



**Miami-Dade County Health Department
Communities Putting Prevention to Work
Make Healthy Happen Miami
Final Report**

Executive Summary

According to the U.S. Census Bureau, approximately 2.5 million people live in Miami-Dade County (MDC), making it the most populous county in Florida (2010a). The county is one of few in the U.S. that has a “minority majority” population. MDC is unique since 49.4% of the residents being foreign-born and 70% of residents age five and older speak another language other than English at home, mostly Spanish and Haitian-Creole (U.S. Census Bureau, 2010b).

According to the latest data, 67.4% of MDC’s adult population is overweight or obese. Approximately 13% of high-school students are obese and only 12% attend daily physical-education classes at school, which is lower than the state rate of 44%. Only 22.1% of adults in the county meet the Federal government’s guidelines for fruit and vegetable consumption, and 24.5% of the adult population reported no physical activity in the last 30 days. Poor diet and physical inactivity contribute to the obesity problem.

In 2010, the Miami-Dade County Health Department (MDCHD) was awarded \$14.7 million through the Communities Putting Prevention to Work (CPPW) grant to reduce obesity and its associated risk factors by implementing policy, systems and environmental changes in areas of greatest need and disparity. The MDCHD contracted 30 community partners to create environments that encourage healthy eating and physical activity. To ensure that we were reaching the target populations, the local CPPW initiative was branded as Make Healthy Happen Miami and developed in three languages, English, Spanish and Haitian-Creole. This initiative was supported by the Consortium for a Healthier Miami-Dade, a group of organizations working together to influence health outcomes in the community through the promotion of healthy lifestyles and chronic disease prevention. Through collaboration and partnerships, CPPW worked to encourage healthy lifestyles by implementing the following 11 goals:

1. Enhance/ Strengthen Consortium: Increase number of high-level community leaders who enact and support evidence-based policies.
2. Mass Media Campaign: Raise awareness of healthy eating and promote healthy food choices and physical activity.
3. Child Care Centers: Increase access to healthy food and beverages, require daily activity, and limit screen time.
4. Farm-to-School Nutrition: Improve access to healthy foods and reimbursable meals in public schools.
5. Physical Activity in Miami-Dade County Public Schools: Increase physical activity in public schools.
6. Access and Consumption of Healthy Foods via Convenience Stores: Increase community access to healthy and affordable foods.
7. Farmer’s Markets and Farm-to-Institutions: Increase access to healthy foods, fruits, and vegetables through farmers’ markets.



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8. Breastfeeding Practices and Facilities: Increase breastfeeding practices and breastfeeding friendly facilities.
9. Active Transportation and Recreation: Increase active transportation and recreation through the built environment.
10. Safe Routes to Schools: Increase sustainable Safe Routes to School initiatives
11. Worksite Wellness: Increase the number of worksite wellness programs that implement nutrition policies and physical activity.

Within the 11 goals 29 objectives were outlined in the CPPW Community Action Plan, of which 22 were completed and seven were not completed. Of the seven that were not completed, four were partially met and community partners will continue to work to meet the objective.

CPPW has made a significant impact on the quality of life of residents and visitors in Miami-Dade County. The community has increased access to opportunities to participate in physical activity and make healthier choices. The accomplishments and successes of CPPW will be sustained through the work of the Consortium for a Healthier Miami-Dade.

Role of the State Health Department:

The Miami-Dade County Health Department (MDCHD) conducted monitoring and evaluation of programmatic and contractual activities associated with this objective. MDCHD also acted as a liaison between the CDC and the contracted childcare providers and served as a support to help the latter fulfill their respective deliverables and milestones throughout the duration of the CPPW project. Support was provided such as thorough explanation of milestones and deliverables content, reporting requirements, necessary contract revisions, and facilitation of services such as technical assistance courtesy of the CDC.

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Goal #1:	Enhance and strengthen the Consortium for a Healthier Miami-Dade leadership.
Objective #1:	By September 2010, a Leadership Team consisting of 10 to 12 high-level community leaders will pledge through a formal agreement to oversee the strategic direction and enact policies related to healthy eating and increasing physical activity in Miami-Dade County.

Objective Status: Complete

Synopsis: The Miami-Dade County Health Department convened a Leadership Team comprised of key government and community-based leadership, committed to advancing evidence-based policy, system and environmental changes. High-ranking community leaders provided strategic grant oversight and facilitated the implementation of the various CPPW grant initiatives. Members of the Leadership Team met on a monthly basis to maintain constant communication, discuss the progress of grant activities and tackle issues/challenges. The Leadership Team was comprised of high ranking officials from the following organizations: Florida International University, Florida State Senate, Health Foundation of South Florida, Jessie Trice Community Health Center, Inc., South Florida Hospital and Healthcare Association, Miami-Dade County Public Schools, Office of Miami-Dade County Commissioner, District 6, and the Miami-Dade County Health Department.

Key Contributors to Success: Senator Rene Garcia was instrumental to the efforts and success of goals 3 and 10 of the CPPW Community Action Plan. He championed and provided legislative guidance for the policies that were developed and/or updated for goals 3 and 10, and sponsored Bill 1716 to advance safe routes to school efforts. Commissioner Rebecca Sosa from District 6 was also an ongoing supporter of CPPW grant.

Challenges/Barriers: Maintaining consistent attendance at the monthly Leadership Team meetings was challenging. To ensure constant communication, members were provided with a schedule of all meetings, teleconference calls were held bimonthly for convenience and updates were provided weekly. Additionally, during the grant period two members of the Leadership Team left their positions, leaving two vacancies within the team. The president of Health Council of South Florida was recruited during the latter part of the grant period to fill one of the vacancies.

Key Lessons Learned: Although there were many high-ranking community leaders that were part of the Leadership Team, there should have been more community policy and decision-makers that could facilitate the policy components of the various grant initiatives. Also, it would have been helpful to choose community leaders that had expertise in the various CPPW areas to match them to specific initiatives within the CPPW Community Action Plan. Finally, providing an action plan earlier in the grant period with specific roles and responsibilities would have provided guidance to the Leadership Team and advanced progress early on.

Publications/Manuscript Citations: None



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Goal #1:	Enhance and strengthen the Consortium for a Healthier Miami-Dade leadership.
Objective #2:	By February 2011, the collective membership base of the four Consortium Committees responsible for accomplishing the proposed Community Action Plan will have increased by 25%.

Objective Status: Complete

Synopsis: The Consortium for a Healthier Miami-Dade (Consortium) was established in 2003 by the Miami-Dade County Health Department to address the increasing rates of chronic disease in the county. It serves as a venue for community partners to work together on community health efforts to improve the health of Miami-Dade County. To leverage resources, avoid duplication, amplify efforts and engage community partners, CPPW initiatives were implemented through this multi-sector coalition. In order to accomplish the CPPW Community Action Plan, membership efforts were undertaken to expand and diversify the Consortium membership to ensure representation of all key community partners and implementers. Consortium membership increased during the grant period from an estimated 161 partners in 2009 to over 450 partners in 2012, an increase of about 179 percent. Additionally, membership consists of volunteer nonprofits, government, hospital, academic, businesses, and community advocates.

Key Contributors to Success: A key contributor to success for this objective was the existence and presence of the Consortium in the community, as this only required enhancement strategies to be put in place to strengthen the coalition, and increase and diversify its membership.

Challenges/Barriers: A key challenge that was encountered in meeting this objective was the lack of infrastructure to properly track the Consortium’s membership. To overcome this challenge, a membership system was put in place to track attendance and new members by sector, organization, interest, committee, and areas of expertise. Another challenge that arose was maintaining the commitment of members who were not interested in CPPW specific activities at monthly committee meetings. When this issue was identified, efforts were implemented to ensure a balance between the time spent on CPPW efforts and other committee activities.

Key Lessons Learned: A framework should have been put in place that incorporated CPPW grant activities within the Consortium in a way that enhanced and built on the work of the various committees without disturbing its pre-CPPW efforts.

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Goal #2:	Raise awareness of the importance of healthy eating and promote consumption of healthy foods/drink choices and increased physical activity.
Objective #1:	<p>By January 2011, implement a mass media/social marketing campaign that will reduce obesity and change subjective norms, beliefs, self-efficacy, and perceived behavioral control of unhealthy choice. By January 2011:</p> <ul style="list-style-type: none"> a. 40% of those exposed to messages will believe that choosing healthier food is reasonably priced and more available b. 40% of those exposed to messages will believe that they can adopt a healthier lifestyle by engaging in physical activity opportunities through the built environment, parks and recreation, and school.

Objective Status: Complete

Synopsis: Three media providers were contracted to provide media services to the CPPW project, Make Healthy Happen, in three languages: English, Spanish and Haitian Creole. Each provider was assigned a specific population group to target with their media efforts. The providers developed TV and radio commercials, print ads, web-ads, a website and outreach teams. Overall, the campaign lasted from March 2011 to March 2012 during which over 30 TV commercials, 20 radio commercials and numerous print ads were marketed to Miami-Dade County’s 2.5 million residents. The key action item was to drive consumers to the Make Healthy Happen website (www.makehealthyhappen.com) for information on the various incentives taking places through the CPPW project. That website was translated into the three main languages of the county to make it accessible for anyone to access.

Key Contributors to Success: A key contributor to the success of the media campaign was conducting focus groups with community members to test messaging. Media messages were developed based on feedback from these focus groups. Early into media development an advisory committee was established by CBS4 which brought together influential members of the community to discuss the media strategy and messaging. The contracted media partners also attended the Consortium’s Marketing and Membership committee every month, which proved to be beneficial in keeping everyone on the same page.

Challenges/Barriers: The media campaign faced and overcame a couple of challenges during the course of the program. Florida’s procurement process was very time consuming and pushed back the initiation of the media campaign by several months. The procurement process was altered during the period in which the grant was administered by requiring a request for proposal (RFP) to be posted, further slowing down the start of the media campaign. The media providers complained that the approval process of marketing materials was moving slowly.

