE INITIATIVE?:

Committee efforts are intended to reduce mother to child HIV/AIDS transmission, reduce the STD infection rate among women of childbearing age, increase breastfeeding initiation and duration rate, and increase health education for women and families.

### WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:

The Healthy Baby Taskforce engages numerous partners to address the complex health inequities present in the community. The Taskforce works to positively influence social determinants with evidence-based interventions.

# INDICATOR STATUS MAP



## HEALTH PRIORITY 2: ACCESS TO CARE

Reflects data as of June 2018

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑↔↓	Which Way Did The Indicator Move? ↑↔↓	2018 CHIP Goal	Improved	2018 CHIP Goal
									No significant difference	
<b>GOAL 1: REGULARLY ASSESS HEALTH CARE ASSETS AND SERVICE NEEDS</b>										
AC 1.1.1	Plan including most effective way to update community resources in collaboration with community partners devised (Yes=1/No=0)	2013	2018	0	1	↑	↑	1	Improved	Yes
AC 1.1.3	Community Health Needs Assessment conducted	2013	2018	0	1	↑	↑	1	Improved	Yes
<b>GOAL 2: PREVENT AND REDUCE ILLNESS, INJURY AND DEATH RELATED TO ENVIRONMENTAL FACTORS</b>										
AC 2.1.7	Number of meetings/presentations with medical programs	2013	2018	0	8	↑	↑	4	Improved	Yes
<b>GOAL 3: ENHANCE ACCESS TO PREVENTIVE, RESTORATIVE AND EMERGENCY ORAL HEALTH CARE</b>										
AC 4.2.1	Total # of adults >21 years visiting Florida Department of Health in Miami-Dade County dental clinics	2013	2018	0	1,226#	↑	↑	701#	Improved	Yes
AC 4.2.2	Number of preventative services provided per month	2013	2018	0	485#	↑	↑	472#	Improved	Yes
AC 4.2.4	Number of clients receiving dental services at Seals on Wheels and Peñalver Clinic	2013	2018	0	1,201#	↑	↑	556#	Improved	Yes
AC 4.2.4	Number of adults receiving dental services	2013	2018	0	606#	↑	↑	487#	Improved	Yes
AC 4.2.4	Number of children receiving dental services	2013	2018	0	595#	↑	↑	250#	Improved	Yes
AC 4.3.2	Number of dental sealants placed on children per month	2013	2018	0	59#	↑	↑	137#	Improved	No
<b>GOAL 4: REDUCE MATERNAL AND INFANT MORBIDITY AND MORTALITY</b>										
AC 5.1.2	Rate of maternal deaths per 100,000 live births	2010	2015	22.3	21.6	↓	↓	14	Improved	No
AC 5.2.1	Percent of births with inter-pregnancy intervals of less than 18 months	2010	2017	30.4%	30.1%	↓	↓	29.5%	Improved	No
AC 5.3.1	Percent of repeat births to teens, ages 15-19	2013	2017	15.7%	14.2%	↓	↓	15.4%	Improved	Yes
AC 5.3.2	Rate of live births to mothers, ages 15-19	2012	2017	10.3	7.0	↓	↓	9.5	Improved	Yes
AC 5.4.3	Infant mortality rate	2012	2017	4.9	5.1	↓	↑	4.5	Needs improvement	No
AC 5.4.4	Black infant mortality rate	2012	2017	10.1	11.5	↓	↓	9.5	Needs improvement	No
AC 5.4.5	Percent of WIC women who are exclusively breastfeeding their infant at 6 months of age	2007	2018	9.3%	10.3%	↑	↑	12.0%	Improved	No



## STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION

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



### GOALS:

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

## STRATEGIC PRIORITY 3: CHRONIC DISEASE PREVENTION

### INDICATOR CD4.1.1 – PERCENTAGE OF COMMITTED NONSMOKERS AMONG MIAMI-DADE COUNTY YOUTH



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

Through the work of DOH-Miami-Dade and its partners, significant progress has been made to increase the amount of Miami-Dade youth who commit to never smoking. Over the last few years, the percentage of youth who have committed to never smoking has increased by over 15%.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

The community is working to promote increased use of cessation services and educate youth on the harms of tobacco use at schools. DOH-Miami-Dade builds partnerships with schools and community organizations to educate and raise awareness of the harms of tobacco use.

