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# Community Health Improvement Plan Miami-Dade County

Our collaborative plan to improve  
community health and quality of life

## 2015-2016 ANNUAL REPORT



[healthymiamidade.org](http://healthymiamidade.org)  
[miamidade.floridahealth.gov](http://miamidade.floridahealth.gov)

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## Vision

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



**The Community Health Improvement Plan focuses on Miami-Dade County's 35 municipalities which are home to a population of over 2.6 million residents located in the southeastern part of the state of Florida.**



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## An Invitation to the Community

Dear Health Improvement Partners and Residents of Miami-Dade County:

During the last year, we have seen remarkable progress in the implementation of the 2013-2018 Community Health Improvement Plan (CHIP). The CHIP has allowed us to address today's public health concerns by connecting organizations, programs and resources. We have experienced important community changes as strategies have been successfully implemented. Through the CHIP's collaborative nature, we will be able to continue to improve health and quality of life for over 2.6 million residents of Miami-Dade County.

While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is charged with providing administrative support, tracking and collecting data, and preparing the annual review report. This report reflects and highlights the activities, accomplishments, and collaborative efforts of the DOH-Miami-Dade and community partners, and it serves as an overall progress review of the strategic health indicators that were identified and the activities that have been implemented.

To improve the health status and outcomes of our community, we must continue to work together across multiple sectors. The impact and success of the CHIP requires our collective effort. I invite all of you to participate in some capacity to address the strategic health priorities within the plan so that we can improve the health of our community. Together, our efforts to address complex health concerns will improve the local public health system and have a significant impact on the community's health. We look forward to working with you as we continue to protect, promote and improve the health of all people in Miami-Dade County.

Sincerely,

*Lillian Rivera*

Lillian Rivera, RN, MSN, PhD

Administrator

Florida Department of Health in Miami-Dade County

**The Community Health Improvement Plan (CHIP) is a five year plan to improve community health and quality of life in Miami-Dade County. Miami Dade County’s CHIP is a stakeholder driven collaborative framework to inform, mobilize, and empower communities to address five key health care priorities—Health Protection, Access to Care, Chronic Disease Prevention, Community Redevelopment and Partnerships, and Health Finance and Infrastructure – through education, meaningful partnerships, and evidence-based interventions.**

The CHIP was developed to address the community’s most pressing health needs as identified in the Community Health Needs Assessment which features significant data and resident input. The CHIP is aligned with national and state public health practices, using Healthy People 2020 and the State Health Improvement Plan (SHIP) as models.



**Fundamental to the CHIP is the recognition that a wide range of individuals and organizations share a role in improving community health.**

The Miami-Dade County Community Health Improvement Plan Annual Report considers whether health improvement strategies are being implemented as intended by accountable entities and whether it is having the intended impact. The CHIP Annual Report highlights the ongoing and evolving health improvement process and makes use of Strategic Priority Status Maps to identify the health issues that need a more focused attention. Data for strategic health indicators are monitored in order to inform of the effectiveness of an intervention and the contributions of community stakeholders. The annual evaluation of the CHIP results in a refocusing of attention on root causes of health problems, and ultimately in important improvements in community health.

### Strategic Priorities:

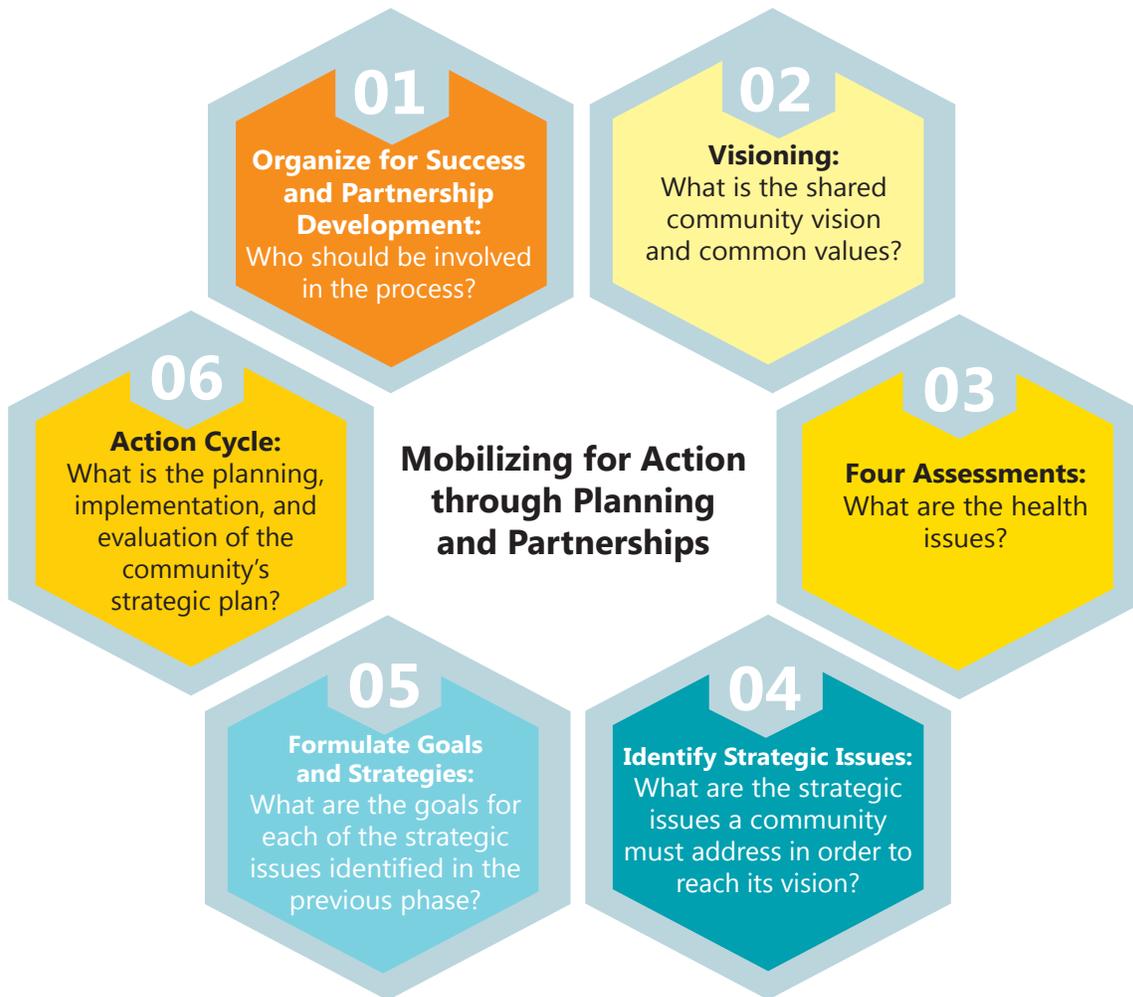
**Health Protection**  
**Access to Care**  
**Chronic Disease Prevention**  
**Community Redevelopment and Partnerships**  
**Health Finance and Infrastructure**