To overcome these challenges the CPPW administrative team researched and wrote an RFP which was given to the contact manager to send to the state. CPPW staff followed up with the



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Florida state office to reduce the time it would take to initiate the media campaign. CPPW staff also developed a log to document when materials were submitted for approval and when they were finally approved, increasing the turn-around time of materials.

Key Lessons Learned: Ensure that formative research is done frequently and coincides with outcome objectives in order to have periodic measurements of media effectiveness.

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Goal #3:	Increase access to and promote consumption of healthy foods and beverages and reduce availability of nutrient poor, calorie dense foods; and require daily physical activity, and reduce screening time among children 2-5 years of age through the adoption of policy, environment, and system changes in child care centers across Miami-Dade County.
Objective #1:	By January 2012, legislation will have been introduced at the public policy level that proposes to enact nutrition standards for child care centers in Florida including mandating low or fat-free milk for children 2 years of age and older; provision of whole fruits and vegetables (fresh, frozen, or canned) five days week at breakfast and snack time.

Objective Status: Complete

Synopsis: Through this initiative, significant environmental and system changes were implemented in the childcare community by encouraging good nutrition, increased physical activity and decreased screen time among infants and toddlers in the childcare setting. Consulting Registered Dietitians successfully facilitated cost neutral menu changes and menu change approvals through the Child and Adult Care Food Programs within 634 licensed childcare centers and childcare family programs.

The University of Miami, Mailman Center for Child Development (UM) conducted large group trainings and s-small trainings at individual facilities in both English and Spanish at no cost to the childcare providers. Over 1,150 childcare facilities were successfully trained by UM, which constitutes to over 3,500 childcare providers who were able to earn CEU credits. The Florida Department of Children and Families conducted technical assistance encounters which included pre-needs assessments, observational assessments, and post needs assessments within all facilities that were trained by UM. This initiative was well received by the majority of the county’s childcare providers. Within the individual childcare facilities, there were high levels of healthier practices adopted according to post assessment data.

The childcare providers have also been actively educating stakeholders regarding policy change in light of the need for healthier childcare settings specifically improving nutrition practices. The initiative has gained the support of several stakeholders within the community, including Senator Rene Garcia who volunteered to champion the childcare initiative and Senator Nancy Detert who facilitated the introduction of Florida Senate Bill 1222 (2012). SB 1222 included the provision of age appropriate physical activity requirements for children in licensed childcare facilities throughout Florida. Although the bill did not pass, the childcare stakeholders are committed to continuing efforts towards the adoption of healthier practices within the childcare community.

Key Contributors to Success: There were various key contributors to the success of the CPPW childcare initiative. One of the primary contributors was the existence of the Childcare Centers Taskforce and the community partner synergy therein. The Childcare Centers Taskforce allowed for constant communication between childcare partners, brainstorming of ideas, resource sharing, etc. Among the childcare partners, the varying levels of expertise as well as extensive experience within the childcare sector made a significant difference in the success of the



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initiative. Another contributing factor was the technical assistance rendered by Public Health Law & Policy (now ChangeLab Solutions) with policy education development. The CPPW Leadership also contributed to the success of the childcare initiative by championing policy education efforts in the areas of healthier childcare facilities.

Challenges/Barriers: Few challenges were encountered when implementing the childcare nutrition initiative. During the first year of CPPW, there were challenges with gaining the trust of childcare providers throughout the county. To overcome the skepticism, partners utilized other key partners who were familiar with the childcare providers to gain trust. Partners also approached childcare providers who were somewhat familiar with CPPW as a result of completing the UM childcare provider trainings. Another challenge noted was the absence of a centralized tracking system among the childcare partners, which would have been beneficial from the beginning. Instead, partners maintained tracking systems within their own organization. Eventually, all data was later merged into one tracking system for analysis which was the strategy employed to overcome that barrier.

Although the childcare initiative was comprised of various components, there was a need for parent involvement in the adoption of healthier standards in the facilities. Therefore, the Dietitian developed nutrition fact sheets that were sent home to the parents of kids in childcare facilities that were participating in CPPW as well as those facilities who opted not to participate in CPPW. There were challenges with securing legislative change because there was no House sponsor and there were also a number of time-consuming hot-button issues on the agenda during the legislative session. In an attempt to overcome such a challenge, leadership team members actively educated key community stakeholders; community partners also sought guidance from community resources.

Key Lessons Learned: A centralized data collection tracking system would have been highly beneficial for analyses purposes. Also, more direct parent involvement would have had the potential to increase the reach and impact of the efforts. It also would have been beneficial for the Children’s Trust to have been invited to participate on the CPPW Leadership.

Publications/Manuscript Citations: *Pending. Natale, R., Guerdat, B., Palenzuela, J., Stuart, L.*



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Objective #2:	By January 2012, legislation will have been introduced at the public policy level that proposes to enact physical activity standards for child care centers in Florida including mandating 0-hour screen time for children under 2 years old and 2-hour screen time limit (1 hour for TV-video and/or 1 hour computer) for children 3 years and older.

Objective Status: Complete

Synopsis: This initiative encouraged good nutrition, increased physical activity and decreased screen time among infants and toddlers in the childcare setting. As a result, significant environmental and system changes were implemented in the county’s childcare community.

The University of Miami, Mailman Center for Child Development conducted healthy large group trainings and small trainings at individual facilities in both English and Spanish free of cost. Over 1,150 childcare facilities were successfully trained by UM, which constitutes to over 3,500 childcare providers who were able to earn CEU credits. The Florida Department of Children and Families conducted technical assistance encounters which included pre-needs assessments, observational assessments, and post needs assessments within all facilities that were trained by UM. This initiative was well received by the majority of the county’s childcare providers. Within the individual childcare facilities, there were high levels of healthier practices adopted according to post assessment data.

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Key Lessons Learned: A centralized data collection tracking system would have been highly beneficial for analyses purposes. Also, more direct parent involvement would have had the potential to increase the reach and impact of the efforts. It also would have been beneficial for the Children’s Trust to have been invited to participate on the CPPW Leadership.

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Goal #4:	Improve the access and knowledge of nutritious/healthy food and beverage choices.
Objective #1:	By July 2012, the School Wellness Advisory Committee (SWAC) will revise the school wellness policy to include nutrition standards for foods in schools, in accordance to Institute of Medicine (IOM) standards.

Objective Status: Complete

Synopsis: The Child Nutrition and WIC Reauthorization Act of 2004 required local educational agencies to adopt a School Wellness Policy by June 2006. At the School Board meeting held in May 2006, the School Board approved Agenda item E-37 creating the Miami-Dade County Public Schools Wellness Policy. The Wellness Policy is reviewed, and if necessary, revised on an annual basis. When the policy was revised in November 2009, the District’s Healthy Beverage and Food Guidelines were incorporated into the policy. The Healthy Beverage and Food Guidelines govern when and what competitive foods may be sold in Miami-Dade County Public Schools (MDCPS).

Since the inception of CPPW, the Miami-Dade County District Wellness Advisory Committee (SWAC) formed a sub-committee to review and make recommendations for revisions to the School Wellness Policy. Through CPPW, the MDCPS Wellness Policy has been revised and approved by the School Board twice – in 2010 and 2011, respectively. Following both approvals, the Wellness Policy was posted on the school district’s web page. Key individuals such as Principals and Vice Principals were briefed with information regarding the revised policies enabling them to inform their respective staff. Additionally, Food Services Managers, Assistant Managers and Satellite Assistants were trained on the revisions to the School Wellness Policy.

Key Contributors to Success: The Miami-Dade County District Wellness Advisory Committee was a key contributor to the success of the revisions and approval of the revisions to the Miami-Dade County Public Schools Wellness Policy.

Challenges/Barriers: Each of the approved revisions to the School Wellness Policy outlined healthier guidelines than those in the previously revised policy. Nevertheless, there were some challenges when incorporating changes specifically in accordance to IOM standards. As a result, the community partners obtained technical assistance provided by CDC from the New York Department of Health and Mental Hygiene. In exploring implementing healthier standards for snack vending machines in the schools, one barrier identified was the fact that snack vending machine revenues (from vending machines that are not in the cafeteria), are used to support athletics and activities at the schools. Therefore, it was challenging finding acceptable alternative products that meet the IOM standards and would also generate substantial revenue. The New York Department of Health and Mental Hygiene also offered technical assistance regarding that barrier. During the first year of CPPW, snack vending machine contracts were not over at the time of the 2010 school wellness policy revision. Therefore, snack vending machine contractors were informed of the changes made to the Healthy Beverage and Food Guidelines and asked to comply with guidelines upon contract renewal.



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Key Lessons Learned: Including community partners from varying agencies in the District Wellness Advisory Committee is a successful approach to having an effective committee tasked with revising a school district wellness policy.

Publications/Manuscript Citations: None



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Goal #4:	Improve the access and knowledge of nutritious/healthy food and beverage choices.
Objective #2:	By December 2011, 45 reimbursable Healthy Meal Vending Machines will be installed throughout 45 senior high schools, based on National School Lunch Program Nutrition standards. Schools will be selected based on highest burden of obesity, high risk groups, and/or greatest impact or reach.

Objective Status: Complete

Synopsis: Through CPPW, several environmental changes have been implemented by Miami-Dade County Public Schools (MDCPS). Specifically, 57 refrigerated reimbursable vending machines were installed thus creating an environmental change within high schools and K-8 centers, and potentially impacting 111,313 students throughout the County. The reimbursable vending machines offer fresh, healthy meals to students and meet guidelines for the federally reimbursable meals program. In response to an increase in demand for certain school administrators to double the number of reimbursable vending machines, a few schools have received a second machine.