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

Through the continuous work of staff and the Miami-Dade Students Working Against Tobacco (SWAT) chapter, Miami-Dade County has seen the percentage of youth who commit to never smoking increase by 10%.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

Results suggest that methods used for tobacco awareness education are effective and promoting programs targeting effective education for youth and parents will decrease the use of tobacco products among youth. Community partners work to prevent initiation of tobacco use among youth and young adults through educational campaigns. SWAT members and partners across the county are educating their peers on the harms of tobacco use and encouraging them to pledge to be tobacco free. The members of the local SWAT chapter use visual aids and presentations at various school and community events to educate their peers about the dangers of tobacco use.



#### DID YOU KNOW?

**Cigarette smoking remains a major cause of cancer deaths in the United States. E-cigarette use among youth is on the rise with a 539% increase since 2011. The FDA deems all tobacco products illegal for anyone under the age of 18. Florida has led the nation with innovative strategies to teach young people about the dangers of smoking and to help current smokers have the resources and support they need to quit. By decreasing inhaled nicotine use through outreach and education, Floridians will experience longer, healthier lives.**  
**–2016-2018 Florida Health Performs**



## STRATEGY STATUS MAP

### INDICATOR CD3.2.1 PERCENT OF WOMEN 18 YEARS OF AGE AND OLDER WHO HAD A CLINICAL BREAST EXAM IN THE PAST YEAR



**WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:**

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer-related death among women in the U.S. Although routine screening via mammogram has shown to increase survival through early detection and treatment of breast cancer, only 3 out of 5 women over the age of 40 are compliant with annual mammogram within the U.S. and the state of Florida. The DOH-Miami-Dade County Breast & Cervical Cancer Early Detection Program (FBCCEDP) created a pilot project in collaboration with Jackson Memorial Hospital to increase the breast cancer screening rates of uninsured women at the Breast Health Center.

**HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:**

During FY 2017-2018, a staff member from the Breast & Cervical Cancer Early Detection Program was granted access to Jackson's appointment system. Women who were potentially identified were contacted for a phone interview. Women who met the criteria for the FBCCEDP were given an appointment for a free screening mammogram.

**WHAT WAS THE IMPACT OF THE INITIATIVE?:**

Of the women enrolled in the pilot program, 88.5% received a free screening mammogram. A total of 13% of women needed further diagnostic testing of which the cost was covered by the FBCCEDP. From the pilot, one woman was diagnosed with breast cancer. She was eligible for Medicaid and started treatment within 30-days of her diagnosis. Due to the success of the pilot, the DOH-Miami-Dade County will continue this project during FY 2018-2019.

**WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:**

The Miami-Dade population includes a high proportion of uninsured people, and others who are medically vulnerable—the elderly, low-income, underinsured, recent immigrants, and undocumented persons. Their health care safety net is anchored mostly by Jackson Health System.