# Improving Community Health

According to the Robert Wood Johnson Foundation County Health Rankings, Miami-Dade County's health outcomes ranked 19th of 67 Florida counties, and health factors ranked 28th of 67 Florida counties. Counties are ranked by a variety of health measures and are relative to the health of other counties within the same state. Counties with higher ranks are considered to be the healthiest. Miami-Dade County's collective health has changed, this is attributed to a wide range of health outcomes and factors that have fluctuated over time.

The community-driven strategic planning process for improving community health, Mobilizing for Action through Planning and Partnerships (MAPP), is an accredited framework used to help communities prioritize health issues and identify resources to address them. Through this framework, organizations, groups and individuals can convene to create and implement a community health improvement plan.

The complete MAPP reports can be accessed at [healthymiamidade.org](http://healthymiamidade.org)



The implementation of the CHIP is systematically monitored and evaluated with participation from all pertinent stakeholders. The Florida Department of Health in Miami-Dade County tracks all indicators of the plan through the use of a web based performance measurement and monitoring system known as Clear Impact. Data may be updated regularly and progress reports may be generated for distribution to stakeholders. The CHIP Monitoring and Evaluation Committee meets on a quarterly basis to monitor the Clear Impact Scorecard, review and assign action items, and report on program indicators.

The MAPP assessments provide a comprehensive picture of a community in its current state using both qualitative and quantitative methods. MAPP provides tools to help communities analyze health issues through multiple lenses. Based on the results of the assessments, particularly the Community Health Needs Assessment, areas of opportunity for enhanced intervention and strategies to impact population health were identified in the Community Health Improvement Plan.

# Consortium for a Healthier Miami-Dade



## **Mission:**

To be a major catalyst for healthy living in Miami-Dade through the support and strengthening of sustainable policies, systems and environments.

## **Vision:**

Healthy Environment  
Healthy Lifestyles  
Healthy Community

## **Consortium Committees:**

1. Children Issues/Oral Health
2. Elders Issues
3. Health and the Built Environment
4. Health Promotion and Disease Prevention
5. Marketing and Membership
6. Tobacco-Free Workgroup
7. Worksite Wellness

## **Take Action Today!**

To become a member of the Consortium, visit [healthymiamidade.org/membership](http://healthymiamidade.org/membership)

**M**iami-Dade County was nationally recognized as one of seven winners of the 2016 Robert Wood Johnson Foundation Culture of Health Prize for their efforts to ensure all residents have the opportunity to live longer, healthier and more productive lives. Miami-Dade County is being nationally recognized for bringing partners together in support of a shared vision of health. One of Miami-Dade County's notable efforts includes the formation of the Consortium for a Healthier Miami-Dade which is the community's initiative dedicated to creating environments that are conducive to healthy lifestyles at every age to reduce chronic disease and create healthy places to live, learn, work and play.

The seven committees of the Consortium and its network of over 300 partners combine expertise and resources for collective impact and work to establish sustainable policy, environmental, and systems change to ensure that community health and quality of life is improved across Miami-Dade County. The Community Health Improvement Plan (CHIP) was the catalyst in developing the Consortium's strategic plan, and each Consortium committee contributes to the implementation of the CHIP by monitoring and evaluating a total of over forty strategic health indicators. Consortium membership is free and open to all individuals who work to make the vision of "Healthy Environment, Healthy Lifestyles, Healthy Community" a reality in Miami-Dade County.

# Key Findings

**M**iami-Dade County's collective health has changed over the last few years. Many health outcomes have improved while others have gotten worse. The following are the key findings of the 2015-2016 Community Health Improvement Plan Annual Report.



## A decreasing rate of infectious diseases

The AIDS rate per 100,000 population has decreased from 25.5 (2013) to 17.8 (2015)

The tuberculosis incidence rate per 100,000 population has decreased from 5.3 (2013) to 4.7 (2015)



## Increased prevention and treatment for infectious diseases

93% of infectious Syphilis cases are treated within 14 Days of specimen collection date

Immunization levels in two-year-old children by DOH-Miami Dade clinics have been above 90% since 2013



## Narrowing racial disparity gaps in pregnancy outcomes

The black infant mortality rate per 1,000 live births has decreased from 10.1 (2012) to 8.8 (2015)

Miami-Dade County's infant mortality rate per 1,000 live births (4.8, 2015) is below Florida's (6.1, 2015) and national (6.2, 2015) infant mortality rates



## Increased access to oral health and care

1,432 dental services were provided by DOH-Miami-Dade at the Penalver, Jefferson Reeves, Seals on Wheels Clinics in June 2016



## Miami-Dade County's tobacco use is lower than the state's use

14% smoking rate among Miami-Dade adults compared to 17% smoking rate in the state of Florida



## Incidence and prevalence of unhealthy weight

25.9% middle school students (2015) and 16% high school students (2015) are overweight

## CHIP Quick Facts

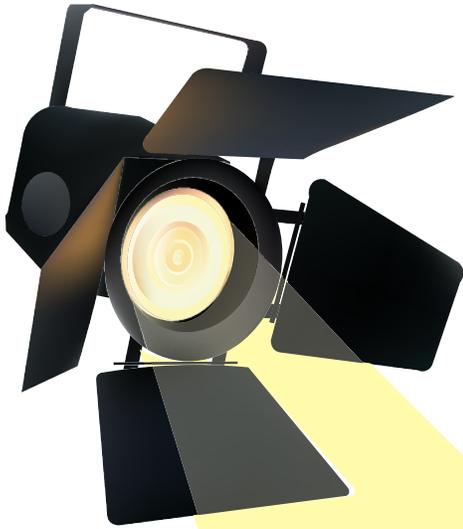
**19**  
community  
health goals

**132**  
health  
indicators

**69.7%**  
of health  
indicators  
improved

**17.4%**  
of health  
indicators  
need  
improvement

**12.9%**  
of health  
indicators saw  
no significant  
difference in  
improvement



# In the Spotlight



# In the Spotlight



## Florida Healthy Babies Community Meeting

**Indicator AC 5.4.3**  
Infant mortality rate

**Indicator AC 5.4.4**  
Black infant mortality rate

In June 2016, the Florida Department of Health in Miami-Dade County hosted a Community Meeting to discuss the Florida Healthy Babies initiative, a collaborative statewide initiative designed to positively influence social determinants of health and reduce racial disparities in infant mortality.