Installation of the machines has not only altered the physical environment of the cafeterias but it has also helped to:

- Alleviate the lunch line burden (some schools only offer one lunch period for well over one thousand students, which takes a toll on time to stand in line, purchase and safely consume meals)
- Potentially provided an additional access point for students who may not have been participating in the school lunch program prior to installation
- And most importantly, provide more varied healthy, delicious lunch options for students to enjoy

Key Contributors to Success: The use of technology to close the gap of access to fresh, healthy, federally reimbursed meals for students regardless of their ability to pay or economic status was one key aspect of the project that attributed to the success of the initiative. Perhaps the use of technology avail no differentiation between free/ reduced lunch approved students to paying students in the course of purchasing a meal. Another key contributor to the success of the schools food & nutrition initiative is that this program created unique opportunities to engage local Celebrity Chefs in recipe development and promotion of the healthy reimbursable meal vending machines. The machine proved to be a modern approach to healthy, fast meal service and garnered the interest and attraction of local chef partners and the senior high school students alike.

Challenges/Barriers: On challenge encountered when implementing the machines was that the reimbursable meal vending machines are cashless, therefore a student who normally pays for their lunch needed to have cash in their cafeteria accounts. In order to clarify the adjustment a paying student would have to make, the marketing strategies that were employed entailed



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encouraging students via morning announcements and posters, to deposit money into their accounts prior to the machine being installed.

Key Lessons Learned: As aptly phrased by Susan Rothstein (Nutritional Wellness Coordinator) of Miami-Dade County Public Schools, “You don’t just buy a machine, plug it in, fill it and it’s ready to be used.” There was a lot of wiring that had to occur, software that had to be bought and installed, electrical issues with buildings and the integration of computer accountability systems that incurred. The logistics of installing and utilizing the software, electricity and meal accountability with the vending machine required a significant amount of man-hours, money and coordination that was not foreseen at the time the grant was written. Another lesson learned is that one staff member to work the rollout of a 57 machine reimbursable meal vending machine program is insufficient. There should be an Information Technology person dedicated just to this program and at least two employees to site visit the schools to troubleshoot and assist the students and staff for at least the first few days of use.

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Goal #4:	Improve the access and knowledge of nutritious/healthy food and beverage choices.
Objective #3:	By March 2012, the Miami-Dade Public School Board will have adopted a policy that assures Farm-to-Schools programs connecting at least 30% of MDCPS sites to local farms.

Objective Status: Complete

Synopsis: Farm to schools programs seek to improve student nutrition, support local farmers and reduce negative environmental impact of food distribution. Fruits and vegetables that are consumed close to where they are grown are typically picked when ripe, which provides a higher nutritional content when compared with items that are picked immaturity to allow for long transport periods. Farm-to-School allows school districts to offer more locally grown, fresh produce at school meals.

District-wide: MDCPS began offering Florida-grown fruits and vegetables through the school meal program in 2009. Locally grown produce items are served to students through the existing breakfast and lunch programs throughout the entire school district. “Local” is defined by MDCPS as the state of Florida. South Florida offers a wide range of tropical fruits and conventional vegetables due to its subtropical climate. The local harvest season (generally November through April) nicely accommodates the academic school year.

CPPW 40 Pilot Schools: Forty schools located in South Miami have been selected to participate in the CPPW Farm-to-Schools initiative; the location of the schools is justified by their close proximity to the Redlands Farms. Participating schools have the opportunity to consume locally grown fruits and vegetables that currently cannot be distributed district-wide. Taste testing was also conducted among the participating CPPW pilot students.

Produce is purchased through the MDCPS food provider – US Food Service and through the MDCPS Department of Defense Produce Buyer – Produce Connection. In addition, for the 40 pilot schools, produce is purchased directly from farms/companies in Homestead, Florida. The funding provided an opportunity to train food service staff on the proper handling and preparation of local fresh produce, salads, healthy wrap sandwiches, oven grilled vegetables, and low-fat yogurt and fruit parfaits.

Key Contributors to Success: Prior to CPPW, MDCPS distributed “local” Farm-to-Schools produce district-wide in school breakfasts and lunches, which served as a key contributor to the success of the initiative.

Challenges/Barriers: Some local farmers do not grow enough produce and/or have a distribution system that allows them to serve schools district-wide. The solution to that problem was to create a pilot program, of 40 schools, close to the local farms and have those farms provide additional produce to those schools only.

Key Lessons Learned: While there are a number of farms that are actually located in Miami-Dade County, a number of them are too small to provide produce district-wide. Additionally, they do not have a distribution system that allows them to deliver produce district-wide.



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Publications/Manuscript Citations: None



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Goal #4:	Improve the access and knowledge of nutritious/healthy food and beverage choices.
Objective #4:	By December 2012, Miami-Dade Parks and Recreation will adopt policies requiring 100% of vending machines managed by Miami Dade Parks and located at parks sites to be in accordance to Parks Healthier Vending guidelines. Healthy vending machines placed at parks and recreation facilities will be selected, based on highest burden of obesity, high risk groups, and/or great impact and reach.

Objective Status: Complete

Synopsis: Healthy vending machines provide easy and convenient ways to increase access to healthy snacks, foods and beverages. To create a healthier food environment for park patrons of all ages, Miami-Dade County Parks, Recreation and Open Spaces (MDPROS) implemented a Healthy Vending Machine Policy on February 1, 2011 that requires all vending machines under the jurisdiction of MDPR to meet the following nutrition standards:

Beverages in each vending machine shall be:

- Water, no limit on size
- Nonfat or 1% low fat milk (8 oz and 150 calories maximum)
- 100% fruit/vegetable juice (8 oz and 120 calories maximum)
- All other non-caloric beverages, including diet sodas
- Sports drinks less than or equal to 100 calories

Snacks/foods shall meet all the following criteria per individual package:

- Not more than 250 calories
- Not more than 35% calories from fat with the exception of nuts and seeds; snack mixes and other foods of which nuts are a part must meet the 35% standard
- Not more than 10% of calories from saturated fat
- Does not contain trans fats added during process (hydrogenated oils and partially hydrogenated oils)
- Not more than 35% total weight from sugar and caloric sweeteners with the exception of fruits and vegetables that have not been processed with added sweeteners or fats
- Not more than 360 mg of sodium per serving
- Policy also recommends that at least one item meeting the snack criteria in each vending machine shall also meet the FDA definition of “low sodium” (less than 140 mg per serving) and that vending machine options contact items that include at least 2 grams of dietary fiber
- Items that meet nutrition standards shall not be priced higher than the items that do not meet the standards.



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Goal #4:	Improve the access and knowledge of nutritious/healthy food and beverage choices.
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In addition to implementing a Healthy Vending Machine Policy, MDPROS installed 25 healthy vending machines at MDPR-managed parks and recreational facilities in areas chosen based on need and impact/reach.

Key Contributors to Success: The strong commitment and support provided by the MDPROS’s leadership to implement healthier practices ensured the success of this objective. Additionally, MDPROS partnered with a dietitian who was a member of the Consortium to ensure that the policy would include only healthy items.

Challenges/Barriers: Challenges included the lack of proper nutrition expertise from the MDPROS staff while developing the policy and the unanticipated request for proposal process to procure the healthy vending machines that was required by the county. To overcome these challenges, the MDPROS staff worked with a dietitian who provided guidance in developing nutrition standards and accepted a bid within the shortest time possible, while following county procedures to expedite the procurement and installation of the healthy vending machines.

Key Lessons Learned: Government organizations should always anticipate bureaucratic and procedural setbacks when establishing a timeline for a project.

Publications/Manuscript Citations: None



**Miami-Dade County Health Department
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Goal #5:	Encourage and increase the opportunities to engage in physical activity, through the adoption of policy, environment, and system changes in public schools across Miami-Dade County.
Objective #1:	By January 2012, the Miami-Dade School Board will approve an elective physical education course(1.5 credits)

Objective Status: Not Complete. The school board was not able to approve the in-school physical education elective unless it was approved at the state level.

Synopsis: The Miami-Dade County Public Schools: Physical Education and Health Literacy 7th period elective physical education program was implemented to increase the level of physical activity among Miami-Dade County high school students who had already completed the state credit requirement. The classes, held immediately after the school day, excluded students who were actively participating in in-season sports during the course of the program, in order to accommodate those students who would otherwise not be participating in a standards based physical education program. The after school elective program was offered district wide on a volunteer basis; therefore schools had the option to opt-in or out of the program. During the first year of the program, a total of 31 schools implemented the course, this number decreased to 13 during the following year.

Key Contributors to Success: Key contributors to this initiative included the coordinated efforts of the Miami-Dade County Public Schools, Department of Physical Activity and Health Literacy, and the High School and Adult Education physical education coaches and school principals.

Challenges/Barriers: Due to the competing priorities in which the school system has a higher focus on preparing for academic testing in lieu of physical activity opportunities, the course could not be offered during school hours, and had to be implemented as an after school elective. There were difficulties setting up the elective courses between the adult education programs and the day school program, so new communications measures were implemented after the first semester the courses were offered. These communications measures were comprised of briefings that were sent to day school and adult education principals which informed them about updates and changes to the course. Budget structures then needed to be reassigned and redistributed to the day school budgets implementing the 7th period physical education program. Due to changes in the 2011 legislative session, adult education was no longer able to offer elective courses; therefore, the elective courses were offered through the day school program.

Key Lessons Learned: Work needed to be done at the state level with involvement from the Secretary of Health, the Florida Department of Health and the Department of Education. Changes to credits are difficult to pass at a local level. In addition, there needs to be better communication and data collection as it pertains to the structure of physical education in schools.

Publications/Manuscript Citations: None



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Goal #5:	Encourage and increase the opportunities to engage in physical activity, through the adoption of policy, environment, and system changes in public schools across Miami-Dade County.
Objective #2:	By January 2012, there will be a 20% increase in the number of students (i.e. high risk populations) engaging in physical activity, through implementation of the SPARK curriculum.