# INDICATOR STATUS MAP



## HEALTH PRIORITY 3: CHRONIC DISEASE PREVENTION

Reflects data as of June 2018

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑↔↓	Which Way Did The Indicator Move? ↑↔↓	2018 CHIP Goal	Improved	2018 CHIP Goal
									No significant difference	
<b>GOAL 1: INCREASE THE PERCENTAGE OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT</b>										
CD 1.2.1	Percent of targeted health care providers who calculate and document body mass index of their patients	2014	2016	1.0%	2.0%	↑	↑	4.0%	Improved	No
CD 1.3.1	Evidence based policies on healthy food consumption identified (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
CD 1.3.5	Percent of WIC children ages 2 to 5 who are overweight or obese	2014	2018	27.0%	28.5%	↓	↑	25.0%	Needs improvement	No
<b>GOAL 2: INCREASE ACCESS TO RESOURCES THAT PROMOTE HEALTHY BEHAVIORS</b>										
CD 2.1.2	Percent of adults who are overweight	2010	2016	38.1%	38.7%	↓	↑	35.9%	Needs improvement	No
CD 2.1.3	Percent of high school students reporting BMI at or above 95th percentile	2010	2016	12.4%	13.9%	↓	↓	15%	Improved	Yes
CD 2.2.2	Consortium Worksite Wellness Committee technical assistance plan developed (Yes=1/No=0)	2013	2018	0	1	↑	↑	1	Improved	Yes
CD 2.3.4	Percent of middle and high school students who are overweight	2012	2015	17.4%	27.9%	↓	↑	15.5%	Needs improvement	No
<b>GOAL 3: REDUCE CHRONIC DISEASE MORBIDITY AND MORTALITY</b>										
CD 3.2.1	Percent of women 40 and older who received mammograms in the past year	2007	2010	62.9%	64.2%	↑	↑	74.2%	Improved	No
CD 3.2.1	Percent of women 18 years of age and older who had a clinical breast exam in the past year	2010	2013	59.6%	55.3%	↑	↓	71.9%	Needs improvement	No
CD 3.2.2	Percent of women 18 years of age and older who received a Pap test in the past year	2010	2013	56.9%	53.8%	↑	↓	66.9%	Needs improvement	No
CD 3.2.4	Percent of adults who had a cholesterol screening in the past two years	2007	2013	61.5%	69.0%	↑	↑	70.5%	Improved	No
CD 3.3.3	Number of strategies for promoting clinical practice guidelines through partner networks implemented	2013	2015	0	3#	↑	↑	3#	Improved	No
CD 3.3.4	Percent of adults with diabetes who had two A1C tests in the past year	2010	2013	78.9%	64.4%	↑	↓	80%	Needs improvement	No
<b>GOAL 4: REDUCE ILLNESS, DISABILITY, AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE</b>										
CD 4.1.1	Percent of committed non-smokers among youth	2012	2016	64.0%	79.4%	↑	↑	68.9%	Improved	Yes
CD 4.2.1	Percent of smoking rates among adults	2010	2016	10.6%	12.3%	↓	↑	8.0%	Needs improvement	No
CD 4.2.2	Percent of smokeless tobacco use, snus (pouched smokeless tobacco) and cigars	2013	2014	2.0%	2.0%	↓	↔	3.0%	No significant difference	Yes
CD 4.2.3	Percent of current cigarette use among youth, ages 11-17 years	2012	2016	4.7%	1.9%	↓	↓	3.5%	Improved	Yes
CD 4.2.4	Percent of teens who have used smokeless tobacco in the last 30 days	2011	2016	3.7%	1.3%	↓	↓	1.7%	Improved	Yes
CD 4.2.4	Percent of teens who have currently used cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey	2011	2016	8.7%	2.5%	↓	↓	3.8%	Improved	Yes
CD 4.3.1	Percent of non-smokers who report that someone smokes at home	2013	2016	6.4%	9.7%	↓	↑	5.1%	Needs improvement	No
CD 4.3.1	Percent of households with children that report someone smokes at home	2013	2016	11.4%	6.8%	↓	↓	7.2%	Improved	Yes
CD 4.3.2	Percent of teens (11-17) who have been exposed to second-hand smoke in the last 30 days	2014	2016	31.9%	40.2%	↓	↑	29.8%	Needs improvement	No



## **STRATEGIC PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS**

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



### **GOALS:**

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

# STRATEGIC PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS

## INDICATOR CR2.1.6 STRATEGY THAT WILL SUPPORT OLDER ADULTS TO AGE IN PLACE WITH THE BEST QUALITY OF LIFE WRITTEN



### WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:

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

### HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:

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

### WHAT WAS THE IMPACT OF THE INITIATIVE?:

Educating the community on the importance of an Aging in Place Initiative; mobilizing community organizations to work together to take action; and improving livability for all ages.

### WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:

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



# INDICATOR STATUS MAP



## HEALTH PRIORITY 4: COMMUNITY REDEVELOPMENT AND PARTNERSHIPS

Reflects data as of June 2018

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which Way Should The Indicator Move? ↑ ↔ ↓	Which Way Did The Indicator Move? ↑ ↔ ↓	2018 CHIP Goal	Improved	2018 CHIP Goal
									No significant difference	
<b>GOAL 1: INTEGRATE PLANNING AND ASSESSMENT PROCESSES TO MAXIMIZE PARTNERSHIPS AND EXPERTISE OF A COMMUNITY IN ACCOMPLISHING ITS GOALS.</b>										
CR1.1.2	<b>Plan with action steps by the Consortium's Health &amp; the Built Community that will increase awareness and opportunity for the built environment to impact behavior developed (Yes=1/ No=0)</b>	2013	2015	0	1	↑	↑	1	Improved	Yes
CR1.2.2	<b>Number of presentations and technical assistance provided by the Health and the Built Environment Committee of the Consortium to promote health-related conversations about health benefits within the various communities of Miami-Dade</b>	2014	2016	6#	20#	↑	↑	4#	Improved	Yes
CR1.2.4	<b>Number of municipalities that have complete street policies</b>	2013	2017	0#	10#	↑	↑	34#	Improved	No
CR1.3.1	<b>Health impact assessments conducted by two municipalities</b>	2014	2016	0#	0#	↑	↔	2#	No significant difference	No
CR1.3.4	<b>Policy for incorporating assessments into the operations of the Florida Department of Health in Miami-Dade County programs created</b>	2013	2014	0#	0#	↑	↔	1#	No significant difference	No
<b>GOAL 2: BUILD AND REVITALIZE COMMUNITIES SO PEOPLE CAN LIVE HEALTHY LIVES.</b>										
CR2.1.6	<b>Strategy that will support older adults to age in place with the best quality of life written</b>	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>GOAL 3: PROVIDE EQUAL ACCESS TO CULTURALLY AND LINGUISTICALLY COMPETENT CARE.</b>										
CR3.1.1	<b>Health Impact Assessment training conducted (Yes=1/No=0)</b>	2013	2014	0	1	↑	↑	1	Improved	Yes