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**Infant mortality is the death of a child that occurs before his or her first birthday, and it serves as a key indicator of population health.**

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The Florida Healthy Babies Community Meeting consisted of a presentation highlighting the key findings of the County Infant Mortality Analysis which reviewed infant mortality rates across the county and assessed the most recent rates for social determinants of health. Though Miami-Dade County has seen declining infant mortality rates, racial and ethnic disparities persist. Non-Hispanic Black infant mortality rates are almost three times that of Non-Hispanic White and Hispanic infants.



The Community Meeting also consisted of a panel session which explored topics such as Maternal Health Factors, Cesarean Sections, Interconceptual Health, Planned Pregnancy, and Preterm Birth. The public, key community leaders, organizations, and officials were provided a platform to focus on critical issues, brainstorm root causes and solutions around selected disparities and developed an action plan to improve the health and development of babies in Miami-Dade County.



# In the Spotlight

## Environmental Health and Zika Response

### Indicator HP 2.2.1

Percent of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report

During the course of the Zika Response Mission, Environmental Health team members conducted Zika Assessment surveys in the Little Haiti area. With DOH-Miami-Dade Environmental Health leadership and guidance, they identified and implemented action items to improve the Little Haiti community and assist in the fight against Zika.

During their interventions in the Little Haiti area, they individually met with community members and educated them on how to reduce the risk of mosquito contact and the Zika Virus. They explained how and why dumping standing water was important-removing tarps, washing machines, tires, toilets, sinks, etc. When mosquito larvae were identified they notified the homeowner and educated them on how to identify and abate conditions. Community members were provided educational handouts and mosquito repellent, and shown how to use the repellent properly. A total of approximately 262 educational flyers and 173 bottles of repellent/mosquito wipes were distributed.



Environmental Health assisted a Zika Task Force during a community cleanup effort in Little River. The task force was made up of representatives from the City of Miami Neighborhood Enhancement Team (NET), City of Miami Solid Waste, City of Miami Code Enforcement, and City of Miami Police. The purpose of the event was to both identify and abate illegal dumping grounds and educate community members on the Drain and Cover campaign the Department of Health initiated in response to the Zika virus. Approximately two and a half garbage truck loads were filled including the removal of about 40 mattresses and 60 tires.



# In the Spotlight

## The 5th Annual Breastfeeding Awareness Walk



The 5th Annual Breastfeeding Awareness Walk held on August 6, 2016 at Amelia Earhart Park was an incredible milestone for the Florida Department of Health (DOH-Miami-Dade) in Miami-Dade WIC & Nutrition Program. Drawing in more than 1,200 attendees and over 50 participating community organizations, it was the largest event held by the DOH-Miami-Dade WIC Program in partnership with the Healthy Start Coalition of Miami-Dade.

### Indicator AC 5.4.5

% of WIC women who are exclusively breastfeeding their infant at 6 months of age

The purpose of the event was to educate the public on breastfeeding awareness with a family fun-filled day including a 3K walk, breastfeeding and nutrition classes, food demonstrations, children's activities and a variety of vendors providing resources and information on community programs. Additionally, the event was an official site for the Big Latch On, a global initiative and synchronized breastfeeding event where scores of mothers around the world breastfeed in public together for one minute in order to raise awareness and offer peer support to one another. It was an incredibly successful event with 175 infants/children breastfeeding at the same time. This annual event continues to attract more and more community members as well as professionals and community partners. It was also a wonderful opportunity to educate the community on the benefits and services of the WIC Program.



Events such as the DOH-Miami-Dade Breastfeeding Awareness Walk are focused on not only increasing awareness in communities, but also shedding light on the communities with the lowest breastfeeding rates and linking these mothers and community organizations to our program for breastfeeding support and assistance.

# 1

## STRATEGIC PRIORITY

# Strategic Priority 1: Health Protection



## Goals

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

## Key Health Indicator

### Indicator HP1.3.3

% of newly identified HIV infected persons linked to care within 90 days of diagnosis

### What was happening before?

In 2013, 66.5% of newly identified HIV infected persons were linked to care within 90 days of diagnosis. There was a need to integrate and streamline the linkage to care system in order to efficiently link newly diagnosed HIV positive clients, tested in publicly funded testing and counseling sites, into care.

### What results were seen?

85.0% of newly identified HIV infected persons are now linked to care with publicly funded testing sites within 90 days of diagnosis.

### Who was involved?

DOH-Miami-Dade HIV/AIDS worked with Ryan White Part A to ensure that there was coordination and collaboration between the Counseling and Testing sites and the Ryan White Part A Outreach linkage specialist in the county.



### What did we do differently?

An action plan to increase the number of newly identified HIV positive clients that are linked to care was created. Technical assistance was provided by the Counseling, Testing and Linkage staff in the form of site visits, staff training and updates. Report cards were distributed to registered counseling and testing sites on a quarterly basis. The Counseling, Testing and Linkage team eliminated the data from the research study which was unable to track patients referred to care due to use of anonymous testing.

### How does this help make our community healthier?

Linking newly diagnosed positive clients has the potential of increasing the health outcomes of the client and reducing new transmissions in the county.