Objective Status: Complete

Synopsis: The Miami-Dade County Public Schools, Department of Physical Education and Health Literacy worked to increase the number of schools who implemented the SPARK curriculum from 40 to 240 by the end of the grant period. By the end of the first year of the grant trainings were conducted with all of the schools, and each school was provided with the curriculum. The curriculum provided was for grades three thru five, as teachers do not teach physical education for kindergarten to second grade. Schools also received shipments of SPARK approved equipment during the 2010 to 2011, and 2011 to 2012 school years.

Key Contributors to Success: A key contributor to the success of this initiative included a prior grant opportunity that allowed Miami-Dade County Public Schools to implement the evidence-based SPARK curriculum in 40 schools. The success of the curriculum in these schools paved the way for implementation of SPARK in all other elementary schools in the county.

Challenges/Barriers: Challenges and barriers included communication issues with the Miami-Dade County Department of Health, and the improper collection of data. Attempts were made to overcome these by holding multiple meetings facilitate the process, and by cleaning the data.

Key Lessons Learned: There needs to be better communication and data collection as it pertains to the structure of physical education in schools. Teachers need additional training on how to properly collect FitnessGram data.

Publications/Manuscript Citations: None



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Goal #5:	Encourage and increase the opportunities to engage in physical activity, through the adoption of policy, environment, and system changes in public schools across Miami-Dade County.
Objective #3:	By March 2012, 50% of Miami Dade County Public schools, in high-risk populations, will have adopted MAPPS strategies specifically in the area of physical activity and healthy eating. Schools will be selected based on the highest burden of obesity, high risk groups, and/or greatest impact/reach. Implement policy that supports physical activity and nutrition and build a sustainability mode/capacity

Objective Status: Complete

Synopsis: The Alliance for a Healthier Generation (Alliance) has worked to increase the opportunities for students to engage in healthy behaviors during the school day. Through the creation of a Cadre of Coaches, schools participating in the Healthy Schools Program (HSP) receive the support and assistance necessary to build the capacity to improve healthy eating and physical activity. The cadre consists of ten Healthy School Champions (Coaches) who were chosen and trained to build the capacity of schools to sustain the Healthy Schools Program efforts beyond their grant periods. One of the Coaches was chosen as the 2011-2012 Healthy Schools Program National Champion. In addition, fifty-eight schools received implementation grants through the initiative to establish programs and activities that are in line with the Healthy Schools Program and promote increased physical activity and healthy eating.

Key Contributors to Success: During the CPPW reporting period, schools were very successful in creating healthier school environments and it was very important to sustain such efforts. This involved the Alliance’s Sustainability Manager engaging key stakeholders within the Miami-Dade School District as well as the community to illicit support and resources for school efforts. Stakeholders that were engaged included the Miami-Dade School District’s Physical Education and Health Literacy Department, Department of Food and Nutrition and Risk Management as well as the Miami-Dade County Health Department’s Worksite Wellness, The Education Fund, University of Miami’s Walk Safe Program and Miami-Dade County PA/PTSA to name a few. Schools also benefitted from personnel within the Alliance providing technical assistance and support, including national content advisors in the area of Health Education, Physical Education, School Employee Wellness, Competitive Foods and Beverage and Policy and Systems. The benefit of connecting with these stakeholders allowed schools to “move the needle forward” and make gains in creating a healthier school environment. In addition, discussions with key district leadership allowed the Alliance to develop sustainability efforts to continue this work including creating a cadre of Healthy Schools Program coaches to assist in creating policy and advocating for environmental change.

Challenges/Barriers: There are a few obstacles that schools have identified as possibly derailing their successes to date. Efforts to transition the onsite technical assistance to the cadre of coaches and the district’s portfolio, have elicited some concern that schools will be less engaged, less likely to complete deliverables and less likely to receive needed support from school



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administration and the school district. Schools were also slow to expend grant funds for the intended action steps on their HSP action plans and implementation grant applications. There were a variety of reasons for this including difficulty with procurement, only being able to use approved district vendors which were difficult to identify, change in school staff overseeing the grant and requests for reallocation of funds. Staff turnover often resulted in trying to re-engage a school as well as re-orienting the school on grant spending and implementation of original grant proposal. This often was time consuming and frustrating to schools. Procurement has also been a challenge as schools seek to follow district policy and CPPW guidelines while trying to purchase items of greatest benefit to students and staff.

Key Lessons Learned: Having a good selection process in place is pivotal. The Cadre of Coaches works by collaborating with local and national stakeholders, so having the right fit is important. In order to keep lines of communication open with both the coaches and the district, it is important listen to the coaches’ ideas since they are the closest to the ground, while keeping in mind the needs of the district. Sustainability plans for the efforts should start from day one. The Cadre of Coaches should be selected early in the process so that they can be involved in the plans, meetings, mentoring, and coaching of the schools.

Publications/Manuscript Citations: None



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Goal #6:	Increase community access and consumption of healthy and affordable foods by providing financial/nonfinancial incentives to WIC- and/or SNAP-approved convenience stores to be able to store, market and successfully sell fruit and vegetables to low-income individuals in underserved communities.
Objective #1:	By January 2012, 50% of the 40 participating WIC and/or SNAP approved convenience stores will adopt a policy to place fresh fruits and vegetables where they are highly visible to customers, in a manner that is "attractive and appealing."

Objective Status: Not complete. Due to contractual and programmatic setbacks there was no time to complete the objective.

Synopsis: The South Florida Regional Planning Council (SFRPC) worked to enact systems, policy and environmental changes in areas of need within Miami-Dade County by building the organizational capacity of the local Food Policy Council, assessing the nutritional environment, and engaging stakeholders. SFRPC in conjunction with Florida International University’s (FIU) Green Family Foundation/ NeighborhoodHELP program conducted a Nutrition Environment Measures Survey (NEMS) and an interview of vendor attitudes at forty-four corner stores located in areas with relative reliance on convenience stores for their grocery needs, low income level, and high rates of diet-related deaths. Through their work with the South Florida Food Policy Council, Miami-Dade Chapter (SFFPC), the SFRPC assisted with infrastructure development, and policy identification and prioritization.

Key Contributors to Success: The food and supermarket access report developed by The Food Trust was crucial to identifying areas of need in terms of income, chronic disease and food access. In addition, the Vendor Attitudinal Survey conducted by Florida International University’s (FIU) Green Family Foundation/ NeighborhoodHELP program provided valuable insight as to the vendor attitudes that can be utilized to implement the initiative in the future.

Challenges/Barriers: Procurement issues arose when it was determined that the initiative was outside of the realm of the department of health. In order to move forward with the initiative a different capital outlay was established. This caused a delay in contracting a community partner, and led to delays in Institutional Review Board (IRB) approval. As a result, the schedule for conducting the NEMS and attitudinal surveys was changed to coincide with IRB approval and to occur after the holiday season in order to decrease challenges with data collection. Because participation was voluntary there was difficulty recruiting 44 stores out of the sample of 62 stores; therefore, the area where the stores were selected was expanded in order to increase the sample size, and have a better opportunity for recruiting the 44 stores. Safety concerns excluded some of the targeted areas. Surveyors did not conduct surveys in locations where safety was a major concern, and always conducted the surveys in teams.



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Objective #1:	By January 2012, 50% of the 40 participating WIC and/or SNAP approved convenience stores will adopt a policy to place fresh fruits and vegetables where they are highly visible to customers, in a manner that is "attractive and appealing."

Key Lessons Learned: Further study is needed to compare the differences between convenience stores in various areas of the county, and establish their comparative capacity to support a healthy corner store initiative.

Publications/Manuscript Citations: None



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Goal #7:	Increase community access to healthy foods, particularly in underserved communities and high-risk populations, by promoting efforts to provide fruits and vegetables through farmers’ markets, including farm-to-institution.
Objective #1:	By March 2012, at least two identified sites will be selected based on greatest impact and high risk population, for a farmers' market location and will be coupled with a community garden combination program, which would allow for provision of products to the market.

Objective Status: Complete

Synopsis: Through this initiative community partners worked to implement one new farmers’ market and enhance two existing farmers’ markets, as well as to enhance two community gardens to increase access to healthy foods in the community. The markets are located in low income areas, and accept EBT/ SNAP benefits at double the value (up to \$10.00) to increase access to underserved community members. Produce sold at the markets is locally grown and helps support local farmers. In addition, mini-health fairs were organized at each of the markets to provide educational and screening services.

Key Contributors to Success: The Farmer’s Market Coalition provided technical assistance which aided in the implementation and enhancement of the farmers’ markets. Through Sharon Yeago’s expertise, community partners were given insight to lessons learned from other markets within Florida. In addition, meeting held through the South Florida Food Policy Council, Miami-Dade Chapter and the Consortium for a Healthier Miami-Dade Farmer’s Market Workgroup provided an avenue for the community partners to work together and aid each other with various challenges. Wholesome Wave assisted by providing resources and helping the partners apply for participation in their Double Value Coupon program.

Challenges/Barriers: Procurement issues arose when it was determined that the initiative was outside of the realm of the department of health. In order to move forward with the initiative a different capital outlay was established. This caused a delay in contracting with the various community partners, and as a result they were subcontracted through another partner organization. Each of the partners experiences different challenges ranging from cost of the market location, to barriers with renewing location contracts. In these cases, the solution was to look for an alternate location that would still be accessible to those living in the areas of greatest need. There were also linguistic and cultural barriers at times during outreach and survey administration. This was resolved by involving staff, volunteers and youth apprentices who spoke Spanish and Creole to assist with outreach and survey administration. Ensuring consistent participation and commitment from the youth outreach workers required additional work. Home visits were conducted to ensure family involvement and follow-through and schedules were made flexible.



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Key Lessons Learned: Additional assistance is needed to develop relationships with many of the local farmers. There is also an overall need for continued professional development and capacity building, as well as better business practices and documentation records.