## STRATEGIC PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE

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



### GOALS:

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

## STRATEGIC PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE

INDICATOR HI3.1.2 FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY AND FLORIDA PUBLIC HEALTH TRAINING CENTERS PRODUCED A PLAN TO COLLABORATIVELY ADDRESS IDENTIFIED TRAINING GAPS, USING DATA FROM THE NEEDS ASSESSMENT AND HI 3.4.4 FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY EMPLOYEE DEVELOPMENT PLAN INCREASED



### WHAT IS THE PUBLIC HEALTH PROBLEM BEING ADDRESSED?:

Lack of a systematic approach for the assessment, analysis and follow-up of the local Public Health Workforce development and training needs.

### HOW DID THE INITIATIVE IMPLEMENTED ADDRESS THE PROBLEM?:

A randomized statewide Public Health Workforce Interests and Needs Survey (PH WINS) was disseminated to assess the overall statewide needs of the Public Health Workforce in Florida. County-specific needs data was also shared with County Health Departments for local use. DOH-Miami-Dade utilized findings from the 2018 PH WINS report and additional information collected from a locally developed Personal Development Plan (PDP) process to complete a comprehensive analysis of the workforce development and training needs. DOH-Miami-Dade revised their local Workforce Development plan to address the identified needs and included initiatives such as training, leadership development, and mentoring programs.

### WHAT WAS THE IMPACT OF THE INITIATIVE?:

Approximately 90% of all (OPS and Career Service) DOH-Miami-Dade staff had the opportunity to complete a Personal Development Plan (PDP) that allowed them to self-identify short-term, mid-term, and long-term development goals and training needs. Statewide and local data regarding the needs of the public health workforce obtained through PH WINS, supplemented the analysis and provided detailed information for the tailoring of local initiatives. DOH-Miami-Dade revised their local Workforce Development Plan to consider the new data and included the new initiatives aimed to address the identified needs.

### WHY IS THE INITIATIVE WORKING IN THE COMMUNITY?:

Training and developing DOH-Miami-Dade staff in PH identified areas of need will ensure the adequate delivery of Public Health services for the community. The DOH-Miami-Dade Workforce Development Team is also working with community partners and local universities to ensure the appropriate training opportunities are available for both the current and future Public Health Workforce.



### DID YOU KNOW?

**The Public Health Workforce Interests and Needs Survey (PH WINS) is a national level survey of state and local public health agency workers that captures their perspectives on key issues such as workforce engagement and morale, training needs, worker empowerment, emerging concepts in public health, as well as collects data about the demographics of the workforce. PH WINS is a partnership between the Association of State and Territorial Health Officials (ASTHO) and the de Beaumont Foundation.**

# INDICATOR STATUS MAP



## HEALTH PRIORITY 5: HEALTH FINANCE AND INFRASTRUCTURE

Reflects data as of June 2018

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

## CONCLUSION

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

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

### EXTENDING THE CHIP

In 2017, DOH-Miami-Dade embarked on a new cycle of Community Health Planning by reconvening the Mobilizing for Action through Planning and Partnerships (MAPP) process. The four assessments completed through the MAPP process will be vital in the development of the new CHIP set to be released in July 2019. The 2013-2018 CHIP will be extended for an additional six months to ensure that the next plan has adequate alignment and inclusion of Community Health Assessment data currently being collected through the MAPP process.

Community meetings will be held next year to determine specific goals and objective for the new CHIP. Building on the accomplishments made in the previous five years, the next plan will expand the partnership network committed to improving public health and quality of life in Miami-Dade County.



### DID YOU KNOW?

**We are interested in receiving your comments and questions about the 2017-2018 CHIP Annual Progress Report. Please take a moment to provide your feedback:**  
[www.surveymonkey.com/r/CHIPAnnualReport](http://www.surveymonkey.com/r/CHIPAnnualReport).



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



[WWW.HEALTHYMIAMIDADE.ORG](http://WWW.HEALTHYMIAMIDADE.ORG) | [MIAMIDADE.FLORIDAHEALTH.GOV](http://MIAMIDADE.FLORIDAHEALTH.GOV)