## Health Protection

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



**94.6%**

of Tuberculosis cases completed therapy within 12 months in 2014



**93%**

of infectious Syphilis cases were treated within 14 days in 2016



**100%**

of environmental health complaints were investigated within 2 days in 2014



**99%**

of DOH-Miami-Dade two-year old clients immunized in 2015



**92%**

of DOH-Miami-Dade Chlamydia cases were treated within 14 days in 2016

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 1: Prevent and control infectious diseases</b>										
HP 1.1.1	Percent of two-year olds immunized	2013	2016	86.5	85.0	↑	↓	90.0	Needs improvement	No
HP 1.1.2	Percent of elderly who have had the flu shot	2010	2013	50.8	43.0	↑	↓	75.0	Needs improvement	No
HP 1.1.3	Immunization levels in two-year old children by DOH-Miami-Dade clinics	2013	2015	95.0	99.0	↑	↑	96.0	Improved	Yes
HP 1.1.4	Number of confirmed cases of measles in the county	2011	2015	1	0	↓	↓	0	Improved	Yes
HP 1.1.5	Number of confirmed cases of Haemophilus influenzae type B	2013	2015	36	26	↓	↑	0	Improved	No
HP 1.2.1	Number of bacterial STD cases among females 15-34 years of age	2012	2015	2098.8	2,258.2	↓	↑	2,091.5	Needs improvement	No
HP 1.2.3	TB incidence per 100,000 population	2012	2015	4.9	4.7	↓	↑	3.5	Improved	No
HP 1.2.4	Percent of treatment rate for active TB cases	2010	2013	94.7	97.6	↑	↑	98.0	Improved	No
HP 1.2.6	Percent of TB cases completing therapy within 12 months	2011	2014	92.1	94.6	↑	↑	95.0	Improved	No
HP 1.2.7	Rate of enteric disease cases	2011	2015	54.3	57.6	↓	↑	51.7	Needs improvement	No
HP 1.3.1	AIDS case rate	2010	2015	26.0	17.8	↓	↓	20.5	Improved	Yes
HP 1.3.2	Percent of adults <65 who have ever been tested for HIV in Miami-Dade	2010	2013	54.2	54.0	↑	↓	60.0	Needs improvement	No
HP 1.3.3	Percent of newly identified HIV infected persons linked to care within 90 days of diagnosis	2012	2016	66.0	83	↑	↑	85.0	Improved	No
HP 1.3.4	New HIV infections per 100,000 in Miami Dade	2012	2015	45.5	51.6	↓	↑	45.0	Needs improvement	No
HP 1.4.1	Percent of infectious Syphilis treated within 14 days of specimen collection date	2013	2016	85.0	93.0	↑	↑	88.0	Improved	Yes

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
HP 1.4.1	Percent of CHD Chlamydia cases treated within 14 days of specimen collection date	2013	2016	85.0	92.0	↑	↑	88.0	Improved	Yes
HP 1.4.2	Percent of timely dissemination of the EPI monthly	2013	2014	100.0	100.0	↔	↔	100.0	No significant difference	Yes
HP 1.4.3	Plan, protocols and procedures for enhanced surveillance and real-time data reporting developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>Goal 2: Prevent and reduce illness, injury and death related to environmental factors</b>										
HP 2.1.1	Environmental Public Health Performance assessment completed and an action plan developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HP 2.1.2	Protocol for Assessing Community Excellence in Environmental Health implemented (Yes=1/No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
HP 2.2.1	Percent of illness outbreaks associated with a regulated facility has an environmental assessment or inspection done within 48 hours of initial outbreak report	2013	2014	100.0	100.0	↑	↑	90.0	Improved	Yes
HP 2.2.2	Percent of electronically submitted food complaints in Miami-Dade	2010	2014	100.0	100.0	↔	↔	100.0	No significant difference	Yes
HP 2.2.3	Number of reported new cases in Miami-Dade of lead poisoning among children under 72 months of age	2013	2015	48	27	↓	↓	40	Improved	Yes
HP 2.3.1	Percent of public water systems have no significant health drinking water quality problems	2013	2014	99.0	99.0	↑	↑	93.5	Improved	Yes
HP 2.3.2	Percent of of inspections completed	2014	2016	90.0	73.0	↑	↓	90.0	Needs improvement	No

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
HP 2.4.1	Number of Health Impact Assessments training conducted	2013	2014	0	1	↑	↑	3	Improved	No
<b>Goal 3: Minimize loss of life, illness, and injury from natural or man-made disasters</b>										
HP 3.1.1	After Action Report (AAR) Improvement Plan (IP) completed within 30 days of exercise or real world response	2015	2016	0	100	↑	↑	100	Improved	Yes
HP 3.2.1	Percent of DOH-Miami-Dade employees responding to monthly notification drills within an hour	2015	2016	77.0	66.0	↔	↓	70.0	Needs improvement	No
HP 3.3.1	Percent of All Hazards Preparedness Plan meeting State and National standards	2011	2013	100.0	100.0	↔	↔	100.0	No significant difference	Yes
HP 3.6.1	Number of disseminated first risk communication message for the public during an exercise or a real incident in Miami-Dade	2013	2014	0	1	↑	↑	1	Improved	Yes
HP 3.6.2	Number of MRC Activity Participation	2013	2014	4	9	↔	↑	3	Improved	Yes
<b>Goal 4: Prevent and reduce unintentional and intentional injuries</b>										
HP 4.1.1	Rate of deaths from unintentional falls aged 65+	2011	2015	29.8	30.3	↓	↑	25	Needs improvement	No
HP 4.1.2	Number of hospitalizations for near drowning, ages 1-4	2010	2015	21	22	↓	↓	10	Needs improvement	No
HP 4.1.2	Number of deaths from drownings, ages 1-4	2010	2015	6	2	↓	↓	2	Improved	No
HP 4.1.3	Rate of deaths from all external causes, ages 0-14 among Miami-Dade resident children ages 0-14	2011	2015	5.3	4.7	↓	↓	5.0	Improved	Yes
HP 4.2.1	Data sources in the Florida Injury Surveillance Data Report updated and disseminated (Y=1/N=0)	2013	2015	0	0	↑	↔	1	No significant difference	No
HP 4.3.1	Number of Fatal Traumatic Brain Injuries under age 1	2010	2014	6	0	↓	↑	4.5	Improved	No
HP 4.3.1	Number of Fatal Traumatic Brain Injuries 1-5, 3 Year Rolling in Miami-Dade	2010	2015	10	8	↓	↓	8	Improved	No

## Strategic Priority 2: Access to Care



### Goals

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

### Key Health Indicator

#### Indicator AC 5.4.5

% of Women, Infants and Children (WIC) Program women who are exclusively breastfeeding their infant at 6 months of age

#### What was happening before?

In 2007, 9.3% of women were exclusively breastfeeding their infant at 6 months of age in Miami-Dade County.