Publications/Manuscript Citations: None



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Goal #8:	Increase breastfeeding practices & breastfeeding facilities in Miami-Dade County.
Objective 1-1:	By March 2012, Healthy Start Coalition and 24 core contracted providers that are members of the Healthy Start Coalition would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding. Core contract providers consist of Avanti Support & Services, Children Home Society of Florida, University of Miami (NICU & SESS), Citrus Health Network, Dr. Rafael Peñalver Clinic, etc.

Objective Status: Not complete. Three Healthy Start Coalition providers have not adopted worksite lactation policies but the Healthy Start Coalition has agreed to continue providing assistance to them as needed.

Synopsis: As of July 2012, twelve Healthy Start Coalition Healthy Start Coalition of Miami Dade (HSCMD) providers out of fifteen have adopted Breastfeeding Friendly Worksite Policies with guidance and support from the HSCMD. This number includes eleven HSCMD contracted service providers as well as HSCMD. These policies will directly affect the worksite environment of an estimated 9,338 employees and their families. The breastfeeding friendly policies integrated offering flexible break times and a private, clean space for working mothers to pump milk for their babies. The HSCMD provided technical assistance, presentations, information packets, trainings, continuing education opportunities to all of its providers. They also convened the Breastfeeding Taskforce of Miami-Dade which meets semi-annually.

Key Contributors to Success: The HSCMD has a strong relationship with its providers and was able to lead them into adopting lactation support policy. Monthly HSCMD provider meetings provided a venue where the HSCMD could educate and persuade its providers to adopt policy. Public recognition at the HSCMD annual event served as a great incentive to move forward with policy development and adoption.

Challenges/Barriers: Several HSCMD contracted providers were providing support to breastfeeding employees, but did not feel it was necessary to implement a breastfeeding friendly worksite policy. Even after HSCMD provided training, research and information justifying the need for policy, some providers remained steadfast in their conviction to remain supportive of breastfeeding employees without a policy. The lack of an internal “champion” within some contracted providers proved to impede the progress of implementing policy. Without a “champion” to further push the project along internally, it was difficult to keep providers engaged in the long process of policy implementation.

These challenges were alleviated in a number of ways. Recognition at the HSCMD Annual Meeting through the Florida Breastfeeding Coalition’s Florida Breastfeeding Friendly Worksite Award nominations as well as HSCMD’s Breastfeeding Friendly Worksite recognitions offered both a deadline as well as public recognition in the community. The contracted providers who implemented policy all had at least one staff member who became informed on the business case



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for breastfeeding and worked closely with HSCMD staff to draft policy, troubleshoot potential problems, review logistics, and gather resources.

Publications/Manuscript Citations: No manuscripts have been developed.

Key Lessons Learned: The strategies that were most successful in engaging organizations to implement breastfeeding friendly worksite policy included a form of public recognition and a deadline. Recognition at HSCMD’s Annual Event and letters that recognized the progress of contracted service providers stimulated some service providers to further engage in the process of drafting policy. Another helpful tool was securing an internal “Champion” for a breastfeeding friendly worksite policy. This person knows and understands the hierarchy of the organization as well as the organization’s culture, needs and challenges. The champion can help engage senior level buy-in and can help move policy through proper channels.

Careful consideration of common questions and concerns – Prior to implementing a policy, most organizations wish to determine the answers to many questions, including:

- How will this affect our employees?
- Approximately how many employees at a given time will be utilizing these benefits?
What are the effects on other staff?
- What are the logistics of physical facility/facilities?
- Can we make these accommodations immediately or will changes need to be made, such as installing locks, adding walls/barriers, etc.?
- How can we provide flexibility with scheduling?
- Will breaks be paid or unpaid?
- Will staff need to keep track of breaks or will it be done on honor-system, etc.?



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Goal #8:	Increase breastfeeding practices & breastfeeding facilities in Miami-Dade County.
Objective 1-2:	By March 2012, the MDCHD would have adopted the Breastfeeding Friendly Worksite Policy, in accordance to the U.S. Department of Health and Human Services, Business Cases for Breastfeeding.



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Goal #8:	Increase breastfeeding practices & breastfeeding facilities in Miami-Dade County.
Objective #2:	By March 2012, 13% of the local birthing centers and hospitals will initiate two out of four pathways of the 4-D Pathway to Baby-Friendly Designation. The two pathways and the related steps are: Discovery (Pathway I) - 1) register with Baby-Friendly USA, 2) obtain CEO support letter, 3) complete self-appraisal tool; Development (Pathway II) - 1) bridge to development phase-registry of intent award, 2) BF Committee or Task Force, 3) BFHI work plan, 4) hospital breastfeeding policy, 5) staff training curriculum, 6) prenatal/postpartum teaching plans, and 7) data collection plan.

Objective Status: Complete

Synopsis: The Foundation for a Breastfeeding Culture (FFABC) in an effort to increase breastfeeding rates in Miami-Dade County worked with birthing institutions to initiate the process of becoming designated as Baby-Friendly by UNICEF. This process is estimated to take four years to complete but by March 2012, 79% (11) of the birthing facilities (one birthing center and ten hospitals) in Miami-Dade County initiated phase two out of the 4-D Pathway to Baby-Friendly Designation (development) and out of those, 45% (5) initiated the phase three of the 4-D Pathway (dissemination). Prior to these initiatives only two facilities in Florida were designated as baby-friendly, neither in Miami-Dade County. The institutions that participated in this initiative represent over 18,000 births yearly. FFABC’s efforts were concentrated on:

- Obtaining a letter of support from the birthing institution’s CEO
- Each institution Completing a self-appraisal tool
- Forming breastfeeding committees/task forces at each institution
- Developing work plans
- Changing hospital policy to reflect UNICEF 10 Steps to successful breastfeeding
- Developing staff training curriculum for each institution
- Developing data collection plans at each institution

Key Contributors to Success: FFABC was able to partner with the South Florida Hospital and Health Care Association (SFHHA) to develop relationships at the senior level which allowed FFABC to assist the hospitals in moving forward with baby-friendly designation. The CEO of SFHHA, a CPPW leadership team member, was instrumental in facilitating meetings with hospital administration. Lowering the entry barrier by providing hospitals with funds to cover the baby-friendly designation process made them much more likely to move forward with designation. Several trainings and meetings were monumental to educating hospital staff on the need for this designation, without staff support this change could not occur as it requires a change in facility culture. Mentorship from the New York City Department of Health and Mental Hygiene helped the FFABC and SFHHA develop strategies for assisting hospitals more effectively.



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Challenges/Barriers: Lack of funds to support the goal. Unanticipated success- FFABC had not anticipated working through the Development Phase. This phase requires more support as the hospitals are developing plans and meeting regularly which led to FFABC being understaffed and under budgeted. Hospitals have many competing projects and often do not know how to incorporate each project. Hospitals were implementing Family Centered Care and the Donna Wright Model of Training and others had competing required trainings which made it difficult to organize staff training. Approximately 30% of our hospitals were having layoffs and furloughs. Teams went through transitions and staff morale was low.

To address budget concerns the FFABC accepted a mentorship from New York City Department of Health and Mental Hygiene; this helped provide needed training not within FFABC’s budget. FFABC also requested for more funds from the MDCHD to support more man hours to attend meetings, a request which was granted. To get hospitals to focus on baby-friendly designation, FFABC taught ways to integrate Patient and Family Centered Care with Baby Friendly Hospitals and provided examples how the Donna Wright Model can be used with Baby Friendly Hospital Training. FFABC reminded hospitals that them that many other hospitals were figuring out how to do the training despite these competing factors. With hospitals that were going through staff transitions go slowly, be sensitive to their feelings, provide additional support and celebrate any time possible to boost morale.

Key Lessons Learned: Hospitals require more support than anticipated and they are all different. Take time to develop trusting relationships with hospitals and boost their morale to keep the enthusiasm moving forward. This process requires lactation support but 50% of all the hospitals we worked with did not have an International Board Certified Lactation Consultant on staff who could educate staff.

Publications/Manuscript Citations: No manuscripts have been developed.



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #1:	By March 2012, the County will have established from the Open Space Master Plan for the Miami-Dade County Parks and Recreation Department, a level of service standards for parks and recreational open spaces that are intended to encourage equitable access to local (neighborhood) parks and open space as well as area wide recreational activities for all county residents.

Objective Status: Complete

Synopsis: The Miami-Dade County Parks System is comprised of over 250 parks and over 12,000 acres of land. Additionally, the County’s 35 municipalities also own and manage hundreds of parks and recreation areas. As the County and municipalities have grown, however, the location of these facilities has resulted, in part, in an inequitable distribution of facilities and open spaces. Some residents are able to walk or bike to a nearby park or community center, while others have to drive for miles to get to a similar facility. To ensure equitable access to parks and open space, MDPROS established standards and criteria for parks and recreational open spaces that encourage equitable access to local (neighborhood) parks and opens space as well as area-wide recreational activities for all county residents. The criteria outlines the distance people have to walk, bike or drive to participate in local (neighborhood) and area-wide recreational activities to ensure that every resident has equal opportunity to participate and reduce dependency on automobile access. Below please find the Access and Equity Criteria developed under CPPW Goal 9, Objective 1. As established in the criteria, to make Miami-Dade County a more livable and sustainable community, residents should be able to walk or bike to a park within ½ miles of their home. Additionally, residents should have access to regional parks and recreation opportunities there-in within 2-3 miles biking or driving distance from their home.

Key Contributors to Success: Prior to the grant, MDPROS had initiated some of this work through the development of the Miami-Dade County Parks and Recreation Open Space Master Plan. This master plan paved the way for the development and success of this objective.

Challenges/Barriers: Communicating and working with the multiple departments required to complete the objective was challenging. To facilitate communication, monthly meetings with all key stakeholders were held. Additionally, the numerous and tedious reports requested by the MCDHD created a barrier to progress. MDPROS worked closed with the MDHCD liaison to alleviate the reporting where possible and a filing system with all documentation was established to facilitate quarterly contractual reporting, and monthly and quarterly programmatic reporting.

Key Lessons Learned: Requiring too many reports from contracted partners can impede the progress of their work. The number and frequency of required reports should be carefully considered to assure that partners are not overburdened unnecessarily. Furthermore, providing



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report formats and instructions early on would have facilitated the accuracy and submission of required reports.

Publications/Manuscript Citations: None



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #2:	By March 2012, Miami-Dade County will update the Miami-Dade Urban Design Manual I and associated county plans and regulations to incorporate where appropriate, the “Great Streets Planning Principles” contained in the Miami-Dade Parks and Open Spaces Master Plan and incorporation of “Complete Streets” components.

Objective Status: Complete

Synopsis: The purpose of Urban Design Manual I is to illustrate the basic urban design principles for private development which can significantly improve the quality of physical development in unincorporated Miami-Dade County. Through CPPW, the MDPROS updated the Manual to include the “great streets planning principles” outlined in the Miami-Dade County Parks and Open Spaces Master Plan, as well as “complete streets” components. The Manual illustrates various urban design concepts that contribute to a cohesive, functional urban development pattern. The goal is the systematic integration of the site plans that establish connectivity at the pedestrian and vehicular level through the use of consistent urban design principles. The urban design principles outlined in the Manual provide acceptable and preferred design examples of ways to implement urban form guidelines and other policies of the Miami-Dade County Comprehensive Development Master Plan pertaining to community land use, housing patterns and design. Good urban design as characterized and outlined in the Manual for private development includes the following: well defined open spaces, defined block edges, interconnected street network, human scale, focal points, variety of building types, compatibility, walkability, and sustainability. The Manual includes a brief history on urban design, principles of urban design, development patterns, illustrative examples and architecture.

Key Contributors to Success: The existence of an Urban Design Manual facilitated the completion of this objective, as it only required MDPOS staff to update the existing Urban Design Manual. Furthermore, the development of the Miami-Dade County Parks and Recreation Open Space Master Plan prior to CPPW, which includes complete streets and great streets planning principles allowed staff to include many of these elements into the manual.

Challenges/Barriers: Communicating and working with the multiple departments required to complete the objective was challenging. To facilitate communication, monthly meetings with all key stakeholders were held. Additionally, the numerous and tedious reports requested by the MCDHD created a barrier to progress. MDPROS worked closed with the MDHCD liaison to alleviate the reporting where possible and a filing system with all documentation was established to facilitate quarterly contractual reporting, and monthly and quarterly programmatic reporting.



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #2:	By March 2012, Miami-Dade County will update the Miami-Dade Urban Design Manual I and associated county plans and regulations to incorporate where appropriate, the “Great Streets Planning Principles” contained in the Miami-Dade Parks and Open Spaces Master Plan and incorporation of “Complete Streets” components.

Key Lessons Learned: Requiring too many reports from contracted partners can impede the progress of their work. The number and frequency of required reports should be carefully considered to assure that partners are not overburdened unnecessarily. Furthermore, providing report formats and instructions early on would have facilitated the accuracy and submission of required reports.

Publications/Manuscript Citations: None



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #3:	By March 2012, Miami-Dade County will incorporate public spaces for festivals, arts and crafts shows, green markets and other civic activities in the planning and development of libraries, museums, schools, government buildings, transit stations within Transit Oriented Development (TOD) and stand-alone transit stations and other civic/institutional places.

Objective Status: Complete

Synopsis: Urban Design Manual II was developed by the MDPROS fulfill Objective 3 of the CPPW Community Action Plan. The purpose of UDM II is to illustrate the basic design principles for the placement and design of public open space and civic structures that many be utilized to significantly improve the quality of the public realm in Miami-Dade County and the health of its community. The plans and illustrations provided in the manual show how to design, using urban design principles, concepts for defining, forming and physically connecting an open space network that can be successfully accommodated within or surrounding publicly owned and private property. The manual provides guidelines for community leaders, county staff, developers and designers in the development of civic spaces and buildings. The ultimate goal of the manual is to provide civic building and open space development that is successfully integrated within the various urban contexts of Miami-Dade County. The manual includes a brief history of civic urban design and urban design guidelines for open spaces, civic building design, streets, building types, signage and architecture.

Key Contributors to Success: The existence and update of Urban Design Manual I facilitated the development of Urban Design Manual II as it involved many of the same processes, staff, departments and design principals.

Challenges/Barriers: Communicating and working with the multiple departments required to complete the objective was challenging. To facilitate communication, monthly meetings with all key stakeholders were held. Additionally, the numerous and tedious reports requested by the MCDHD created a barrier to progress. MDPROS worked closed with the MDHCD liaison to alleviate the reporting where possible and a filing system with all documentation was established to facilitate quarterly contractual reporting, and monthly and quarterly programmatic reporting.

Key Lessons Learned: Requiring too many reports from contracted partners can impede the progress of their work. The number and frequency of required reports should be carefully considered to assure that partners are not overburdened unnecessarily. Furthermore, providing report formats and instructions early on would have facilitated the accuracy and submission of required reports.



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #3:	By March 2012, Miami-Dade County will incorporate public spaces for festivals, arts and crafts shows, green markets and other civic activities in the planning and development of libraries, museums, schools, government buildings, transit stations within Transit Oriented Development (TOD) and stand-alone transit stations and other civic/institutional places.

Publications/Manuscript Citations: None



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Goal #9:	Increase active transportation and recreation through improvement in the built environment such as enhancing facilities, planning, zoning and transportation policies, as well as developing a county wide-signage system.
Objective #4:	By March 2012, the Cities of Miami and North Miami will enhance bicycling opportunities through increasing bicycling facilities by 30%, way-finding signage by 30%, and road signage by 30%.

Objective Status: Complete

Synopsis: The City of Miami is home to an estimated 399,457 residents. Prior to CPPW, bicycle infrastructure was extremely limited, despite the city having one of the greatest disparities in pedestrian and bicycle injuries. To improve safety and increase access to active transportation, the City of Miami made changes to the built environment to improve bicycle infrastructure throughout the entire city, with focus on underserved areas. CPPW funding was particularly allocated for bicycle racks and signage (way-finding, share the road, bikes may use full lane, and sharrows). Through CPPW, the City of Miami installed 186 bike racks at Miami-Dade County Public Schools, 240 bike racks 44 share the road signs, 25 way-finding signs, 65 bikes may use full lane signs, and 335 sharrows throughout the city (including parks).

The City of North Miami faced some of the same challenges as the City of Miami, with bicycle infrastructure lacking in most areas of the city. Through CPPW, the city was able to support capital improvements and policy implementation through the installation of bicycle racks and signage (bicycle parking, sharrows) and the adoption of a bicycle parking ordinance which requires new developments to provide adequate, secure bicycle parking for their residents or customers. Through CPPW, the City of North Miami installed 84 bicycle racks, 20 bicycle parking signs and 175 sharrows throughout the city (including public, private and transit locations).

Key Contributors to Success: The key partners working on this objective were city and community bicycle advocates that were not only city staff but were also part of numerous community committees working on improving bicycle infrastructure and utilization. These committees proved to be valuable in providing guidance and overcoming the challenges encountered during the grant period. Also, the existence of bicycle studies for the Cities of Miami and North Miami provided the evidence base for the placement of bicycle racks and signs.

Challenges/Barriers: During the implementation of the grant activities, several challenges and barriers emerged. Obtaining permits to install bicycle racks and/or signs in the schools and in some areas of the city proved to be a major undertaking due to the duration and processes involved. Delays were also caused by concurrent construction projects which resulted in removal and reinstallation of bicycle racks and signs in some areas. To expedite the issuance of permits and overcome school bureaucracy, partners worked closely with school and city staff to



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Objective #4:	By March 2012, the Cities of Miami and North Miami will enhance bicycling opportunities through increasing bicycling facilities by 30%, way-finding signage by 30%, and road signage by 30%.

familiarize themselves with the various protocols and worked with MDCHD to amend their timeline for completion. There was also difficulty in obtaining buy-in from businesses to install bicycle racks at their locations. To overcome this challenge, the city established a campaign to advertise the racks and raise awareness of the benefits of installing bicycle racks.

Key Lessons Learned

- Organizational and government bureaucracy can cause significant delays in projects and should be carefully considered during the development of project timelines. Becoming familiar with the protocol and processes involved with obtaining permits early on may have facilitated the permitting process.
- Installation of bike racks and signs should be accompanied by an educational and awareness campaign to increase utilization. During the months following the installation of the bicycle racks, utilization was low and many times it was observed that bicycles were improperly parked near an available bicycle rack.
- Traditional bicycle racks may be more practical and less expensive to install than advocate bicycle racks. The advocate bicycle racks installed in the City of North Miami were praised by residents and elected officials alike as a beautiful piece of art to lock bicycles without detracting from the aesthetics of the building or location. However, these racks attracted children for play, causing a potential safety concern for injuries and requiring many of the racks to be repainted
- Businesses must be shown the benefits of providing bicycle access. City staff provided free bicycle racks to business owners but received very little interest from the business community. To obtain buy-in, City staff advertised the racks and its benefits, provided free rack installation, developed simpler agreements with the business owners, and targeted businesses that often had a pent-up demand for bicycle parking. Additionally, the bicycle parking ordinance implemented early on through the CPPW grant that required new businesses to install racks facilitated buy-in.

Publications/Manuscript Citations: None



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Goal #10:	Increase sustainable Safe Routes to school initiative in Miami-Dade County
Objective #1:	By March 2012, the Miami-Dade County School Board will enact a Safe Routes to School policy in Miami-Dade County.