#### What results were seen?

In 2016, 10.0% of women were exclusively breastfeeding their infant. At the North Miami Beach WIC clinic where approximately 70% of the population is of Haitian descent, 13.4% of the mothers at that clinic reported exclusively breastfeeding for at least six months.

#### Who was involved?

DOH-Miami-Dade WIC and the Healthy Start Coalition provide community providers with advanced lactation training on topics that are major breastfeeding barriers to women.



#### What did we do differently?

DOH-Miami-Dade WIC has a multi-faceted strategy which includes providing training for peer counselors and breastfeeding professionals in the community, improving staffing levels at WIC sites, establishing strong relationships with local hospitals to coordinate breastfeeding services from delivery up until the initial WIC appointment, conducting breastfeeding counseling and classes directly on labor and delivery floors, and sponsoring community events aimed at increasing breastfeeding rates, especially in high-risk areas

#### How does this help make our community healthier?

Breastfeeding is one of the best preventive actions, decreasing the risk of some cancers in mothers and decreasing the risk of child obesity, among many other benefits.

# 2

## STRATEGIC PRIORITY

### Access to Care

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



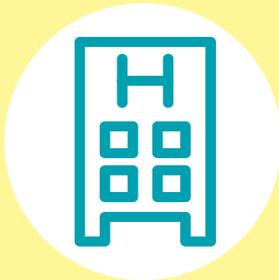
**292**

preventive services were provided on average per month by DOH-Miami-Dade in 2016



**15.3**

rate of live births per 1,000 population to mothers aged 15–19 in 2015



**27.1%**

of births with inter-pregnancy intervals of less than 18 months in 2015



**10%**

of WIC women are exclusively breastfeeding their infant at 6 months of age in 2016



**21.6**

rate of maternal deaths per 100,000 live births in Miami-Dade County in 2015

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs Improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 1: Regularly assess health care assets and service needs</b>										
AC 1.1.1	Plan including most effective way to update community resources in collaboration with community partners devised (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
AC 1.1.3	Community Health Needs Assessment conducted (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>Goal 2: Improve access to primary care services for Floridians</b>										
AC 2.1.3	Information obtained from the State on barriers for scope of practice, licensure and credentialing processes obtained (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
AC 2.1.4	Map of areas within the county where there are shortages of primary medical care, dental or mental health providers developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
AC 2.1.7	Number of meetings/presentations with medical programs	2013	2014	0	2	↑	↑	4	Improved	No
<b>Goal 3: Enhance access to preventive, restorative and emergency oral health care</b>										
AC 4.1.1	Community Health Improvement Plan released (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
AC 4.2.1	Number of adults >21 years visiting Penalver Clinic	2016	2016	151	151	↑	↔	Pending	No significant difference	N/A
AC 4.2.1	Number of adults >21 years visiting Jefferson Reaves Clinic	2016	2016	0	0	↑	↔	Pending	No significant difference	N/A
AC 4.2.1	Total number of adults >21 years visiting FDOH MDC Dental Clinics	2016	2016	151	151	↑	↔	Pending	No significant difference	N/A
AC 4.2.2	Number of preventive services provided per month	2016	2016	292	292	↑	↔	Pending	No significant difference	N/A

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs Improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
AC 4.2.4	Number of clients receiving dental services at Seals on Wheels, Penalver, and Jefferson Clinics	2016	2016	1,386	1,386	↑	↔	Pending	No significant difference	N/A
AC 4.2.4	Number of adults receiving dental services	2016	2016	726	726	↑	↔	Pending	No significant difference	N/A
AC 4.2.4	Number of children receiving dental services	2016	2016	660	660	↑	↔	Pending	No significant difference	N/A
AC 4.3.2	Number of dental sealants placed on children per month	2016	2016	37	37	↑	↔	Pending	No significant difference	N/A
AC 4.4.2	FL City developed a plan to have fluoridated water (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>Goal 4: Reduce maternal and infant morbidity and mortality</b>										
AC 5.1.1	Percent of women who received preconception education	2014	2014	12.0	12.0	↑	↔	Pending	No significant difference	N/A
AC 5.1.2	Rate of maternal deaths per 100,000 live births in Miami-Dade	2010	2015	22.3	21.6	↓	↓	14.0	Improved	No
AC 5.2.1	Percent of births with inter-pregnancy intervals of less than 18 months	2010	2015	30.4	27.1	↓	↓	29.5	Improved	Yes
AC 5.3.1	Number of Repeat Births to Teens (Age 15-19)	2012	2014	7.8	8.0	↓	↑	7.3	Needs improvement	No
AC 5.3.2	Rate of live births to mothers aged 15-19	2012	2015	21.0	15.3	↓	↓	20.0	Improved	Yes
AC 5.4.3	Infant mortality rate	2012	2015	4.9	4.8	↓	↓	4.5	Improved	No
AC 5.4.4	Black infant mortality rate	2012	2015	10.1	8.8	↓	↓	9.5	Improved	Yes
AC 5.4.5	Percent of WIC women who are exclusively breastfeeding their infant at 6 months of age	2007	2016	9.3	10.0	↑	↑	12.0	Improved	No

## Strategic Priority 3: Chronic Disease Prevention



### Goals

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

### Key Health Indicator

#### Indicator CD 4.2.3

% of current cigarette use among Miami-Dade County's youth, ages 11–17 years

#### What was happening before?

In 2012, 4.7% of Miami-Dade County youth ages 11-17 years old smoked cigarettes. Tobacco use starts and is established primarily during adolescence.

#### What results were seen?

As of 2014, 2.5% of Miami-Dade County youth ages 11-17 years old smoked cigarettes.

#### Who was involved?

Partners involved in making the change: the Consortium Tobacco Free Workgroup, the City of Hialeah, Miami Dade Students Working Against Tobacco (SWAT) Chapter and DOH-Miami-Dade Staff. In total 26 municipalities created resolutions to ban the sale of flavored tobacco to minors and a city ordinance prohibiting the sale of flavored tobacco specialty products was created by the City of South Miami.



#### What did we do differently?

From 2012-2014, SWAT students and partners began to educate local decision makers on the importance of banning the sale of flavored tobacco to youth. During this time, three ordinances were created by Miami Dade County to prohibit the placement of tobacco products, electronic cigarettes, and the sale of electronic cigarettes and other nicotine dispensing devices to minors.