Objective Status: Complete

Synopsis: The University of Miami, Miller School of Medicine (UM Miller) participated in the CPPW project by increasing sustainable Safe Routes to Schools (SRTS) initiatives in Miami-Dade County through countywide implementation of their WalkSafe™ program. The WalkSafe™ program aims to improve health and safety by improving pedestrian safety skills, increasing physical activity, and enhancing the walkability surrounding elementary schools. Since its development in 2001, WalkSafe™ has used a multidisciplinary approach to address the “5 Es” of injury prevention: Education, Engineering, Enforcement, Encouragement, and Evaluation. As a result of the program’s comprehensive approach to improving health and safety, WalkSafe™ has been recognized as making a significant contribution to reducing pedestrian injuries in high-risk neighborhoods.

Additionally, UM Miller created a Transportation Surveillance System (TSS), which documents children's modes of transportation to and from school, by providing training, technical assistance, monitoring the administration of the School Traffic Survey and analyzing the results. This is the first survey of its kind, as this type of data has not been collected within Miami-Dade County. In order to validate self-reported results submitted by school administrators, the SRTS staff conducted site surveys. The TSS increased health promotion and active transportation awareness for Miami Dade County school administrators. Subsequently, there is increased availability to county-wide school active transportation data for agencies, stakeholders, and policymakers requiring data on trends related to geographic locations, transportation modality, and school type.

Key Contributors to Success: The CPPW leadership contributed to the success of the safe routes to schools initiative by championing policy education efforts in the areas of creating safer routes to schools through the sustainability of increased crossing guard presence. The key partners for the SRTS initiative sat on several committees (ex. Health & the Built Environment Committee, Children Issues Committee, Community Traffic Safety Team, etc.) throughout the county which created a linkage between various industries. One of the committees in which the SRTS partners were active was the Community Traffic Safety Team, whose support also contributed to the success of the initiative. The existing statewide and national SRTS infrastructure highly contributed to the success of the local SRTS initiative by providing resources and offering support if needed.



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Goal #10:	Increase sustainable Safe Routes to school initiative in Miami-Dade County
Objective #1:	By March 2012, the Miami-Dade County School Board will enact a Safe Routes to School policy in Miami-Dade County.

Challenges/Barriers: Throughout implementation of the SRTS CPPW initiative, several challenges surfaced. When conducting transportation surveillance of the students’ modes of commute to and from school, the validity of a percentage of the responses provided by school principals and assistant principals was questionable. Therefore, SRTS partners conducted site surveys to ensure validity of responses; however, there is no standardized manner in which each school captures this data (school rosters, guessing, school bus ridership, etc.) The development of a comprehensive survey to capture students’ modes of transportation also posed a challenge. As a result, a survey was developed taking into account the fact that balancing the inclusion of numerous survey questions with a moderate burden of work for responding administrators is of high importance. The survey obtained data that is valuable and comprehensive but also easy to complete.

During implementation of the CPPW SRTS initiative, it was also difficult to identify a school community member who will serve as champion for walk/bike initiative and accept responsibility for sustaining projects. Strategies employed to overcome this challenge was to recruit participation through individual school Educational Excellence School Advisory Council (EESAC) meetings and through individual school Parent Teacher Association (PTA)/ Parent Teacher Student Association (PTSA) meetings. It was also difficult to generate and maintain contact with parents for the purposes of education and engagement in walk/bike initiatives. SRTS partners therefore used multiple methods of communication to ensure broad reach of parent/school community population. Partners also enlisted multiple member teams within individual schools and engaged in weekly follow-up with school contacts to obtain progress. Moreover, partners also attended Community Traffic Safety Team meetings, served on the school wellness committee, attended Alliance for a Healthier Generation workshops and attended community health events.

Key Lessons Learned

Transportation Surveillance: The School Traffic Survey data set is valuable to agencies beyond University of Miami, Miller School of Medicine. Having the opportunity to share this data with those agencies (MPO and consultant engineering firms) has allowed UM Miller to identify the manner in which to obtain the most comprehensive data possible.

Health Promotion: Communication efforts targeting parents and community members need to occur on a frequent basis. On-going technical assistance and education will contribute to improved participation and investment in community health through walk/bike initiatives.

Publications/Manuscript Citations: None



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Goal #10:	Increase sustainable Safe Routes to school initiative in Miami-Dade County
Objective #2:	By May 2011, a resolution will have been approved in support of the policy by the Community Traffic Safety Team and endorsed by the Miami-Dade County Public School Board.

Objective Status: Complete

Synopsis: The City of Miami Police Department created environment change by increasing crossing guard presence at various locations, which were identified as high-risk areas for pedestrian injuries. The crossing guard uniform presence tends to reduce motorist speeding, creating safer pedestrian and cycling environments. In addition to creating a safer environment for those actively commuting, the amplified crossing guard presence was designed to increase students’ active transportation to and from school, thus increasing physical activity levels by incorporating walking and/or biking into their daily routine. Twenty-three crossing guards were hired, trained and placed at high risk locations throughout the county.

Current and pending policy changes will ensure crossing guard position sustainability. Throughout the duration of CPPW, there was extensive education rendered regarding the importance of policy change focused on the sustainability of crossing guard presence, which increased community and stakeholder awareness on the relationship between health and safety at schools. UM Miller was able to secure Senator Rene Garcia as a champion for the crossing guard sustainability initiative. Likewise, the Community Traffic Safety Team is in full support of crossing guard sustainability. Alternative funding mechanisms to sustain the newly hired City of Miami crossing guards were identified. There was an existing bill identified and amended to include crossing guard sustainability language. Although the bill did not pass during the 2011 legislative session, key stakeholders have committed to reintroducing the bill during the next legislative session.

Key Contributors to Success: The CPPW leadership contributed to the success of the safe routes to schools initiative by championing policy education efforts in the areas of creating safer routes to schools through the sustainability of increased crossing guard presence. The key partners for the SRTS initiative sat on several committees (ex. Health & the Built Environment Committee, Children Issues Committee, Community Traffic Safety Team, etc.) throughout the county which created a linkage between various industries. One of the committees in which the SRTS partners were active was the Community Traffic Safety Team, whose support also contributed to the success of the initiative. The existing statewide and national SRTS infrastructure highly contributed to the success of the local SRTS initiative by providing resources and offering support if needed.

Challenges/Barriers: There was difficulty in determining and controlling the occurrence of peripheral unrelated events causing policymakers to become de-routed from the issue at hand (crossing guard funding). As a result, SRTS partners worked with the technical assistance and guidance of the Director of Communications and Legislative Affairs from the Miami-Dade County Health Department. There were also delays in the crossing guard policy process.



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Eventually, to expedite the process, the amendment containing the crossing guard initiative was replaced by another more immediate amendment.

There were also challenges with hiring (23) new crossing guards and having them equipped with uniforms and supplies to successfully perform their duties within the proposed time frame due to a City of Miami Police Department hiring freeze. To manage those barriers, crossing guard partners maintained communication with the MDCHD and UM Miller; they also worked expeditiously in hiring, training and posting the 23 crossing guards once hiring freeze was lifted.

Key Lessons Learned: Regarding education on policy change, the opportunity for UM Miller to work with the technical assistance and guidance of the Director of Communications and Legislative Affairs from MDCHD was critical and of utmost value. Possibly if this assistance had been offered sooner, there would have been fewer delays in the policy process.

Publications/Manuscript Citations: Policy process paper in development



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity
Objective #1:	By January 2012, there will be a 10% increase in the number of Consortium member organizations that have implemented a Worksite Wellness program.

Objective Status: Not complete. By December 2012, 14 Consortium member organizations (CMOs) had implemented worksite wellness programs, meeting 88% of the outcome objective. The MDCHD Worksite Wellness team has agreed to continue providing assistance to CMOs as needed.

Synopsis: The baseline number of CMOs was 160, of these, 11 reported having a written policy related to physical activity and/or nutrition. The worksite wellness team at the MDCHD worked with CMOs to implement policy and systems change by assisting the development of worksite wellness programs in community organizations. A worksite wellness program development checklist modeled after CDC and WELCOA best practices was developed to track our clients’ progress. The worksite wellness team categorized an organization as having a wellness program if they had: 1) senior leadership buy-in and 2) a draft policy or program plan with outcome measures. As of December 2012, fourteen organizations implemented a new wellness program, impacting approximately 5,637 employees. The worksite wellness team has also provided technical assistance to 27 organizations with and without wellness programs to support program development and sustainability.

Key Contributors to Success: Persistence in following-up with community partners and incentivizing participation with recognition and free resources. Customizing tools and resources to match the unique needs of a diverse group of organizations so they are easy to understand and ready to use. Providing the worksite wellness staff with opportunities for training and professional development experiences such as webinars, conferences, and expert consultants.

The worksite wellness team initiated contact with the worksite wellness representative at the Florida Department of Health who shared some tools and resources in the initial phases of the project. A workplace environmental assessment tool developed at the state-level informed assessments of local workplace environments for potential wellness activities and interventions (i.e.-vending machines, walking paths, and stairwells).

The MDCHD secured a contract with Baptist Health South Florida’s Wellness Advantage program, a local leader and expert in worksite wellness initiatives, which was instrumental to developing outreach strategies and securing meetings with influential persons at CMOs.

Challenges/Barriers: Delays in hiring staff were overcome by simplifying the work plan to better suit the resources available. There were also differences in community expectations for free technical assistance and resources, which were overcome by providing education to CMOs



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity
Objective #1:	By January 2012, there will be a 10% increase in the number of Consortium member organizations that have implemented a Worksite Wellness program.

and developing incentive strategies to encourage maintaining contact and submitting deliverables.

Key Lessons Learned: Have clear definitions of outcome measures and ensure that there is a consensus on the measures between the grantor and the grantee before conducting baseline assessment. Invest more time and resources in the planning stage of project implementation to encourage the delivery of more consistent and cohesive messages and resources to the community. Be more proactive in documenting and sharing successes with upper management and the community-at-large.

Publications/Manuscript Citations: No manuscripts have been developed.



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity
Objective #2:	By March 2012, two large-scale public service venues (i.e. local government facilities) will have healthier food & beverages options available through vending machines. The selected public service venues serves as a hub for government employees, residents utilizing government services, multiple public transportation sources, and shopping venues.

Objective Status: Not complete. Not started.

Synopsis:

Key Contributors to Success:

Challenges/Barriers:

Key Lessons Learned:

Publications/Manuscript Citations: None



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity.
Objective #3:	By March 2012, increase by 20% the availability of healthier foods from farmer’s markets, located in public service venues (i.e. government facilities). The selected public service venues serve as a hub for government employees, residents utilizing government services, transportation gateways, and shopping venues.

Objective Status: Complete

Synopsis: Four worksite farmers’ markets were implemented in various public service venues. These included two government buildings, one elementary school, and one community health center. Specifically, these markets included the North Miami Farmers’ Market, the Downtown Harvest Market, the Opa-Locka Farmers’ Market, and the Brownsville Farmers’ Market. Three of the markets (excluding Opa-Locka) accepted SNAP/ EBT benefits at double the value (up to \$10.00) to increase access not only to employees, but underserved community members as well. In addition, mini-health fairs were organized at each of the markets to provide educational and screening services.

Key Contributors to Success: The Farmer’s Market Coalition provided technical assistance which aided in the implementation and enhancement of the farmers’ markets. Through Sharon Yeago’s expertise, community partners were given insight to lessons learned from other markets within Florida. In addition, meeting held through the South Florida Food Policy Council, Miami-Dade Chapter and the Consortium for a Healthier Miami-Dade Farmer’s Market Workgroup provided an avenue for the community partners to work together and aid each other with various challenges. Wholesome Wave assisted by providing resources and helping the partners apply for participation in their Double Value Coupon program.

Challenges/Barriers: Procurement issues arose when it was determined that the initiative was outside of the realm of the department of health. In order to move forward with the initiative a different capital outlay was established. This caused a delay in contracting with the various community partners, and as a result they were subcontracted through another partner organization. Each of the partners experiences different challenges ranging from cost of the market location, to barriers with renewing location contracts. In these cases, the solution was to look for an alternate location that would still be accessible to those living in the areas of greatest need. There were also linguistic and cultural barriers at times during outreach and survey administration. This was resolved by involving staff, volunteers and youth apprentices who spoke Spanish and Creole to assist with outreach and survey administration. Ensuring consistent participation and commitment from the youth outreach workers required additional work. Home visits were conducted to ensure family involvement and follow-through and schedules were made flexible.



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity.
Objective #3:	By March 2012, increase by 20% the availability of healthier foods from farmer’s markets, located in public service venues (i.e. government facilities). The selected public service venues serve as a hub for government employees, residents utilizing government services, transportation gateways, and shopping venues.

Key Lessons Learned: Locations and market times should be assessed before the implementation of the market to verify that it provides the greatest access to the community. Permitting procedures should be done with ample anticipation of the start date of the market, and a back-up plan should be established if the permit is not approved in time.

Publications/Manuscript Citations: None



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity
Objective #4:	By May 2011, 40% of the Consortium Member Organizations will adopt a policy that meets recommended strategies adopted from the CDC guidelines for Worksite Wellness in reference to nutrition and physical activity.

Objective Status: Not complete. By December 2012, 8 Consortium member organizations (CMOs) had adopted a worksite wellness policy, meeting 12.5% of the outcome objective. The MDCHD worksite wellness team will continue to provide assistance to CMOs as needed.

Synopsis: The baseline number of CMOs was 160, of these, 11 reported having a written policy related to physical activity and/or nutrition. The worksite wellness team at the MDCHD worked with CMOs to implement policy and systems change by assisting the development of worksite wellness policies in community organizations. Worksite wellness policy development templates were developed and provided to CMOs. By the end of December 2012, 8 organizations implemented worksite wellness policies that satisfy CDC guidelines for worksite wellness. Another 6 organizations have submitted draft policies and 3 others are currently engaged in draft policy development. The estimated impact of wellness policies developed during the project was 1,495 employees. If all of the community partners continue with wellness policy development and implementation this impact may increase up to 14,464 employees.

Key Contributors to Success: Persistence in following-up with community partners and incentivizing participation with recognition and free resources. Customizing tools and resources to match the unique needs of a diverse group of organizations so they are easy to understand and ready to use. Providing the worksite wellness staff with opportunities for training and professional development experiences such as webinars, conferences, and expert consultants.

The worksite wellness team initiated contact with the worksite wellness representative at the Florida Department of Health who shared some tools and resources in the initial phases of the project. A workplace environmental assessment tool developed at the state-level informed assessments of local workplace environments for potential wellness activities and interventions (i.e.-vending machines, walking paths, and stairwells).

The MDCHD secured a contract with Baptist Health South Florida’s Wellness Advantage program, a local leader and expert in worksite wellness initiatives, which was instrumental to developing outreach strategies and securing meetings with influential persons at CMOs.

Challenges/Barriers: Delays in hiring staff were overcome by simplifying the work plan to better suit the resources available. There were also differences in community expectations for free technical assistance and resources, which were overcome by providing education to CMOs and developing incentive strategies to encourage maintaining contact and submitting



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity
Objective #4:	By May 2011, 40% of the Consortium Member Organizations will adopt a policy that meets recommended strategies adopted from the CDC guidelines for Worksite Wellness in reference to nutrition and physical activity.

deliverables. CMOs also lacked of awareness and understanding of the importance of having a wellness policy so the worksite wellness team arranged trainings and educational presentations focused on policy development.

Key Lessons Learned: Invest more time and resources in the planning stage of project implementation to encourage the delivery of more consistent and cohesive messages and resources to the community. Be more proactive in documenting and sharing successes with upper management and the community-at-large. Policy development can be an intimidating activity for many community partners, especially if it is not their normal role at an agency. As a result, adequate time should be dedicated to educating clients on the benefits of having a wellness policy and to simplifying the process as much as possible. Policy development and implementation can take a long time and can be difficult for an organization that has headquarters in another city.

Publications/Manuscript Citations: No manuscripts have been developed.



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Goal #11:	Promote worksite wellness among Consortium member organizations to increase the number of worksite wellness programs that implement nutrition related policies and physical activity.
Objective #5:	By March 2010, improve the MDCPS Worksite Wellness Program by increasing the available opportunities to engage in physical activity.

Objective Status: Complete

Synopsis: The Miami-Dade County Public Schools: Physical Education and Health Literacy Department worked to implement three Wellness Centers in key areas of Miami-Dade County. The centers are equipped with exercise equipment equivalent to that found in for-profit gyms. Public school employees have access to the centers before and after work, as well as during their lunch hours. The locations are situated in the north, south, and downtown areas of the county. In order ensure that employees are following safety guidelines and the Miami-Dade County Public Schools code of conduct an Employee Wellness Center Manual was developed.

Key Contributors to Success: A key contributor to the success of this initiative included volunteers from Miami-Dade County Public Schools, who manned the centers before and after work, as well as during lunch. The volunteers were able to keep track of center participation by requiring participants to sign an attendance log before utilizing the center. They also assisted in making sure that participants were following the regulations and safety precautions outlined in the Employee Wellness Center Manual.

Challenges/Barriers: The majority of participants were district employees from the Downtown location (the only location at the time) during the first year of operation. The wellness center was expanded and two additional centers were opened in the South and North portion of the county.

Key Lessons Learned: There was a need to involve the Risk Management Department of the Miami-Dade County Public Schools as this is the department that handles the county school system’s worksite wellness initiatives. In addition, it would have been helpful to work with the individual schools and principals to implement worksite wellness initiatives that were specific to those schools interested. Leveraging resources within the Miami-Dade County Health Department, specifically with the School-Health Program, would have facilitated entry by the CPPW program into the schools.

Publications/Manuscript Citations: None



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CPPW Partners

Leadership Team

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Community Partners

- Alix Desulme & Associates, Inc.
- Alliance for a Healthier Generation
- Alliance for a Healthier Minnesota
- Baptist Health South Florida
- Bochika, Inc.
- CBS Outdoor
- CBS Television Stations, South Florida
- Circle of One Marketing, Inc.
- City of Miami
- City of Miami- Police Department
- City of North Miami
- Consortium for a Healthier Miami-Dade
- Consulting Registered Dietitians, Inc.
- Dietz & Associates
- Early Learning Coalition
- Earth Learning, Inc.
- Farmer's Market Coalition
- Florida Department of Children and Families
- Florida International University, Herbert Wertheim College of Medicine, Green Family Foundation NeighborhoodHELP Program
- Foundation for a Breastfeeding Culture, Inc.
- Garden of Ian, LLC.
- Health Council of South Florida, Inc.
- Healthy Start Coalition of Miami-Dade
- Loretta Marketing Group
- Miami-Dade County Health Department, Women, Infants and Children (WIC) Program
- Miami-Dade County Health Department, Worksite Wellness
- Miami-Dade County Public Schools, Department of Food and Nutrition
- Miami-Dade County Public Schools, Physical Education and Health Literacy Department



**Miami-Dade County Health Department
Communities Putting Prevention to Work
Make Healthy Happen Miami
Final Report**

- Miami-Dade County Parks, Recreation and Open Spaces Department
- New York City Department of Health and Mental Hygiene
- Research & Evaluation Network
- South Florida Hospital and Healthcare Association
- South Florida Regional Planning Council
- The Food Trust
- University of Miami Mailman Center for Child Development
- University of Miami Miller School of Medicine, WalkSafe™ program
- Urban Oasis Project, Inc.
- Utopian Consulting, LLC.
- VSBrooks Advertising, Inc
- Youth L.E.A.D., Inc.
- War on Poverty-Florida, Inc.
- Wholesome Wave