#### How does this help make our community healthier?

Due in part to these new regulations, a decrease in cigarette use among the youth in Miami-Dade County has been realized in 2016.

# 3

## STRATEGIC PRIORITY

### Chronic Disease Prevention

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



**27.0%**

of WIC children ages 2 to 5 are overweight or obese in 2016



**31.4%**

of BMI referrals were completed in 2014



**2.5%**

of Miami-Dade County youth ages 11–17 smoked cigarettes in 2014

**17.5%**

of middle and high school students were overweight in 2014

**69.0%**

of Miami-Dade adults had a cholesterol screening in the past two years in 2013

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 1: Increase the percentage of adults and children who are at a healthy weight</b>										
CD 1.1.1	Process to collect data on the number of health care providers who calculate and document body mass developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
CD 1.1.2	Process to collect data on the number of health care providers who provide counseling or education developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
CD 1.2.1	Percent of targeted health care providers who calculate and document body mass index of their patients	2014	2016	1.0	2.0	↑	↑	4.0	Improved	No
CD 1.2.1	Percent of BMI referrals completed	2013	2014	20.7	31.4	↑	↑	75.0	Improved	No
CD 1.3.1	Evidence based policies on healthy food consumption identified (Yes=1/No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
CD 1.3.3	A standard methodology for identifying food deserts within Miami-Dade developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
CD 1.3.5	Percent of WIC Children ages 2 to 5 who are overweight or obese	2014	2016	27.0	27.0	↓	↔	25.0	No significant difference	No
CD 1.3.5	Opportunities to purchase healthy food option for users of WIC and SNAP increased (Yes=1/No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
CD 1.3.6	Model programs/policies that address: Serving healthy foods in schools and food kitchens, using garden foods in school cafeterias, supporting edible, rather than ornamental foliage on public land developed	2013	2014	0	1	↑	↑	1	Improved	Yes
<b>Goal 2: Increase access to resources that promote healthy behaviors</b>										
CD 2.1.2	Percent of adults who are overweight	2010	2013	38.1	39.8	↓	↑	35.9	Needs improvement	No
CD 2.1.2	Percent of adults who are obese	2010	2013	29.3	23.8	↓	↓	28.5	Improved	Yes

# 3

## STRATEGIC PRIORITY

### Health Indicator Status Map

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
CD 2.1.3	Percent of middle school students reporting BMI at or above 95th percentile	2010	2012	12.3	10.1	↓	↓	14.0	Improved	Yes
CD 2.1.3	Percent of high school students reporting BMI at or above 95th percentile	2010	2012	12.4	15.0	↓	↑	15.0	Needs improvement	Yes
CD 2.1.3	Percent of middle and high school students who engage in regular physical activity	2011	2013	37.0	40.5	↓	↑	43.9	Needs improvement	Yes
CD 2.2.2	Technical assistance plan developed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
CD 2.3.3	Number of Miami-Dade County schools receiving a Silver Level Award through Alliance for a Healthier Generation	2013	2014	6	5	↑	↓	10	Needs improvement	No
CD 2.3.4	Percent of middle and high school Students who are overweight	2012	2014	17.4	17.5	↓	↑	15.5	Needs improvement	No
<b>Goal 3: Reduce chronic disease morbidity and mortality</b>										
CD 3.2.1	Percent of women 40 and older who received mammograms in the past year	2007	2010	62.9	64.2	↑	↑	74.2	Improved	No
CD 3.2.1	Percent of women 18 years of age and older in in Miami-Dade who had a clinical breast exam in the past year	2010	2013	59.6	55.3	↑	↓	71.9	Needs improvement	No
CD 3.2.2	Number of women 18 years of age and older who received a Pap test in the past year	2010	2013	56.9	53.8	↑	↓	66.9	Needs improvement	No
CD 3.2.4	Percent of Miami-Dade adults who had a cholesterol screening in the past two years	2007	2013	61.5	69.0	↑	↑	70.5	Improved	No
CD 3.3.2	DOH-Miami-Dade HMS Electronic Health Record evidence based practice guidelines implemented (Y=1/N=0)	2013	2014	0	1	↑	↑	1	Improved	Yes

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
CD 3.3.3	Number of strategies for promoting clinical practice guidelines through partner networks implemented	2013	2014	0	2	↑	↑	3	Improved	No
CD 3.3.4	Percent of Miami-Dade adults with diabetes who had two A1C tests in the past year	2010	2013	78.9	64.4	↑	↓	80.0	Needs improvement	No
<b>Goal 4: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure</b>										
CD 4.1.1	Percent of committed never smokers among Miami-Dade youth, ages 11–17 years	2012	2014	64.0	64.0	↑	↔	68.9	No significant difference	No
CD 4.2.1	Percent of smoking rates among Miami-Dade adults	2010	2013	10.6	14.0	↓	↑	8.0	Needs improvement	No
CD 4.2.2	Percent of smokeless tobacco use, snus (pouched smokeless tobacco) and cigars—among Miami-Dade youth, ages 11–17 years	2.013	2014	2.0	2.0	↑	↔	3.0%	No significant difference	Yes
CD 4.2.3	Percent of current cigarette use among Miami-Dade youth, ages 11–17 years	2012	2014	4.7	2.5	↓	↓	3.5	Improved	Yes
CD 4.2.4	Percent of Miami-Dade-teens who have used smokeless tobacco in the last 30 days	2011	2014	3.7	1.5	↓	↓	1.7	Improved	Yes
CD 4.2.4	Percent of teens who have currently used cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey	2011	2013	8.7	6.1	↓	↓	3.8	Improved	No
CD 4.3.1	Percent of non-smokers who report that someone smokes at home	2013	2014	6.4	6.8	↓	↑	8.6	Needs improvement	Yes
CD 4.3.1	Percent of households with children that report someone smokes at home	2013	2014	11.4	9.7	↓	↓	12.1	Improved	Yes
CD 4.3.2	Percent of Miami-Dade teens ages 11–17 years who have been exposed to second-hand smoke in the last 30 days	2012	2014	39.7	31.9	↓	↓	29.8	Improved	No

# 4

## STRATEGIC PRIORITY

# Strategic Priority 4: Community Redevelopment and Partnerships



## Goals

- Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals
- Build and revitalize communities so people can live healthy lives
- Provide equal access to culturally and linguistically competent care

## Key Health Indicator

### Indicator CR1.2.2

# of presentations provided by the Health and the Built Environment Committee of the Consortium to promote health-related conversations related to the built environment within the various communities of Miami-Dade

### What was happening before?

In 2014, six presentations were provided by the Health and the Built Environment Committee of the Consortium.

### What results were seen?

In 2016, the Committee provided 20 presentations and now serves as a platform for key partners to share their expertise.

### Who was involved?

The Active Design Miami team presented the Active Design project to commissioners and stakeholders to gain support in incorporating active design guidelines to projects in the community. Additionally, the Miami-Dade County Department of Parks, Recreation and Open Spaces increased the utilization of parks by creating awareness of the existing parks and revitalizing a number of parks.



### What did we do differently?

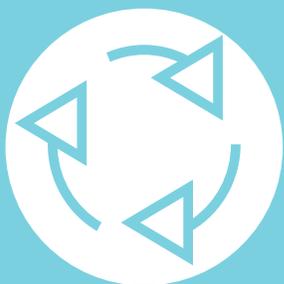
The Committee recognized that educating and creating awareness is the key to produce desired results. The committee participated and provided education on Active Design to planners, government officials and other key partners via presentations, Fit City Miami, the Fit Nation Exhibit, committee monthly meetings, and the Great Park Summit.

### How does this help make our community healthier?

The layout of the community that provides access to healthy food, transportation, infrastructure and safety, and attractiveness encourages physical activity, and is a great influence on the public's health.

## Community Redevelopment and Partnerships

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



**Plans with action steps by the Consortium's Health and the Built Committee that will increase awareness and opportunity for the built environment to impact behavior were developed in 2015**



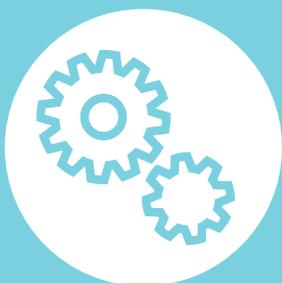
**98%**

**of Miami-Dade County Public schools implemented a Walksafe program in 2015**



**2.0%**

**of Miami-Dade County students rode a bike to/ from school in 2015**



**2.3%**

**of Miami-Dade County commuters walked to work in 2014**



# 4

## STRATEGIC PRIORITY

### Health Indicator Status Map

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 1: Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.</b>										
CR1.1.2	Plan with action steps by the Consortium's Health and the Built Committee that will increase awareness and opportunity for the built environment to impact behavior developed (Yes=1/ No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
CR1.2.2	Number of presentations provided by the Health and the Built Environment Committee of the Consortium to promote health-related conversations related to the built environment within the various communities of Miami-Dade	2014	2016	6	20	↑	↑	4	Improved	Yes
CR1.2.4	Number of municipalities in Miami-Dade that have complete street policies	2013	2014	0	1	↑	↑	34	Improved	No
CR1.3.1	Health impact assessments within Miami-Dade conducted by two municipalities	2014	2016	0	0	↑	↔	2	No significant difference	No

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
CR1.3.4	Policy for incorporating assessments into the operations of the DOH-Miami-Dade programs created	2013	2014	0	0	↑	↔	1	No significant difference	No
<b>Goal 2: Build and revitalize communities so people can live healthy lives.</b>										
CR2.1.6	Strategy that will support older adults to age in place with the best quality of life written (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
CR2.2.1	Percent of Miami-Dade County Public Schools implementing Walksafe program	2012	2015	97.7	98.	↑	↑	90.0	Improved	Yes
CR2.2.1	Percent of Miami-Dade County Public Schools students who walk to/from school	2010	2015	21.5	20.2	↑	↓	26.4	Needs improvement	No
CR2.2.1	Percent of Miami-Dade County Public Schools students who ride bike to/from school	2010	2015	1.0	2.0	↔	↑	1.0	Improved	Yes
CR2.2.2	Process for obtaining data on students mode of transportation developed (Yes=1/No=0)	2014	2015	0	0	↑	↔	1	No significant difference	No
CR2.2.3	Percent of commuters who walk to work	2011	2014	2.1	2.3	↑	↑	3.2	Improved	No
<b>Goal 3: Provide equal access to culturally and linguistically competent care.</b>										
CR3.1.1	Health Impact Assessment Training conducted (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes

# 5

STRATEGIC PRIORITY

## Strategic Priority 5: Health Finance and Infrastructure



### Goals

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

### Key Health Indicator

#### Indicator HI 4.3.4

Florida Department of Health Miami-Dade (DOH-Miami-Dade) accredited by the Public Health Accreditation Board

#### What was happening before?

In 2013, DOH-Miami-Dade was not accredited by the Public Health Accreditation Board.

#### What results were seen?

DOH-Miami-Dade achieved the first in the nation national accreditation as an integrated department of health through the Public Health Accreditation Board (PHAB).

#### Who was involved?

All local public health departments in Florida and over 15,000 public health professionals participated in more than a year of compiling data to support the accreditation process and site visits.



#### What did we do differently?

Florida's statewide public health department system ensured the integration of the programs and services provided by the central office and the 67 local public health departments. The health department underwent a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets or exceeds a set of quality standards and measures.

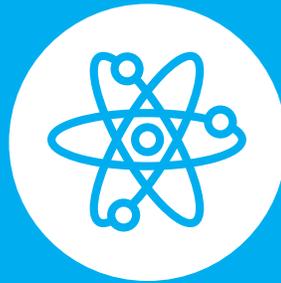
#### How does this help make our community healthier?

An accredited health department keeps communities ahead of emerging health threats while promoting best practices to meet ongoing health challenges.

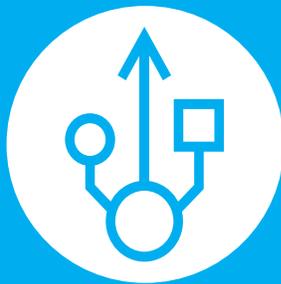
## Health Finance and Infrastructure

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

**DOH-Miami-Dade non-clinical program offices documented a fee analysis or fee adjustment process to better align fees with actual cost in 2015**



**DOH-Miami-Dade laboratories electronically submitting reportable laboratory results in 2016**



**DOH-Miami-Dade launched a certified electronic health record in 2014**



**DOH-Miami-Dade Strategic Plan fully aligned with the **Community Health Improvement Plan (CHIP)** in 2014**

**DOH-Miami-Dade accredited by the Public Health Accreditation Board in 2016**



Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 1: Use health Information technology to improve the efficiency, effectiveness and quality of patient care coordination, patient safety and health care outcomes for all Floridians</b>										
HI 1.1.1	Miami-Dade health care providers registered to exchange data by using direct secured messaging (Yes=1/No=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.1.2	DOH-Miami-Dade Information Technology direct secured messaging participants sent a transaction at least one time in the last month (Yes=1/No=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.1.3	Miami-Dade organizations actively sharing data daily through the Florida Health Information Exchange (Yes=1/No=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.2.3	DOH-Miami-Dade prescriptions transmitted electronically(Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
HI 1.2.5	Certified electronic health record launched (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 1.2.6	DOH-Miami-Dade clinical providers using DOH certified electronic health records in accordance with criteria established by the Federal Office of National Coordination (Yes=1/No=0)	2013	2016	0	0	↑	↔	1	No significant difference	No
HI 1.3.1	DOH-Miami-Dade laboratories electronically submitting reportable laboratory results (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
<b>Goal 2: Assure adequate public health funding to control infectious diseases, reduce premature morbidity and mortality due to chronic diseases and improve the health status of residents and visitors</b>										
HI 2.2.1	Sample budget requests in the standard legislative budget format completed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
HI 2.3.1	Central Office rule revision recommendations followed from the fee system to allow the enhanced ability to assess and collect fees from clinical patients who have the ability to pay (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 2.3.2	DOH-Miami-Dade documented fee analysis (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 2.3.3	OH-Miami-Dade non-clinical program offices documented a fee analysis or fee adjustment process to better align fees with actual cost (Yes=1/No=0)	2013	2015	0	1	↑	↑	1	Improved	Yes
<b>Goal 3: Attract, recruit and retain a prepared, diverse and sustainable public health workforce in all geographic areas of Florida</b>										
HI 3.1.1	DOH-Miami-Dade produced the next workforce development needs assessment for public health professionals (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
HI 3.1.2	DOH-Miami-Dade and Florida Public Health Training Centers produced a plan to collaboratively address identified training gaps, using data from the needs assessment (Yes=1/No=0)	2013	2016	0	0	↑	↑	0	No significant difference	No
HI 3.2.2	DOH-Miami-Dade developed a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies (Yes=1/No=0)	2013	2016	0	0	↑	↑	0	No significant difference	No
HI 3.3.1	Strategies to promote interest in public health careers developed (Yes=1/No=0)	2013	2016	0	1	↑	↑	0	Improved	No
HI 3.4.3	Employee mentoring and succession planning programs established (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 3.4.4	Employee Development Plan completed (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes

Indicator	Goal	Base Year	Current Year	Base Year Data	Current Year Data	Which way should the indicator move? ↑ ↔ ↓	Which way did the indicator move? ↑ ↔ ↓	2018 CHIP Goal	Improved/ Needs Improvement/ No significant difference	2018 CHIP Goal Reached? (Yes/No)
<b>Goal 4: Promote an efficient and effective public health system through performance management and collaboration among system partners</b>										
HI 4.1.2	Community Health Improvement Plan (CHIP) fully aligned with State Health Improvement Plan (SHIP) (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.1	Public health system assessment activity in mobilizing partnerships (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.2	Public health system assessment with results indicating moderate to significant activity (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.3	Strategic Plan, Community Health Needs Assessment (CHNA), and Community Health Improvement Plan (CHIP) produced (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.4	DOH-Miami-Dade accredited by the Public Health Accreditation Board (Yes=1/No=0)	2013	2016	0	1	↑	↑	1	Improved	Yes
HI 4.3.7	DOH-Miami-Dade team members sent to DOH Practice Management Institute training (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.8	Strategic Plan fully aligned with Community Health Improvement Plan (CHIP) (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes
HI 4.3.9	Performance management data system is operational (Yes=1/No=0)	2013	2014	0	1	↑	↑	1	Improved	Yes



## Moving Forward

The implementation of the CHIP over the last four years consisted of annual strategic reviews to evaluate our collaborative work in addressing our community's identified health issues. The CHIP will continue to be evaluated on an ongoing basis through quarterly implementation reports, quarterly discussions by community partners, and annual reviews based on input from partners. The CHIP will evolve over time as new information, insight, data, and input emerge at the local, state and national levels.

**To successfully implement the plan, enhance health outcomes, avoid duplication of efforts, and allocate resources most effectively, collaboration is key.** The CHIP was designed to encompass a broad representation of stakeholders. With the CHIP, hospitals, public health agencies, nonprofit organizations, businesses, coalitions, community organizations and members can understand our community's most pressing health needs and become involved in the solutions. The plan can be used as a reference for decision making and a basis for designing programs. Organizations can align strategic priorities for community change and lasting health improvement and participate in CHIP activities and provided its leadership and organizational home. When reviewing the CHIP, community members are encouraged to become a member of the Consortium for a Healthier Miami-Dade and consider developing new partnerships with the Florida Department of Health in Miami-Dade County to help improve the health of all residents in Miami-Dade County.

The 2015-2016 CHIP Annual Report sets the stage for the 2017 Community Health Assessment (CHA) which will begin in February 2017 to evaluate how the health of the community has changed since the last assessment in 2012. Building on the accomplishments made in the previous five years and the completion of the Community Health Needs Assessment, the 2019 Community Health Improvement Plan (CHIP) will expand the partnership network committed to improving public health and quality of life in Miami Dade County. By working together, we can improving where we live, work and play and realize the vision of a healthier Miami-Dade County.

## Community Health Improvement Timeline



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***“How can we make Miami-Dade County a healthier place to live, work, and play? By supporting the plan that addresses our community’s most pressing health needs. Our organizational strategic plan is fully aligned with the CHIP because our desire is to see a healthier Miami-Dade County.”***

**-Lillian Rivera, RN, MSN, PhD**

**Administrator, Florida Department of Health in Miami-Dade County**

# Community Health Improvement Plan Miami-Dade County

Our collaborative plan to improve  
community health and quality of life

Florida Department of Health in Miami-Dade County  
Office of Community Health and Planning  
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